

STATE OF NEW YORK

5767

2025-2026 Regular Sessions

IN SENATE

February 28, 2025

Introduced by Sen. SCARCELLA-SPANTON -- 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 creating a respiratory therapy demonstration program for residential health care facilities

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 2832 to read as follows:

3 § 2832. Residential health care facilities; respiratory therapy demon-
4 stration program. 1. Notwithstanding any other provision of law to the
5 contrary, the commissioner is authorized to approve up to ten residen-
6 tial health care facilities within the state to operate respiratory
7 therapy units by and within such residential health care facilities. For
8 purposes of this section, "respiratory therapy" shall mean the assess-
9 ment, treatment, monitoring and therapeutic interventions and restora-
10 tions of patients with deficiencies or abnormalities of cardiopulmonary
11 function and training with education to return to the community.

12 2. Respiratory therapy services shall include:

13 (a) Application of techniques for support of high-flow and low-flow
14 oxygenation, mechanical ventilation, therapeutic pulmonary and cardiac
15 rehabilitation and interdisciplinary interventions to assist in the
16 restoration of the patient's overall wellness to support and promote
17 healthy breathing, in the short and long-term;

18 (b) Pulmonary rehabilitation techniques and therapeutic interventions
19 for those suffering from chronic obstructive pulmonary disease (COPD),
20 and/or recovering from lung surgery, asthma attacks, bronchitis, and
21 pneumonia to improve their breathing for a better quality of life during
22 a skilled nursing facility stay;

23 (c) Self-management education and interventions for people with chron-
24 ic obstructive pulmonary disease (COPD), and/or recovering from lung

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

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1 surgery, asthma attacks, bronchitis, and pneumonia to assist patients
2 return to community and to thrive at home and reduce the need for future
3 hospitalizations; and

4 (d) Pulmonary rehabilitation techniques and overall wellness education
5 and training to develop strength and endurance of supporting respiratory
6 muscles and other techniques to increase respiratory function, which
7 will improve the success of ventilator-weaning, reduce mortality rates,
8 and hasten the return of eligible candidates to better positive
9 outcomes.

10 3. In order to receive approval from the commissioner to operate a
11 respiratory therapy unit and to provide respiratory therapy, a residen-
12 tial health care facility shall file an application on forms prescribed
13 by or acceptable to the commissioner.

14 (a) The commissioner shall act upon such applications in a manner
15 consistent with section twenty-eight hundred two of this article. In the
16 public health and health planning council's evaluation of applications
17 and the commissioner acting upon such applications, priority shall be
18 given to applicants who can demonstrate a history of providing such
19 respiratory therapy over the past ten years.

20 (b) In order to be approved to operate a respiratory therapy unit and
21 to provide respiratory therapy, an applicant must comply with and meet
22 all applicable requirements of and conditions of participation under
23 title XVIII of the federal Social Security Act (Medicare).

24 (c) The commissioner shall establish the operating component of
25 reimbursement rates appropriate for patients requiring respiratory ther-
26 apy in a respiratory therapy unit, which shall include:

27 (i) Funding for minimum staffing appropriate to meet the standards and
28 needs of each level of nursing care, including but not limited to,
29 suctioning, transferring from bed daily, whirlpool bathing and transport
30 to therapy gym;

31 (ii) Minimum staffing for therapeutic interventions, including thera-
32 peutic recreation, physical, occupational and speech therapies, and
33 adequate staff to transport residents; and

34 (iii) Appropriate equipment and supplies necessary to provide respir-
35 atory care and education, including portable mechanical ventilators,
36 oxygen, in-wall and portable, appropriate speaking valves, and appropri-
37 ate high protein and high caloric nutrition.

38 4. The commissioner shall report to the governor and the legislature
39 concerning the implementation of this section and the operation of
40 respiratory therapy units within three years after the effective date of
41 this section. Such report shall include a recommendation regarding the
42 expansion of the demonstration program and other metrics to define the
43 need for and cost of services for the population of individuals requir-
44 ing respiratory therapy, as determined by the commissioner.

45 § 2. This act shall take effect immediately.