

STATE OF NEW YORK

191

2021-2022 Regular Sessions

IN ASSEMBLY

(Prefiled)

January 6, 2021

Introduced by M. of A. GOTTFRIED, REYES, PAULIN -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to health equity assessments in the establishment or construction of a hospital

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

1 Section 1. The public health law is amended by adding a new section
2 2802-b to read as follows:

3 § 2802-b. Health equity impact assessments. 1. Definitions. As used in
4 this section:

5 (a) "Application" means an application under this article for the
6 construction, establishment, change in the establishment, merger, acqui-
7 sition, closure, or substantial reduction, expansion, or addition of a
8 hospital service or health-related service of a hospital that requires
9 review or approval by the council or the commissioner, where the appli-
10 cation is filed or submitted to the council, the commissioner or the
11 department after this section takes effect.

12 (b) "Project" means the construction, establishment, change in the
13 establishment, merger, acquisition, closure, or substantial reduction of
14 a hospital service or health-related service of a hospital that is the
15 subject of an application.

16 (c) "Health equity impact assessment" or "impact assessment" means an
17 assessment of whether, and if so how, a project will improve access to
18 hospital services and health care, health equity and reduction of health
19 disparities, with particular reference to members of medically under-
20 served groups, in the applicant's service area.

21 (d) "Medically underserved group" means: low-income people; racial and
22 ethnic minorities; immigrants; women; lesbian, gay, bisexual, transgen-
23 der, or other-than-cisgender people; people with disabilities; older
24 adults; persons living with a prevalent infectious disease or condition;

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

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1 persons living in rural areas; people who are eligible for or receive
2 public health benefits; people who do not have third-party health cover-
3 age or have inadequate third-party health coverage; and other people who
4 are unable to obtain health care.

5 2. (a) Every application shall include a health equity impact assess-
6 ment of the project. The impact assessment shall be filed together with
7 the application, and the application shall not be complete without the
8 impact statement. The applicant shall promptly amend or modify the
9 impact statement as necessary.

10 (b) In considering whether and on what terms to approve an applica-
11 tion, the commissioner and the council, as the case may be, shall
12 consider the health equity impact statement.

13 3. Scope and contents of a health equity impact assessment. A health
14 equity impact assessment shall include:

15 (a) A demonstration of whether, and if so how, the proposed project
16 will improve access to hospital services and health care, health equity
17 and reduction of health disparities, with particular reference to
18 members of medically underserved groups, in the applicant's service
19 area.

20 (b) The extent to which medically underserved groups in the appli-
21 cant's service area use the applicant's hospital or health-related
22 services or similar services at the time of the application and the
23 extent to which they are expected to if the project is implemented.

24 (c) The performance of the applicant in meeting its obligations, if
25 any, under section twenty-eight hundred seven-k of this article and
26 federal regulations requiring providing uncompensated care, community
27 services, and access by minorities and people with disabilities to
28 programs receiving federal financial assistance, including the existence
29 of any civil rights access complaints against the applicant, and how the
30 applicant's meeting of these obligations will be affected by implementa-
31 tion of the project.

32 (d) How and to what extent the applicant will provide hospital and
33 health-related services to the medically indigent, Medicare recipients,
34 Medicaid recipients and members of medically underserved groups if the
35 project is implemented.

36 (e) The amount of indigent care, both free and below cost, that will
37 be provided by the applicant if the project is approved.

38 (f) Access by public or private transportation, including applicant-
39 sponsored transportation services, to the applicant's hospital or
40 health-related services if the project is implemented.

41 (g) The means of assuring effective communication between the appli-
42 cant's hospital and health-related service staff and people of limited
43 English-speaking ability and those with speech, hearing or visual
44 impairments handicaps if the project is implemented.

45 (h) The extent to which implementation of the project will reduce
46 architectural barriers for people with mobility impairments.

47 (i) A review of how the applicant will maintain or improve the quality
48 of hospital and health-related services including a review of:

49 (i) demographics of the applicant's service area;

50 (ii) economic status of the population of the applicant's service
51 area;

52 (iii) physician and professional staffing issues related to the
53 project;

54 (iv) availability of similar services at other institutions in or near
55 the applicant's service area; and

1 (v) historical and projected market shares of hospital and health care
2 service providers in the applicant's service area.

3 4. The health equity impact assessment shall be prepared for the
4 applicant by an independent entity and include the meaningful engagement
5 of public health experts, organizations representing employees of the
6 applicant, stakeholders, and community leaders and residents of the
7 applicant's service area.

8 5. The department shall publicly post the application and the health
9 equity impact assessment on the department's website within one week of
10 the filing with the department, including any filing with the council.

11 § 2. This act shall take effect on the one hundred eightieth day after
12 it becomes a law. Effective immediately, the commissioner of health and
13 the public health and health planning council shall make regulations and
14 take other actions reasonably necessary to implement this act on that
15 date.