

STATE OF NEW YORK

2300

2021-2022 Regular Sessions

IN SENATE

January 20, 2021

Introduced by Sens. JORDAN, BORRELLO, ORTT -- 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 emergency medicine triage delivery of services

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

1 Section 1. Legislative findings and intent. The legislature hereby
2 finds and declares that telemedicine technology has vastly expanded
3 access to health care for New York State residents while maintaining the
4 utmost quality of care. Technological advancements have succeeded in
5 bringing health care to those typically unable to access care thus
6 improving continuity of care. It is the intent of the legislature to
7 expand these initiatives to include emergency medical triage services
8 within the Medicaid program to reduce unnecessary emergency department
9 admissions while maintaining the quality care New York State residents
10 deserve. Emergency medical triage allows individuals to obtain health
11 care services for acute medical emergencies with emergency department
12 physicians through available technology for diagnosis, treatment,
13 prescriptions, triage, appropriate labs and imaging and patient follow-
14 up. These services will help to reduce the burden on hospital emergency
15 departments, which are oftentimes the first point of access to care for
16 members of the community.

17 § 2. The public health law is amended by adding a new article 29-J to
18 read as follows:

ARTICLE 29-J

EMERGENCY MEDICINE TRIAGE

Section 2999-jj. Definitions.

2999-kk. Emergency medicine triage delivery of services.

23 § 2999-jj. Definitions. As used in this article, the following terms
24 shall have the following meanings:

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

LBD01492-01-1

1 1. "Distant site" means a site at which an emergency medicine triage
2 provider is located while delivering health care services by means of
3 emergency medicine triage.

4 2. "Emergency medicine triage provider" means:

5 (a) a physician licensed pursuant to article one hundred thirty-one of
6 the education law and credentialed by a regional emergency medical advi-
7 sory committee;

8 (b) a physician assistant licensed pursuant to article one hundred
9 thirty-one-B of the education law under the direct supervision of a
10 regional emergency medical advisory committee credentialed physician;

11 (c) a nurse practitioner licensed pursuant to article one hundred
12 thirty-nine of the education law under the direct supervision of a
13 regional emergency medical advisory committee credentialed physician;
14 and

15 (d) any other provider as determined by the commissioner pursuant to
16 regulation.

17 3. "Originating site" means a site at which a patient is located at
18 the time health care services are delivered to him or her by means of
19 emergency medicine triage.

20 4. "Emergency medicine triage" means the use of electronic communi-
21 cation technologies by emergency medicine triage providers for the
22 purpose of triaging a patient's level of medical severity and to deliver
23 health care services, which may include assessment, diagnosis, treatment
24 and referral, when an acute medical emergency occurs.

25 § 2999-kk. Emergency medicine triage delivery of services. Health care
26 services delivered by means of emergency medicine triage shall be enti-
27 tled to reimbursement under section three hundred sixty-seven-u of the
28 social services law.

29 § 3. Notwithstanding the provisions of any law to the contrary, the
30 commissioner of health is authorized to approve social services district
31 use of emergency medicine triage delivery services to improve the deliv-
32 ery of quality health care services in a cost-effective manner. The
33 commissioner shall evaluate the results of utilization of such program,
34 including any savings resulting therefrom. Any such savings, after
35 certification by the director of the division of the budget, shall be
36 shared equally with the applicable social services districts to offset
37 the participating social services district's yearly net share of medical
38 assistance expenditures in a manner to be determined jointly by the
39 commissioner of health and the director of the division of the budget.

40 § 4. This act shall take effect immediately.