

# STATE OF NEW YORK

7230

2021-2022 Regular Sessions

## IN ASSEMBLY

April 29, 2021

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

AN ACT to amend the public health law, in relation to establishing the  
primary care reform commission

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

1 Section 1. The article heading of article 29-AA of the public health  
2 law, as added by section 35 of part H of chapter 59 of the laws of 2011,  
3 is amended to read as follows:

PATIENT CENTERED MEDICAL HOMES AND PRIMARY CARE

4 § 2. The public health law is amended by adding a new section 2959-b  
5 to read as follows:

6 § 2959-b. Primary care reform commission. 1. (a) Commission estab-  
7 lished. The primary care reform commission, referred to in this section  
8 as the "commission", is hereby established in the department. The  
9 commission shall review, examine, and make findings on the level of  
10 primary care spending by all payers in the context of all health care  
11 spending in the state, and shall publish an annual report on the find-  
12 ings. The commission shall also make recommendations to increase and  
13 strengthen spending on primary care in the state, taking care to avoid  
14 increasing costs to patients or the total cost of health care.

15 (b) Composition and powers. (i) The commission shall consist of:

16 (1) the commissioner and the superintendent of the department of  
17 financial services, who may be represented by their respective desig-  
18 nees;

19 (2) four members appointed by the governor; and

20 (3) ten members appointed by the governor as follows: four on the  
21 recommendation of the speaker of the assembly, four on the recommenda-  
22 tion of the temporary president of the senate, one on the recommendation  
23 of the minority leader of the assembly, and one on the recommendation of  
24 the minority leader of the senate.  
25

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

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1 (ii) Any vacancy in the membership of the commission shall be filled  
2 in the same manner as the member being succeeded was appointed.

3 (iii) The commission shall select a chairperson from among the members  
4 of the commission.

5 (iv) The composition of the commission shall include members with  
6 expertise in health care financing, reimbursement, and regulation, from  
7 among the following categories: primary care providers and administra-  
8 tors from federally qualified health centers and professional practice  
9 groups, as well as representatives with relevant expertise from busi-  
10 nesses operating within New York, public and commercial health plans  
11 including managed care plans, and primary care professional and advocacy  
12 organizations. A commission member may represent more than one category.

13 (v) Any decision or action by the commission shall be by a majority  
14 vote of the current filled membership.

15 2. (a) Each Medicaid managed care provider shall provide primary care  
16 spending data as requested by the commission under this section. The  
17 information shall include, but not be limited to, primary care spending,  
18 total health care spending, and all further information the commission  
19 requests relating to its work.

20 (b) Each insurance entity providing managed care products, individual  
21 comprehensive accident and health insurance or group or blanket compre-  
22 hensive accident and health insurance, as defined in the insurance law,  
23 corporation organized under article forty-three of the insurance law  
24 providing comprehensive health insurance, entity licensed under article  
25 forty-four of this chapter providing comprehensive health insurance,  
26 every other plan over which the department of financial services has  
27 jurisdiction, and every third-party payor providing health coverage  
28 shall provide primary care spending data as requested by the commission  
29 under this section. The information shall include, but not be limited  
30 to, primary care spending, total health care spending, and all further  
31 information the commission requests. An entity that provides information  
32 under paragraph (a) of this subdivision shall not be required to provide  
33 duplicate information under this paragraph.

34 (c) Failure of any entity to provide information to the commission  
35 requested by the commission under this section shall be considered a  
36 violation under section twelve of this chapter.

37 (d) The commissioner, and the superintendent of the department of  
38 financial services with respect to entities regulated by the superinten-  
39 dent, shall establish requirements to ensure compliance with all appli-  
40 cable laws and to protect the privacy of any proprietary information  
41 that is provided to the commission under this section.

42 3. The department and the department of financial services shall  
43 provide assistance and staff to the commission, as requested by the  
44 commission. Assistance shall also be made available, as requested by  
45 the commission, from other agencies, departments, and public authorities  
46 of the state.

47 4. The following terms, when used in this section, shall have the  
48 following meanings:

49 (a) "Primary care" means the health care fields of family practice,  
50 general pediatrics, primary care internal medicine, primary care obstet-  
51 rics, and primary care gynecology, provided in all outpatient settings  
52 including, but not limited to, health care professional practices and  
53 hospitals as defined by article twenty-eight of this chapter. Primary  
54 care shall not include inpatient services. Primary care includes, but is  
55 not limited to, primary care services for acute and chronic conditions  
56 and preventive care, services provided in regular check-ups, office

1 visits, telemedicine, and other services, provided by or under the  
2 direction of a physician, nurse practitioner, physician assistant, or  
3 midwife.

4 (b) "Primary care spending" means any expenditure of funds made by  
5 insurers, public entities, or the state for the purpose of supporting  
6 primary care providers. Primary care spending is included regardless of  
7 payment methodology, such as fee-for-service, capitation, incentives,  
8 value-based payments or other methodologies, adjusted appropriately to  
9 exclude any portion of the expenditure that is reasonably apportioned to  
10 exclude expenses for inpatient services or other non-primary care  
11 services.

12 (c) "Medicaid managed care provider" means a managed care provider  
13 under section forty-four hundred three-f of this chapter or section  
14 three hundred sixty-four-j of the social services law.

15 5. (a) The commission shall publish, post on the department's website,  
16 and deliver an annual report to the governor, the temporary president of  
17 the senate, the speaker of the assembly, the chairperson of the senate  
18 finance committee, the chairperson of the assembly ways and means  
19 committee and the chairs of the senate and assembly health and insurance  
20 committees. The first report shall be published and delivered no later  
21 than March thirty-first, two thousand twenty-two.

22 (b) The content of the annual reports shall be at the discretion of  
23 the commission but the first report shall include:

24 (i) An analysis of current primary care spending, including in  
25 relation to all other health care spending in the aggregate.

26 (ii) Recommendations to the governor and the legislature of any chang-  
27 es to the definition of "primary care" for the purposes of the commis-  
28 sion's future work. Such recommendations may be made prior to delivery  
29 of the commission's report.

30 (iii) Recommendations for legislative and executive action, including  
31 amendments to current law, new legislation, changes to regulations, or  
32 new regulations.

33 (iv) Identification of barriers, including payment methodologies by  
34 health care payors and providers, to providing primary care and increas-  
35 ing primary care spending.

36 (v) Recommendations to improve providing increased and higher-quality  
37 primary care and primary care spending, with special attention to  
38 increasing health care equity, reducing health care disparities, and  
39 avoiding increasing costs to patients or the total cost of health care.

40 (vi) Recommendations to increase primary care spending, exclusive of  
41 resulting expenditures on prescription drugs, dental care, or other care  
42 requiring a specialist, to be the greater of twelve percent or a one  
43 percent increase year after year of overall health care spending by two  
44 thousand twenty-six.

45 § 3. This act shall take effect immediately.