

STATE OF NEW YORK

8203--A

2021-2022 Regular Sessions

IN ASSEMBLY

August 25, 2021

Introduced by M. of A. GUNTHER -- read once and referred to the Committee on Health -- recommitted to the Committee on Health in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to establishing the maternal-infant care centers pilot program; and providing for the repeal of such provisions upon expiration thereof

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 2509-d to read as follows:

3 § 2509-d. Maternal-infant care centers pilot program. There shall be
4 established a maternal-infant care centers pilot program whereby the
5 commissioner, in consultation with the commissioner of addiction
6 services and supports, shall certify or designate at least four mater-
7 nal-infant care centers in areas of need in the state. Such centers
8 shall provide cost effective, necessary services and enhance the quality
9 of care for targeted populations in order to demonstrate the effective-
10 ness of such program. Eligible infants shall be under one year of age
11 and be experiencing withdrawal resulting from in utero exposure to
12 drugs. Such infant withdrawal may be the result of conditions including,
13 but not limited to, neonatal abstinence syndrome or neonatal opioid
14 withdrawal syndrome. The program shall provide more appropriate settings
15 and cost effective care for these infants than hospitals, while also
16 providing supports and services to parents preparing to bring their
17 infants home. Access to such supports shall continue for a period after
18 the infant has left a center. The program shall implement evidence-
19 based practices shown to reduce the length of stay when compared to
20 standard neonatal intensive care unit care and support family unifica-
21 tion when the practices are clinically appropriate for the family
22 receiving services. The evidence-based practices shall include, but not

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

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1 be limited to, rooming-in, encouraging breastfeeding, providing trau-
2 ma-informed care to the parent-infant dyad, and evaluating the social
3 determinants of health. Neither a diagnosis of neonatal abstinence
4 syndrome or neonatal opioid withdrawal syndrome, nor admission to a
5 maternal-infant care center, shall constitute evidence of child abuse or
6 maltreatment, or, by itself, justify a report to the state central
7 register of child abuse and maltreatment.

8 The department shall be responsible for monitoring the quality, appro-
9 priateness and effectiveness of the centers and shall report to the
10 legislature within one year of the establishment of the maternal-infant
11 care centers and again within two years of the effective date of this
12 section on the program's effectiveness.

13 § 2. This act shall take effect immediately, and shall expire and be
14 deemed repealed 4 years after such date.