

STATE OF NEW YORK

9087

IN SENATE

January 30, 2026

Introduced by Sen. MAY -- 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 independent quality monitors for residential health care facilities

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

Section 1. Section 2803-w of the public health law, as added by chapter 677 of the laws of 2019, is amended to read as follows:

§ 2803-w. Independent quality monitors for residential health care facilities. 1. The department may require a residential health care facility to contract with an independent quality monitor selected, and on reasonable terms determined, by the department, pursuant to a selection process conducted notwithstanding sections one hundred twelve or one hundred sixty-three of the state finance law, for purposes of monitoring the operator's compliance with a written and mandatory corrective plan and reporting to the department on the implementation of such corrective action, when the department has determined in its discretion that operational deficiencies exist at such facility that show:

~~[1-]~~ (a) a condition or conditions in substantial violation of the standards for health, safety, or resident care established in law or regulation that constitute a danger to resident health or safety;

~~[2-]~~ (b) a pattern or practice of habitual violation of the standards of health, safety, or resident care established in law or regulation; or

~~[3-]~~ (c) any other condition dangerous to resident life, health, or safety. ~~[Such written]~~

2. Written mandatory corrective plans created pursuant to subdivision one of this section shall include:

(a) caps on administrative and general costs that are unrelated to providing direct care (including providing at least minimum staffing levels as determined by the department) or care coordination;

(b) a requirement that the residential health care facility maintain compliance with the staffing ratios provided for nursing homes under section twenty-eight hundred ninety-five-b of this chapter;

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

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1 (c) required infrastructure improvements, repairs and/or replacements
2 necessary to ensure resident safety and code compliance;

3 (d) specific performance benchmarks for improvement of the residential
4 health care facility's deficiencies identified under subdivision one of
5 this section; and

6 (e) a specific completion deadline for remediation of the deficiencies
7 identified under subdivision one of this section.

8 3. Payments made by a residential health care facility for the
9 services provided by an independent quality monitor pursuant to a
10 contract entered into under subdivision one of this section shall be
11 paid by such residential health care facility to the department, and the
12 department shall remit such payments to such independent quality moni-
13 tor. No such payments shall be made directly from a residential health
14 care facility to an independent quality monitor.

15 4. An independent quality monitor selected pursuant to subdivision one
16 of this section shall require the residential health care facility to
17 report on its compliance with the written corrective plan, and shall
18 perform an on-site inspection, every two weeks. Such independent quality
19 monitor shall require such residential health care facility to report
20 immediately on any conditions determined to present immediate danger to
21 resident life, health, or safety.

22 5. (a) An independent quality monitor selected to provide monitoring
23 services for a residential health care facility pursuant to subdivision
24 one of this section shall provide such monitoring services for a minimum
25 of one year. Such monitoring services shall not be terminated unless the
26 department determines that such residential health care facility has:

27 (i) demonstrated sustained compliance with all requirements under its
28 written corrective plan for at least six consecutive months;

29 (ii) received no deficiencies identified as presenting immediate
30 danger to resident life, health, or safety during inspections conducted
31 by the state or the independent quality monitor during the monitoring
32 period;

33 (iii) met minimum staffing requirements as provided under paragraph
34 (b) of subdivision two of this section; and

35 (iv) been removed from the centers for Medicare and Medicaid services'
36 special focus facility program, if applicable.

37 (b) A residential health care facility for which monitoring services
38 have been terminated shall submit a quarterly report to the department
39 for the one-year period following such termination, demonstrating
40 continued compliance in avoiding operational deficiencies identified
41 under subdivision one of this section.

42 (c) Where a residential health care facility for which monitoring
43 services have been terminated is again found to have operational defi-
44 ciencies identified under paragraph (a), (b) or (c) of subdivision one
45 of this section within the three-year period after such monitoring
46 services have been terminated, such monitoring services shall be rein-
47 stated for a minimum of eighteen months.

48 6. The department shall maintain publicly on its website a list of all
49 residential health care facilities being monitored pursuant to this
50 section, summaries of all reports submitted by such residential health
51 care facilities pursuant to this section, and a registry of residential
52 health care facilities that have completed, or failed to complete, the
53 monitoring requirements under this section.

54 7. The department shall be authorized to impose a civil penalty of one
55 thousand dollars per day against a residential health care facility that
56 fails to comply with the monitoring requirements under this section. The

1 department may revoke such residential health care facility's operating
2 certificate after fourteen days of such non-compliance. The department
3 may assume temporary management authority of such residential health
4 care facility after thirty days of such non-compliance.

5 8. The department shall be authorized to promulgate any rules and/or
6 regulations necessary for the implementation of the provisions of this
7 section.

8 § 2. This act shall take effect immediately.