STATE OF NEW YORK

1409--B

Cal. No. 853

2021-2022 Regular Sessions

IN SENATE

January 12, 2021

Introduced by Sens. RIVERA, BIAGGI, BROUK, HINCHEY, KAPLAN, MANNION, MAY, PARKER -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- recommitted to the Committee on Health in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- reported favorably from said committee and committed to the Committee on Finance -- reported favorably from said committee, ordered to first and second report, amended on second report, ordered to a third reading, and to be reprinted as amended, retaining its place in the order of third reading

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:

Section 1. The public health law is amended by adding a new section 2509-d to read as follows:

§ 2509-d. Maternal-infant care centers pilot program. There shall be established a maternal-infant care centers pilot program whereby the commissioner, in consultation with the commissioner of addiction services and supports, shall certify or designate at least four maternal-infant care centers in areas of need in the state. Such centers shall provide cost effective, necessary services and enhance the quality of care for targeted populations in order to demonstrate the effectiveness of such program. Eligible infants shall be under one year of age and be experiencing withdrawal resulting from in utero exposure to drugs. Such infant withdrawal may be the result of conditions including, but not limited to, neonatal abstinence syndrome or neonatal opioid withdrawal syndrome. The program shall provide more appropriate settings and cost effective care for these infants than hospitals, while also providing supports and services to parents preparing to bring their

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

LBD06826-06-2

infants home. Access to such supports shall continue for a period after the infant has left a center. The program shall implement evidence-based practices shown to reduce the length of stay when compared to standard neonatal intensive care unit care and support family unification when the practices are clinically appropriate for the family receiving services. The evidence-based practices shall include, but not be limited to, rooming-in, encouraging breastfeeding, providing trauma-informed care to the parent-infant dyad, and evaluating the social determinants of health. Neither a diagnosis of neonatal abstinence syndrome or neonatal opioid withdrawal syndrome, nor admission to a maternal-infant care center, shall constitute evidence of child abuse or maltreatment, or, by itself, justify a report to the state central register of child abuse and maltreatment.

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

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