

STATE OF NEW YORK

4560

2025-2026 Regular Sessions

IN ASSEMBLY

February 4, 2025

Introduced by M. of A. CUNNINGHAM, GONZALEZ-ROJAS, CHANDLER-WATERMAN, BEEPHAN, CHANG, DeSTEFANO, SIMON -- read once and referred to the Committee on Health

AN ACT to amend the executive law, in relation to establishing the commission for the modernization and revitalization of the state university of New York downstate medical center

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

1 Section 1. The executive law is amended by adding a new article 49-D
2 to read as follows:

ARTICLE 49-D

COMMISSION FOR THE MODERNIZATION AND REVITALIZATION OF SUNY DOWNSTATE MEDICAL CENTER

Section 997. Legislative intent.

997-a. Commission for the modernization and revitalization of
SUNY downstate medical center.

997-b. Severability.

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10 § 997. Legislative intent. 1. The legislature hereby finds and
11 declares that the state university downstate medical center (hereinafter
12 referred to as "downstate") as established pursuant to section three
13 hundred fifty-two of the education law, is a vital component of our
14 state's health care system. As one of three state hospitals and the only
15 state hospital in the city of New York, it is incumbent upon the state
16 to ensure that this hospital remains fiscally viable to continue to
17 provide the health care services that the residents of central Brooklyn
18 deserve and depend on. The state university downstate medical center is
19 one of the state's largest safety-net hospitals, which cares for all
20 patients, regardless of their ability to pay. It predominantly serves
21 people of color, low income, uninsured, underinsured, undocumented and
22 at-risk individuals who have limited access to affordable health care

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

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1 and who are more prone to suffer from serious disease and face higher
2 morbidity rates than other patients across our city and state. In two
3 thousand twenty-two, the hospital had over three hundred thousand outpa-
4 tient visits and has an average of fourteen thousand inpatients each
5 year. It also provides seven thousand four hundred free health screen-
6 ings a year and sponsors over one hundred community service projects
7 annually.

8 2. Provided further, downstate is in the heart of central Brooklyn and
9 has the largest medical school in New York city, which offers training
10 in fifty-six specialties across five schools and colleges and annually
11 educates and trains nearly one thousand nine hundred students. The
12 medical school student population is made up of nearly sixty percent
13 students of color, produces the most physicians of color in the state of
14 New York, and nearly seventy percent of two thousand twenty-two gradu-
15 ates remained in New York for their residency. Having a hospital affil-
16 iated with the medical school is both critical for the training of
17 medical students and is an essential part in producing the next gener-
18 ation of health care professionals, which are desperately needed to
19 enhance the access to vital health care in our communities.

20 3. The legislature further finds that the entire Brooklyn health care
21 delivery system remains in need of a continued global examination,
22 assessing the needs of each of its diverse communities, the access to
23 high quality of care throughout Brooklyn, the demographics, health care
24 equities and disparities of each community, the availability of special-
25 ty services for low income populations, and the interconnectivity
26 between the various health care systems to ensure the long term finan-
27 cial sustainability of each of the various delivery systems in the
28 borough. Such further examination can begin with the modernization and
29 revitalization of downstate continuing as a hospital offering critical
30 hospital specialty services for the community, becoming a core specialty
31 hospital center of excellence for those critical specialty services, but
32 simultaneously undertaking an examination of the appropriateness of
33 converting certain designated inpatient beds that are not utilized for
34 the specialty hospital center of excellence providing specialty services
35 pursuant to subdivision two of section nine hundred ninety-seven-a of
36 this article, to an outpatient setting, expanding services to include
37 access to primary care through clinics, urgent care or other hospital
38 affiliated practices.

39 4. The legislature further finds that the continued operation of the
40 state university downstate medical center as a free-standing state-oper-
41 ated public hospital, staffed with public employees, at its current
42 location, within and under the appointing authority of the state univer-
43 sity of New York in a modernized and revitalized form, is vital and
44 necessary, and the state should develop a plan to ensure its future
45 sustainability and shall provide state funding and other resources
46 necessary to implement and execute such plan. Such plan shall be based
47 on the recommendations of the commission for the modernization and revi-
48 talization of SUNY downstate medical center ("the commission"). The
49 commission shall examine those services that are necessary to be
50 provided at downstate, alternative services which are more suitable for
51 the community, and which are in addition to the core center of excel-
52 lence specialty services which shall continue to be offered at down-
53 state.

54 § 997-a. Commission for the modernization and revitalization of SUNY
55 downstate medical center. 1. Commission established. (a) There shall be
56 established the commission for the modernization and revitalization of

1 SUNY downstate medical center (hereinafter referred to as "the commis-
2 sion"). The commission shall conduct a study to examine those services
3 that should be offered at SUNY downstate medical center (hereinafter
4 referred to as "downstate"), or a downstate affiliate, which shall be in
5 addition to the core specialty center of excellence services which shall
6 continue to be offered at downstate, and make recommendations to the
7 legislature and the executive. In conducting its study and determining
8 its recommendations, the commission shall consider the following
9 factors: (i) the financial sustainability of downstate considering
10 management operations, billing practices, current health care services
11 and delivery model; (ii) the patient mix and demographics, including but
12 not limited to, the financial challenges posed by the provision of safe-
13 ty net services to low income, uninsured, underinsured, undocumented and
14 at-risk individuals; (iii) services available and readily accessible, at
15 other health care systems or providers in Brooklyn, and access to those
16 services by residents of central Brooklyn; (iv) the health care dispari-
17 ties in central Brooklyn; (v) access to primary care, outpatient
18 services, and emergency services for residents of the community where
19 downstate is located and the feasibility of downstate offering expanded
20 services to address such needs; (vi) those services which are necessary
21 for the training and education of students and graduates of the down-
22 state medical school; and (vii) other services the commission deems
23 appropriate in making its recommendations.

24 (b) The commissioner shall also determine what capital project
25 improvements are required at downstate medical center to both maintain
26 the core specialty center of excellence services and also enable down-
27 state to adequately meet current and future health care needs of the
28 community as identified by the commission. The commission shall also
29 provide an analysis of current emergency room operations, which shall
30 include, but shall not be limited to, patient care and service capacity
31 as well as improvements needed to adequately address patient service
32 demands and the technology, equipment and capital infrastructure
33 improvements that are required to improve patient services and improve-
34 ment of the financial position of downstate.

35 2. Definitions. (a) For purposes of this article, "core specialty
36 center of excellence services" shall mean the following services which
37 shall continue to be offered in a hospital setting at downstate,
38 notwithstanding the recommendations of the commission:

39 (i) level II trauma care and related services;
40 (ii) transplant care and related services;
41 (iii) cardiologic care and related services;
42 (iv) maternity and pediatric care for low income and ethnically
43 diverse populations; and
44 (v) emergency services, provided, however, the commission shall be
45 authorized to examine the size, scope and other appropriate features
46 necessary in providing emergency services at downstate.

47 (b) The commission shall not be authorized to make recommendations
48 which reduce, limit or in any way alter the core specialty center of
49 excellence services offered in a hospital setting at downstate.

50 3. Commission members. The commission shall consist of the following
51 members:

52 (a) the commissioner of health, who shall serve as the ex-officio
53 chair of the commission;

54 (b) a representative of each organized labor representing employees at
55 the state university of New York pursuant to article fourteen of the
56 civil service law, which shall include the united university professions

1 union, civil service employees association, public employees federation
2 and New York state correctional officers and police benevolent associ-
3 ation;

4 (c) one member appointed by the temporary president of the senate;

5 (d) one member appointed by the speaker of the assembly;

6 (e) one member appointed by the minority leader of the senate;

7 (f) one member appointed by the minority leader of the assembly;

8 (g) one member appointed by the Kings county borough president;

9 (h) two members appointed by local community boards;

10 (i) one member appointed by the mayor of the city of New York;

11 (j) one member appointed by the governor; and

12 (k) the chancellor of the state university of New York.

13 4. Compensation. The members of the commission shall receive no
14 compensation for their service as members, but shall be allowed their
15 actual and necessary expenses incurred in the performance of their
16 duties.

17 5. Commission deliberations and bylaws. (a) The commission and its
18 deliberations shall be subject to article seven of the public officers
19 law.

20 (b) The commission shall adopt its bylaws on or before its second
21 meeting.

22 6. Department of health assistance. (a) The commissioner of health
23 shall designate such employees of the department of health as are
24 reasonably necessary to provide support services to the commission.

25 (b) The commissioner of health shall also submit to the commission
26 such information as may be available from the department of health on
27 general hospital and nursing home capacity, services and beds, avail-
28 ability of primary and ambulatory care services, and the current number
29 of beds in such facilities, including, but not limited to, information
30 from:

31 (i) operating certificate files;

32 (ii) institutional cost reports;

33 (iii) facility occupancy reports;

34 (iv) annual reports of the certificate of need program;

35 (v) the statewide planning and research cooperative system; and

36 (vi) any other documentation request by the commission.

37 7. Liaison. The director of the dormitory authority of the state of
38 New York shall appoint one or more representatives to be a liaison
39 between the commission and the dormitory authority.

40 8. Other required recommendations. In carrying out its tasks and
41 duties, the commission shall also formally solicit recommendations from
42 health care experts, county health departments, community-based organ-
43 izations, state and regional health care industry associations, labor
44 unions and other interested parties as broadly as it considers it neces-
45 sary and proper, and it shall take into account such recommendations and
46 the recommendations of the Kings county health care stakeholders council
47 during its deliberations. In developing its recommendations, the commis-
48 sion shall, as far as practicable, estimate the improvement in quality
49 of care, financial status of the hospitals, and all other efficiencies
50 that may be derived from reconfiguration of the Kings county health care
51 system.

52 9. Report of commission. The commission shall complete its study and
53 provide a report of its written recommendations along with suggested
54 legislative and executive action, including but not limited to infras-
55 tructure investments, and refinancing of existing debt of general hospi-

1 tals in the county of Kings, no later than December thirty-first, two
2 thousand twenty-five. Such recommendations shall include:

3 (a) recommended dates by which such legislative or executive actions
4 should occur;

5 (b) necessary investments, if any, that should be made in each case to
6 carry out the commission's recommendations, including any necessary
7 workforce, training, or other investments to ensure that remaining
8 facilities are able to adequately provide services within the context of
9 a restructured institutional provider health care system; and

10 (c) the commission's justification for such recommendations.

11 10. Implementation of recommendations. (a) Notwithstanding any
12 provision of law, rule or regulation to the contrary related to the
13 establishment, construction, approval, or revisions to the operating
14 certificates, resizing, consolidation, conversion or related to the
15 restructuring of health care facilities identified in the commission's
16 recommendations, including but not limited to sections twenty-eight
17 hundred one-a, twenty-eight hundred two, twenty-eight hundred five,
18 twenty-eight hundred six and twenty-eight hundred six-b of the public
19 health law, the commissioner of health shall take all actions necessary
20 to implement, in a reasonable, cost-efficient manner, the recommenda-
21 tions of the commission pursuant to subdivision nine of this section.

22 (b) The provisions of paragraph (a) of this subdivision shall not
23 apply if a majority of the members of each house of the legislature vote
24 to adopt a concurrent resolution rejecting the recommendations of the
25 commission pursuant to subdivision nine of this section in their entire-
26 ty by February first, two thousand twenty-six. In no event shall the
27 commissioner of health begin to implement the recommendations of the
28 commission pursuant to subdivision nine of this section prior to Febru-
29 ary first, two thousand twenty-six. Provided, further, the commissioner
30 of health shall be precluded from acting upon any certificate of need
31 application, or any other submission or closure plan which limits or in
32 any way alters the services provided by downstate, on or after the
33 effective date of this act, until after February first, two thousand
34 twenty-six. Provided, however, that nothing herein shall be construed
35 as:

36 (i) limiting the authority of the commissioner of health to enforce or
37 implement any provision of the public health law relating to the health
38 or safety of the patients at downstate; or

39 (ii) prohibiting the approval of an application relating to capital
40 and infrastructure improvements at downstate that do not impact the
41 scope or level of services offered at downstate.

42 § 997-b. Severability. If any clause, sentence, paragraph, subdivi-
43 sion, section or part of this article shall be adjudged by any court of
44 competent jurisdiction to be invalid, such judgment shall not affect,
45 impair, or invalidate the remainder thereof, but shall be confined in
46 its operation to the clause, sentence, paragraph, subdivision, section
47 or part thereof directly involved in the controversy in which such judg-
48 ment shall have been rendered. It is hereby declared to be the intent of
49 the legislature that this article would have been enacted even if such
50 invalid provisions had not been included herein.

51 § 2. This act shall take effect immediately.