

# STATE OF NEW YORK

5448--A

2023-2024 Regular Sessions

## IN ASSEMBLY

March 10, 2023

Introduced by M. of A. GUNTHER, JEAN-PIERRE -- read once and referred to the Committee on Health -- reported and referred to the Committee on Ways and Means -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, the social services law and the family court act, 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 due to  
12 substance use disorder. Such infant withdrawal may be the result of  
13 conditions including, but not limited to, neonatal abstinence syndrome  
14 or neonatal opioid withdrawal syndrome. The program shall provide more  
15 appropriate settings and cost effective care for these infants than  
16 hospitals, while also providing supports and services to parents prepar-  
17 ing to bring their infants home. Access to such supports shall continue  
18 for a period after the infant has left a center. The program shall  
19 implement evidence-based clinically appropriate practices shown to  
20 reduce the length of stay when compared to standard neonatal intensive  
21 care unit care, and support family unification when appropriate for the

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

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1 family receiving services. The evidence-based practices shall include,  
2 but not be limited to, rooming-in, encouraging breastfeeding, providing  
3 trauma-informed care to the parent-infant dyad, and evaluating the  
4 social determinants of health. Neither a diagnosis of neonatal absti-  
5 nence syndrome or neonatal opioid withdrawal syndrome, nor admission to  
6 a maternal-infant care center, shall by itself constitute evidence of  
7 child abuse or maltreatment, or, by itself, justify a report to the  
8 state central register of child abuse and maltreatment.

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

14 § 2. Section 420 of the social services law is amended by adding a new  
15 subdivision 3 to read as follows:

16 3. No penalties for failure to report, either criminal or civil,  
17 shall apply to individuals who are mandated reporters pursuant to  
18 section four hundred thirteen of this title and who do not report  
19 suspected abuse or maltreatment based only upon a diagnosis of neonatal  
20 abstinence syndrome or neonatal opioid withdrawal syndrome, or admission  
21 to a maternal-infant care center established pursuant to section twen-  
22 ty-five hundred nine-d of the public health law, in the absence of any  
23 other grounds to suspect abuse or maltreatment.

24 § 3. Subparagraph (B) of paragraph (i) of subdivision (f) of section  
25 1012 of the family court act, as amended by chapter 984 of the laws of  
26 1981, is amended to read as follows:

27 (B) in providing the child with proper supervision or guardianship, by  
28 unreasonably inflicting or allowing to be inflicted harm, or a substan-  
29 tial risk thereof, including the infliction of excessive corporal  
30 punishment; or by misusing a drug or drugs; or by misusing alcoholic  
31 beverages to the extent that he loses self-control of his actions; or by  
32 any other acts of a similarly serious nature requiring the aid of the  
33 court; provided, however, that where the respondent is voluntarily and  
34 regularly participating in a rehabilitative program, including but not  
35 limited to a program offered at a maternal-infant care center estab-  
36 lished pursuant to section twenty-five hundred nine-d of the public  
37 health law, evidence that the respondent has repeatedly misused a drug  
38 or drugs or alcoholic beverages to the extent that he loses self-control  
39 of his actions shall not establish that the child is a neglected child  
40 in the absence of evidence establishing that the child's physical,  
41 mental or emotional condition has been impaired or is in imminent danger  
42 of becoming impaired as set forth in paragraph (i) of this subdivision;  
43 or

44 § 4. This act shall take effect on the one hundred eightieth day after  
45 it shall have become a law, and shall expire and be deemed repealed 4  
46 years after such date. Effective immediately, the addition, amendment  
47 and/or repeal of any rule or regulation necessary for the implementation  
48 of this act on its effective date are authorized and directed to be made  
49 and completed on or before such effective date.