**§ 130. Admission and maintenance of patients.** 1. The provisions of this section shall not apply to any person admitted for the care and treatment of tuberculosis, as defined and provided for in the public health law.

2. Whenever a patient shall have been admitted to such hospital, the superintendent shall cause to be made such inquiry as he may deem necessary, relative to the ability of such patient, or of the relatives of such patient legally liable for his support, to pay for his care and treatment. If he finds that such patient, or said relatives, are able to pay for his care and treatment in whole or in part, an order shall be made by the superintendent directing such patient, or said relatives, to pay to the treasurer of such hospital for the support of such patient a specified sum per week, in proportion to their financial ability, but such sum shall not exceed the actual cost of maintenance. The superintendent shall have the same power and authority to collect such sums from the patient, or his relatives legally liable for his support, as is possessed by a public welfare official in like circumstances. In all claims for payment and/or reimbursement made under the provisions of this section the superintendent shall be deemed a preferred creditor. If the superintendent finds that such patient, or his said relatives, are not able to pay, either in whole or in part, for his care and treatment in such hospital, the unpaid cost of his maintenance shall become a charge upon the county, town, city or village by which the hospital is maintained; provided, however, that in case such patient is not a resident of said county, town, city or village, the cost of his maintenance shall be a charge upon the civil division of the state upon which he would be a charge as a needy person. No employee of such hospital shall accept from any patient thereof any fee, payment or gratuity whatsoever for his service.

3. Notwithstanding the provisions of subdivision two of this section, whenever a contract shall be in effect with any hospital service corporation governed by the provisions of article forty-three of the insurance law for the rendering of hospital service by such hospital to the subscribers of such corporation, the rendering of hospital service to such subscribers in so far as payment for such service is concerned,

shall be subject to the provisions of such contract, and in such case the provisions of such subdivision, to the extent inconsistent therewith, shall be inapplicable.

3-a. Subdivisions four through eight, inclusive, of this section, hereinafter set forth, shall govern and apply solely to the administration and operation of the E. J. Meyer Memorial Hospital located in the city of Buffalo, Erie county, the Westchester county medical center located in the town of Mount Pleasant, Westchester county, and the Nassau county medical center located in the Town of Hempstead, Nassau county.

4. Definitions. As used in the subdivisions of this section hereinafter set forth, the following terms shall be defined as follows:

(a) Employment agreement shall mean the agreement between the hospital and the salaried physicians and dentists as approved by the governing body of the municipality operating such hospital.

(b) Private patient shall mean only such patient for whom the salaried physician or dentist has rendered a service as now or hereafter so described by the Social Security Administration for Title 18, Part B, of the Federal Social Security Act of l965.

(c) Teaching hospital shall, for the purposes of this chapter, mean a hospital having a contractual agreement with a medical school, as such medical school is defined in section sixty-five hundred one of the education law, for the training of medical students.

5. Notwithstanding the provisions of subdivision two of this section, whenever a contract shall be in effect with any medical expense indemnity corporation governed by the provisions of article forty-three of the insurance law or any other authorized insurer for the rendering of medical care by a duly licensed physician or dentist to the subscribers of such corporation or authorized insurer, the rendering of medical care by a salaried physician or dentist, other than an interne or resident, employed by any such public general teaching hospital, to such subscribers insofar as payment for such medical care is concerned shall be subject to the provisions of such contract and the terms of the employment agreement, provided such salaried physician or dentist

treated such individual as his private patient and personally performed the services involved, and in such case the provisions of subdivision two, to the extent inconsistent therewith shall be inapplicable.

6. Notwithstanding the provisions of subdivision two of this section, whenever any person eligible for benefit payments for services of a physician or dentist under Title 18, Part B, of the Federal Social Security Act of l965 shall have received medical care as a private patient of a salaried physician or dentist other than an interne or resident, employed by any such public general teaching hospital, the rendering of and payment for such medical care shall be subject to the provisions of such title and the terms of the employment agreement and in such case the provisions of subdivision two, to the extent inconsistent therewith, shall be inapplicable.

7. Notwithstanding the provisions of subdivision two of this section, whenever any person eligible for benefit payments for services of a physician or dentist under Title 19 of the Federal Social Security Act of l965 and article five of the social services law shall have received medical care as a private patient of a salaried physician or dentist other than an interne or resident, employed by any such public general teaching hospital the rendering of any payment for such medical care shall be subject to the provisions of such title and article five of the social services law and the terms of the employment agreement and in such case the provisions of subdivision two of this section, to the extent inconsistent therewith, shall be inapplicable.

8. Notwithstanding the provisions of subdivision two of this section, whenever any person not covered by the provisions of subdivisions five, six and seven of this section shall have received medical care as a private patient of a salaried physician or dentist other than an interne or resident, employed by any such public general teaching hospital, such salaried physician or dentist shall be entitled to receive the usual and customary fee for the services rendered as established pursuant to Title 18, Part B of the Federal Social Security Act of l965, provided the superintendent of such hospital finds that such patient is able to pay for said medical care in accordance with the terms of the employment

agreement, and in such case the provisions of subdivision two of this section, to the extent inconsistent therewith, shall be inapplicable.

9. Notwithstanding the provisions of subdivisions one through eight, inclusive, of this section, any public general hospital may enter into a clinical practice plan approved by the state commissioner of health. Such hospital may propose a clinical practice plan approved by the governing body of the municipality operating such hospital to the state commissioner of health. Such plan shall specify the method to be used to assure that physician and dentist employees of the hospital verify that duplicate payments for services cannot be received and that any fee payments to be made by or on behalf of patients meet the applicable requirements of titles eighteen and nineteen of the Federal Social Security Act of nineteen hundred sixty-five, as amended, and the rules and regulations promulgated thereunder, and any pertinent requirements of any corporation governed by the provisions of article forty-three of the insurance law and any other third party payors. Prior to approval of such clinical practice plan, the state commissioner of health shall determine that the plan meets such requirements, includes provisions that assure compliance with subdivision two of section twenty-eight hundred five of the public health law and provides for such other records, reports and audits as the state commissioner of health may determine to be necessary. No public general hospital may implement such plan without the prior written approval of the state commissioner of health. Such approval may be revoked, suspended or limited on proof that: (a) the hospital or any of the professional employees have failed to comply with the provisions of the approved clinical practice plan; or (b) the hospital or any of the professional employees have failed to provide the state commissioner of health with the data necessary to evaluate the operation of the clinical practice plan; or (c) the approved clinical practice plan has not met the requirements of this subdivision. No revocation, suspension or limitation of such plan may be made without providing an opportunity for a formal hearing conducted in accordance with section twelve-a of the public health law.