STATE OF NEW YORK

8907--A

IN SENATE

March 26, 2024

Introduced by Sens. GONZALEZ, BAILEY, BRISPORT, GOUNARDES, HINCHEY, HOYLMAN-SIGAL, KRUEGER, SALAZAR, SKOUFIS, WEBB -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to direct the department of health complete a report on the impact of hospital closures on healthcare access in New York state

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

Section 1. Legislative findings. The legislature hereby finds:

1. The serious public emergency regarding hospital closures across New York state continues to exist, and this emergency puts individuals at a heightened risk of death, illness, and economic hardship. These closures impact both public and private general hospitals or healthcare facilities owned by one or more hospital networks, full-service hospitals, and critical care units.

2. The legislature finds and declares that in order to prevent death, hardship, and other negative health outcomes to New York state residents, the provisions of this act are necessary to protect public health, safety, and general welfare. The following provisions are designed to strengthen the already established department of health's ongoing reporting efforts and ensure that the findings are presented clearly and are accessible to the general public and the legislature. The necessity in the public interest is hereby declared as a matter of legislative determination.

§ 2. 1. The department of health shall produce a report that examines the aggregate impact of the closure of general hospitals and hospital networks on healthcare access in this state. In producing such report the department of health shall meaningfully engage public health experts, labor representatives of the hospital workforce, community leaders and residents of New York state.

(a) The report shall include statewide data on, including but not limited to:

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

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(i) the number of hospitals and hospital networks in each county or, where relevant, zip code;
(ii) the average number of total and available hospital beds in each county or, where relevant, zip code;
(iii) the number of acute care hospital beds per one thousand residents by county or, where relevant, zip code;
(iv) the number of medicare and Medicaid recipients, and the percentage of insured and uninsured patients served, by county or, where relevant, zip code;
(v) projected market shares of all hospitals and hospital networks in New York state;
(vi) the financial condition of the hospitals and hospital networks that have submitted a proposal to close to the department of health within the past year, which shall include, but not be limited to:
(1) the financial viability of the services and units hospitals are proposing to terminate, transfer and merge; and
(2) the financial impact hospitals and hospital networks will have if they continue to operate without closing or reducing or transferring services;
(vii) the travel times between hospitals that provide similar services, which shall include, but not be limited to, travel times for public transportation options;
(viii) the number and location of hospitals that have closed or reduced services in the previous five years, including but not limited to unit closures or reductions in patient capacity; and
(ix) regions where additional hospitals are currently needed based on public needs;
(x) the race, sex, gender, age, economic status, and disability status of patients served by each hospital and hospital network in the previous five years;
(xi) the payor mix of the patients served by each hospital for the previous five years, including but not limited to the number of medicare and Medicaid recipients, and the percentage of insured and uninsured patients served;
(xii) the number of staff currently employed at each hospital and hospital network, including but not limited to an itemized listing, by profession, of healthcare workers, as well as administrative and support workers;
(xiii) access to each hospital and hospital network by public or private transportation, including transportation sponsored by the hospital and hospital network itself;
(xiv) the nature and scope of healthcare services currently provided in each hospital and hospital network; and
(xv) the change in service volume in each hospital and hospital network for the previous five years, which shall include, but not be limited to:
(1) a thirty day average daily census of inpatient beds; and
(2) a thirty day average wait time to be admitted from the emergency room.
(b) If the department of health does not have access to the data listed in paragraph (a) of this subdivision, the department shall collect such data or provide an explanation why it is unable to collect such data.
(c) The department of health shall produce a report on the findings of such study no later than April 1, 2025. Such report shall be provided in electronic format and shall be distributed to the temporary president of

the senate, the speaker of the assembly, the chair of the senate standing committee on health, and the chair of the assembly health committee. The department of health shall publicly post the report on the department of health's website within one week of the distribution.

2. The report shall use the data collected to define and identify areas at risk of future hospital closures. These areas shall be designated "distressed healthcare zones".

3. The department of health shall issue successive reports containing the information in paragraph (a) of subdivision one of this section every three years after the initial report. Each successive report shall update designations of distressed healthcare zones as the report mandates. Distressed healthcare zones shall be prioritized when allocating healthcare spending and when issuing a certificate of need. Such findings shall be drafted in clear and concise language readily comprehensible for members of the public in general.

§ 3. This act shall take effect immediately. The commissioner of health and the public health and health planning council shall make regulations and take other actions reasonably necessary to implement this act.