

STATE OF NEW YORK

2633--A

2025-2026 Regular Sessions

IN SENATE

January 22, 2025

Introduced by Sens. GONZALEZ, MAY, SKOUFIS, WEBB -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- recommitted to the Committee on Health in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to direct the department of health to 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:

1 Section 1. Legislative findings. The legislature hereby finds:
2 1. The serious public emergency regarding hospital closures across New
3 York state continues to exist, and this emergency puts individuals at a
4 heightened risk of death, illness, and economic hardship. These closures
5 impact both public and private general hospitals or healthcare facili-
6 ties owned by one or more hospital networks, full-service hospitals, and
7 critical care units.
8 2. The legislature finds and declares that in order to prevent death,
9 hardship, and other negative health outcomes to New York state resi-
10 dents, the provisions of this act are necessary to protect public
11 health, safety, and general welfare. The following provisions are
12 designed to strengthen the already established department of health's
13 ongoing reporting efforts and ensure that the findings are presented
14 clearly and are accessible to the general public and the legislature.
15 The necessity in the public interest is hereby declared as a matter of
16 legislative determination.
17 § 2. 1. The department of health shall produce a report that examines
18 the aggregate impact of the closure of general hospitals and hospital
19 networks on healthcare access in this state. In producing such report
20 the department of health shall meaningfully engage public health
21 experts, labor representatives of the hospital workforce, community
22 leaders and residents of New York state.

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

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

3 (i) the number of hospitals and hospital networks in each county or,
4 where relevant, zip code;

5 (ii) the average number of total and available hospital beds in each
6 county or, where relevant, zip code;

7 (iii) the number of acute care hospital beds per one thousand resi-
8 dents by county or, where relevant, zip code;

9 (iv) the number of medicare and Medicaid recipients, and the percent-
10 age of insured and uninsured patients served, by county or, where rele-
11 vant, zip code;

12 (v) projected market shares of all hospitals and hospital networks in
13 New York state;

14 (vi) the financial condition of the hospitals and hospital networks
15 that have submitted a proposal to close to the department of health
16 within the past year, which shall include, but not be limited to:

17 (1) the financial viability of the services and units hospitals are
18 proposing to terminate, transfer and merge; and

19 (2) the financial impact hospitals and hospital networks will have if
20 they continue to operate without closing or reducing or transferring
21 services;

22 (vii) the travel times between hospitals that provide similar
23 services, which shall include, but not be limited to, travel times for
24 public transportation options;

25 (viii) the number and location of hospitals that have closed or
26 reduced services in the previous five years, including but not limited
27 to unit closures or reductions in patient capacity; and

28 (ix) regions where additional hospitals are currently needed based on
29 public needs;

30 (x) the race, sex, gender, age, economic status, and disability status
31 of patients served by each hospital and hospital network in the previous
32 five years;

33 (xi) the payor mix of the patients served by each hospital for the
34 previous five years, including but not limited to the number of medicare
35 and Medicaid recipients, and the percentage of insured and uninsured
36 patients served;

37 (xii) the number of staff currently employed at each hospital and
38 hospital network, including but not limited to an itemized listing, by
39 profession, of healthcare workers, as well as administrative and support
40 workers;

41 (xiii) access to each hospital and hospital network by public or
42 private transportation, including transportation sponsored by the hospi-
43 tal and hospital network itself;

44 (xiv) the nature and scope of healthcare services currently provided
45 in each hospital and hospital network; and

46 (xv) the change in service volume in each hospital and hospital
47 network for the previous five years, which shall include, but not be
48 limited to:

49 (1) a thirty day average daily census of inpatient beds; and

50 (2) a thirty day average wait time to be admitted from the emergency
51 room.

52 (b) If the department of health does not have access to the data list-
53 ed in paragraph (a) of this subdivision, the department shall collect
54 such data or provide an explanation why it is unable to collect such
55 data.

1 (c) The department of health shall produce a report on the findings of
2 such study no later than April 1, 2027. Such report shall be provided in
3 electronic format and shall be distributed to the temporary president of
4 the senate, the speaker of the assembly, the chair of the senate stand-
5 ing committee on health, and the chair of the assembly health committee.
6 The department of health shall publicly post the report on the depart-
7 ment of health's website within one week of the distribution.

8 2. The report shall use the data collected to define and identify
9 areas at risk of future hospital closures. These areas shall be desig-
10 nated "distressed healthcare zones".

11 3. The department of health shall issue successive reports containing
12 the information in paragraph (a) of subdivision one of this section
13 every three years after the initial report. Each successive report shall
14 update designations of distressed healthcare zones as the report
15 mandates. Distressed healthcare zones shall be prioritized when allocat-
16 ing healthcare spending and when issuing a certificate of need. Such
17 findings shall be drafted in clear and concise language readily compre-
18 hensible for members of the public in general.

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