

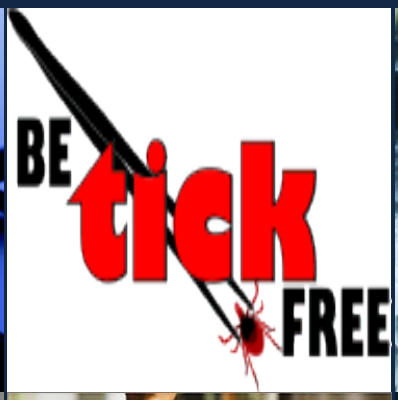


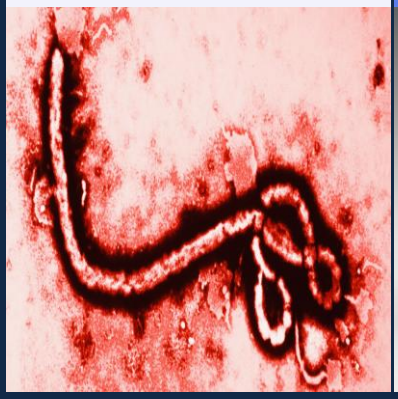
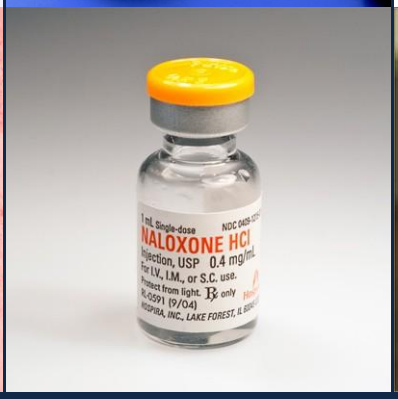

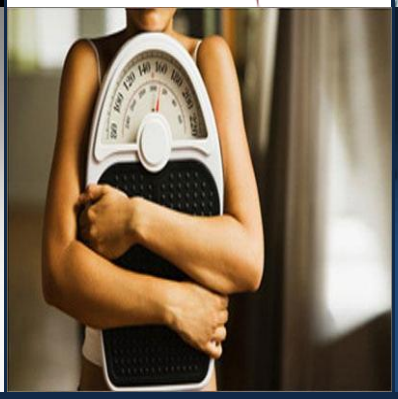


THE NEW YORK STATE SENATE STANDING COMMITTEE ON HEALTH

236TH-237TH LEGISLATIVE SESSION REPORT

SENATOR KEMP HANNON
CHAIRMAN


REPORT OF THE NEW YORK STATE SENATE
STANDING COMMITTEE ON HEALTH
236th & 237th LEGISLATIVE SESSION

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EXECUTIVE SUMMARY

The last two years were busy legislative sessions. The attached report details both the session and off session activities of the Senate Health Committee throughout 2013 and 2014. In addition to the vast policy and legislative changes addressed, the Committee worked to bring focus to urgent health care issues through various task forces, public hearings and roundtable discussions.

This report is a look into the bills which became law over the last two years. Ranging from issues pertaining to health care facilities and professionals to public health and health insurance, highlights include: Hepatitis C screening and testing; heroin and opioid addiction services; hospital observation status; access to epi-pens in schools; banning the sale of liquid nicotine to minors; maternal depression screening and awareness; women's health; and medical marihuana.

In addition to the laws enacted, this report outlines the extensive policies adopted as part of the budget process each year. Monumental provisions to protect consumers from surprise medical bills and to improve the state's organ donation process, as well as measures to help ensure the proper implementation of Medicaid redesign (MRT) initiatives, the Delivery System Reform Incentive Payment (DSRIP) Program under the federal waiver, and the health insurance exchange, are just a few of the topics addressed in the last two budgets.

Addressing the growing need for action to combat the state's increasing prevalence of Lyme and other tick-borne diseases, a Senate Lyme and Tick-Borne Disease Task Force was convened in the fall of 2013. The senators spent several months hearing from experts and immersing themselves in the subject, and ultimately issued a report with a wide range of recommendations. Among other things, the recommendations resulted in the adoption of legislation clarifying that health practitioners cannot be investigated or charged with misconduct solely on the grounds that their treatment of these diseases, as well as others, is not universally accepted by the medical profession. The Senate also convened the Task Force on Heroin and Opioid Addiction to address the devastating impact these drugs are having across the state. The task force held hearings around the state, issued a report and successfully pushed a package of legislation addressing a host of issues including insurance coverage for treatment, new treatment models, greater access to Naloxone – the overdose antidote, and an education and awareness campaign.

The state's preparedness for the Ebola virus was the subject of the Committee's final roundtable discussion of 2014. Bringing together the State Health Commissioner with local health department officials, hospitals, health care providers and researchers in the field before New York encountered its first Ebola case, this forum provided an open discussion amongst the experts to help ensure New York was prepared. Other roundtables and hearings throughout the two years focused on issues including eating disorders, out-of-network insurance coverage, the state of hospitals, implementation of the health exchange and the growing industry of electronic cigarettes and liquid nicotine.

Video footage of the Committee meetings, hearings and roundtables, as well as, copies of Committee reports and presentations can be found on the Committee's webpage http://www.nysenate.gov/committee/health.

2013-2014 HEALTH CHAPTERS

Patient Safety & Rights

Oversight of transition to Managed Long Term Care

Chapter 396 of 2013: This chapter directs the Department of Health (DOH) to provide oversight of the transitioning of individuals to mandatory Medicaid managed long term care. Transitioning individuals in need of community based long term care services from the traditional fee-for-service system to managed long term care is a major transformation for Medicaid recipients, service providers, health insurers and the State. This legislation ensures oversight of the enrollment, quality, adequacy and cost of care as health plans take on many of the roles formerly held by the State. This bill was signed by Governor Cuomo on October 21, 2013 and became effective immediately, with certain provisions. (S.3912-A/A.7636)

Observation Service Notice

Chapter 397 of 2013: This act requires general hospitals to provide patients with notice they have been placed in observation services within 24 hours of such placement. The notice must explain that the patient has not been admitted and that their observation status may affect Medicare, Medicaid and/or private insurance coverage for the current hospital services, including medications and other pharmaceutical supplies, as well as coverage for any subsequent discharge to a skilled nursing facility. Federal changes have required a distinction between admitting a patient and observing a patient. A patient being observed has the status of an outpatient, resulting in the loss of certain Medicare benefits. For example, higher co-payments may apply and post-hospital rehab care that would have been covered if the patient had been admitted, may not be covered. This legislation ensures patients are informed of these important distinctions and given the opportunity to discuss the consequences with their provider and insurer. This measure was signed by Governor Cuomo on October 21, 2013 and took effect on January 19, 2014. (S.3926-A/A.7257-A)

Assisted Living Program Eligibility Expansion

Chapter 454 of 2013: This legislation amends the Social Services Law to allow assisted living programs (ALPs) to admit or retain residents who are chairfast. This legislation will save Medicaid funds by allowing lower-income seniors to reside in an ALP rather than prematurely being placed in a nursing home, meanwhile providing seniors with greater autonomy. This bill was signed on October 23, 2013 and became effective immediately. (S.5096/A.7755)

Accessible patient information for visually impaired

Chapter 92 of 2014: This bill directs hospitals to provide all blind and visually impaired patients with a large print version or, upon request of the patient, an audio recording of the discharge plan and pre-admission information in order to ensure the patient is able to access their health care information and understand the instructions given by their doctor. This bill takes effect 90 days after its enactment, on October 20, 2014. (S.328-A/A.746-A)

Removal of health care agent authority

Chapter 93 of 2014: This legislation authorizes a court to remove the decision making authority of a health care agent or surrogate if the agent is subject to an order of protection against the principal, or has been arrested or criminally charged with a criminal act that allegedly caused the principal's incapacitation. While the person responsible for another's incapacitation is likely not a suitable agent with the best interests of the principal in mind, existing law did not allow for the removal of such individual. This act was signed on July 22, 2014 and took effect immediately. (S.1207-A/A.5309-A)

Adult care facility background checks

Chapter 94 of 2014: The SFY 2014-15 budget included provisions requiring adult care facilities to perform background checks on direct care workers prior to their hiring. Facilities can utilize the system already in place within DOH to perform these checks. This legislation clarifies that the requirement applies to all adult care facilities regulated by DOH and provides additional time to implement the provision. The budget provision took effect immediately; however, given there are over 500 adult care facilities that need to be added to the existing system, this bill extended the effective date to January 1, 2015. (S.4926-C/A.5476-D)

Prescription refill consent

Chapter 413 of 2014: This legislation prohibits a pharmacy from delivering a prescription off premises without the consent of the patient or other authorized individual. Aimed at reducing waste, controlling costs, providing consumer protection and improving patient quality this legislation will bar pharmacies from automatically refilling prescriptions that may no longer be necessary. To obtain consent the pharmacy must either obtain a signature of acceptance, contact the patient or representative and document the oral consent, or for refill reminder or adherence programs consent must be obtained and documented every 180 days. This bill was signed on October 21, 2014 and took effect immediately. (S.6449-A/A.8612-A)

Health Care Facilities

Provision of Observation Services

Chapter 5 of 2013: This law makes technical corrections to Chapter 471 of 2012, which established standards for the provision of general hospital observation services. The original chapter permitted observation care for a period of up to 48 hours, this amendment permits the Commissioner to establish regulations for the duration of services, to be consistent with federal policies. The bill applied retroactively, taking effect on October 3, 2012, when Chapter 471 of 2012 became effective. (S.2079/A.1988)

ACO Workgroup

Chapter 6 of 2013: This measure makes technical changes to Chapter 461 of 2012, which promoted establishment of Accountable Care Organizations (ACOs), by adding health plans to the workgroup convened by the Commissioner of Health to determine whether an ACO should be enabled to serve certain populations. This measure was signed by Governor Cuomo on February 26, 2013 and retroactively effective as of October 3, 2012, when Chapter 461 of 2012 took effect. (S.2080/A.1989)

Smoking prohibited on hospital grounds

Chapter 179 of 2013: This bill prohibits smoking on the grounds and within 15 feet of any entrance or exit of a building or grounds of a general hospital or residential health care facility. This is similar to the 2009 ban enacted in NYC. The legislation does allow for a residential health care facility to designate a smoking area provided such area is not within 35 feet of any building structure. Signed by Governor Cuomo on July, 31, 2013 and this bill became effective on October 29, 2013. (S.1987/A.1115-A)

Pulse oximetry screening

Chapter 184 of 2013: This act requires facilities caring for newborns 28 days of age or less to perform pulse oximetry screening for critical congenital heart defects. Affecting approximately 8 out of every 1,000 infants, the Centers for Disease Control and Prevention (CDC) states that congenital heart defects are the leading cause of infant deaths, with about 4,800 babies born with congenital heart defects a year. Prenatal ultrasound screenings alone identify less than half of all congenital heart disease cases. By administering pulse oximetry screening, which is a non-invasive method of monitoring the saturation of a patient's hemoglobin, many newborns lives could be saved. The bill was signed by Governor Cuomo on July 21, 2013 and took effect January 27, 2014. (S.270-B/A.2316-B)

Health Care Delivery Models Study Act

Chapter 369 of 2013: This Act requires the Commissioner of Health to conduct a study of current innovations in the delivery of health care services not presently required to undergo state certificate of need processes, nor required to obtain authorization to conduct office based surgery. Such entities include mini clinics, urgent care centers, and major physician practices. Studying the impact of these entities on the delivery, quality and cost of health care in the respective communities and regions will both inform consumers and reveal any need for regulatory action. Signed by Governor Cuomo on September 27, 2013 and effective immediately, the study report was due on September 27, 2014. (S.4493-A/A.6838-A)

Volunteer Fire EMS limited license lab fee exemption

Chapter 479 of 2013: This legislation exempts volunteer fire based EMS from the requirement to pay a biennial $200 fee to obtain a limited lab license to perform blood glucose testing. Volunteer firefighters providing emergency medical services are barred from collecting any reimbursement for the care and transportation they provide. The imposition of this $200 fee presents an unnecessary burden on these volunteers. This legislation does not change or relieve any EMS agency from the requirement to possess an appropriate license. This measure was signed by Governor Cuomo on November 13, 2013 and effective immediately. (S.4361/A.6121)

Hospice residence program expansion

Chapter 512 of 2013: This bill allows hospice residences to have up to 16 beds, with up to 4 dually certified as residential and inpatient hospice beds. The hospice residence program, establishment over 18 years ago, limited hospices to 8 beds. Due to their success and recognizing their desire to expand, the State authorized a pilot program in 2003, allowing hospice to have up to 16 beds, however; these beds could not be dually certified. This legislation allows for universal expansion and removes the barrier preventing dually-certified beds. Signed by Governor Cuomo on November 13, 2013 the bill took effect immediately, with certain provisions. (S.5534-A/ A.7758)

Diagnostic and Treatment Center recoupments

Chapter 527 of 2013: This chapter authorizes the Commissioner of Health to waive recoupment of Medicaid payments for capital costs for the period of September 2009 through December 2012, for Diagnostic and Treatment Centers that provide services to individuals with developmental disabilities as their primary mission. This bill aims to ensure the financial stability of these facilities providing critical services. This legislation was signed by Governor Cuomo on December 18, 2013 and deemed in effect since September 1, 2009. (S.5483/A.7665-C)

OMH and OASAS "deeming" authority

Chapter 281 of 2014: This act extends the provisions that allow deemed status for general hospital inpatient services based on accreditation from national accrediting bodies, to also apply to outpatient services for dually licensed facilities. Currently, the Office of Mental Health (OMH) and the Office of Alcoholism and Substance Abuse Services (OASAS) have the option to accept hospital accreditation from a national accrediting organization approved by CMS, rather than having a separate state review of inpatient psychiatric and substance abuse. Once an accrediting organization approved by CMS determines a hospital in compliance with accreditation standards, OMH and OASAS have authority to deem that hospital to also meet the state standard for inpatient psychiatric and substance abuse services. This bill would extend this authority to include outpatient services provided by these dually-licensed hospitals. As such, this measure would provide the state with an alternative method to ensure quality of care, consistent with current practices. This bill was signed on August 11, 2014 and took effect immediately. (S.7481-A/A.9768-A)

Access to autopsy findings following traumatic deaths

Chapter 348 of 2014: This legislation requires medical examiners and coroners that conduct autopsies following traumatic death to share their autopsy findings with the referring hospital in a timely manner in order to facilitate the quality improvement process. The availability of autopsy reports is an essential part of making sure that performance can be evaluated and quality improved at hospitals. In fact, agencies that verify and designate hospital trauma centers in New York State require that trauma centers evaluate their outcomes on a regular basis and conduct full reviews of all trauma center deaths. By ensuring receipt of autopsy reports, this legislation enables hospitals to understand the complete clinical picture and enhance care quality. The Governor signed this legislation on September 4, 2014 and it took effect immediately. (S.7271/A.9611)

Refinancing distressed hospitals

Chapter 445 of 2014: This law permits, until December, 2015, financially distressed hospitals, which have existing capital indebtedness under the former "Secured Hospital Loan Program," to realize annual cash flow savings through the refinancing of such existing debt at lower rates without increasing the amount of debt or the final maturity of such debt. This act took effect immediately upon being signed into law on November 21, 2014, (S.7387-A/A.9021-D)

Continuing care at home

Chapter 549 of 2014: This chapter permits Continuing Care Retirement Community (CCRC) providers to offer "continuing care at home" contracts to seniors choosing to live and secure services outside the CCRC Campus. This expansion of CCRC's scope allows providers to reach out to seniors that may not be able to afford living on campus, or otherwise choose to remain in the community, and enhances the continuum of care for senior citizens. The Governor signed this legislation into law on December 29, 2014, contingent upon technical changes agreed upon to be enacted early next session. (S.2118-B/A.4611-B)

Health Care Professionals

New York City Marathon

Chapter 29 of 2013: This bill authorized certain health care professionals licensed to practice in another state or territory and appointed by the New York Road Runners to provide professional services to athletes and team personnel registered to compete in the NYC marathon, the Brooklyn and State Island half marathon, and the Bronx and Queens 10k. This measure was effective immediately on May 17, 2013 and expired on January 31, 2014. (S.4325A/A.6539)
Chapter 4 of 2014: This chapter extended the aforementioned provisions for the 2014 NYC, Bronx, Staten Island and Brooklyn half marathon, the Queens 10k and the NYC Marathon. Subsequent to its signing, this Chapter was amended by S.6876/A.9202 to address a change in the date of the Bronx Half Marathon. This legislation was signed on March 14, 2014 but deemed to have been in full force and effect on January 31, 2014 and expired January 31, 2015. (S.6470/A.8611)

Emergency technician five year recertification demonstration program

Chapter 78 of 2013: This legislation extends until July 1, 2018, the emergency technician five year recertification demonstration program in certain counties. DOH Bureau of EMS has reported a decrease of over 3,000 certified providers since 2003. Continuing the five year recertification, rather than the three year recertification is imperative to help curtail their dwindling numbers. This bill was signed by Governor Cuomo on June 30, 2013 and became effective immediately.
(S.5152/A.7170)

Central Service Technicians

Chapter 117 of 2013: This chapter establishes a certification process and provides for the continuing education of central service technicians. Central service technicians prepare, distribute and control the sterile and non-sterile items and equipment used in all clinical areas of a hospital. In order to perform these functions, central service technicians must be nationally accredited, provide evidence they have been employed as a central service technician for a cumulative period of one year within the last four years, or be an intern performing under supervision. This act was signed by Governor Cuomo on July 12, 2013 and became effective immediately. (S.697-A/A.878-A)

Ironman Triathlon

Chapter 141 of 2013: This act authorized certain health care professionals licensed in another jurisdiction, and appointed by the World Triathlon Corporation, to provide services at a World Triathlon sanctioned event in New York from July 24, 2013 through July 29, 2013. Accordingly, the act took effect on July 24, 2013 and expired five days later. (S.3495/A.4859)

Chapter 71 of 2014: This bill enacted the same provisions for the 2014 triathlon, effective on July 23, 2014 and expired on July 28, 2014. (S.6323/A.8445)

Surgical Technologists

Chapter 292 of 2013: This law provides for the certification of surgical technologists. Surgical technologists have a vital role in creating and maintaining a sterile surgical room, ensuring that surgical equipment is functioning properly and safely, and assisting surgeons during surgical procedures. This legislation requires hospitals to hire only certified personnel, or individuals falling within the exceptions of the bill. Signed by Governor Cuomo on July 31, 2013, the bill took effect on January 1, 2015. (S.5185-A/A7419-A)

Streamlined licensure applications

Chapter 414 of 2013: This bill requires DOH, in collaboration with stakeholders, to develop streamlined application procedures for existing licensed adult care facilities and assisted living residence operators in good standing. The current lengthy licensure process for these facilities is an impediment to doing business in New York and providing access to housing and services for seniors. This measure was signed by Governor Cuomo on October 21, 2013 and took effect immediately, with certain provisions. (S.5628-A/A.7835-A)

Optometrists' authority to perform clinical laboratory tests

Chapter 444 of 2013: This legislation authorizes optometrists to perform clinical laboratory tests that do not use invasive modalities. In 1995, optometrists were provided statutory authority related to the diagnosis and treatment of eye disease; however, existing law still required optometrists to refer their patients to other statutorily-listed practitioners in order to perform clinical laboratory tests. The purpose of this bill is to improve the diagnosis and treatment of eye disease by providing optometrists with the authority to perform non-invasive clinical laboratory tests relevant to the diagnosis and treatment of their patients. This act was signed by Governor Cuomo on October 23, 2013 and became effective immediately. (S.5539/A.6724-B)

Behavior analysts licensure

Chapter 554 of 2013: This bill provided for the licensure of behavior analysts and the certification of behavior analyst assistants. In 2011, the state required insurance coverage for the screening, diagnosis and treatment of autism spectrum disorder. Licensing behavior analysts and certifying behavior analyst assistants was necessary in order to accomplish the intent of the 2011 law. This law took effect on July 1, 2014 with certain provisions. (S.4862-B/A.6963-B)

Chapter 8 of 2014: This legislation amended Chapter 554 of 2013 to clarify that certain services can be provided without a license or certification if they are unrelated to the applied behavior analysis (ABA) plan. The bill also included the Office of Children and Family Services among the temporary exempt agencies and extended the exemption to July 1, 2020 with all exempt agencies reporting by September 1, 2016 and September 1, 2018. The deadlines for SED's final report is likewise moved to January 1, 2019. This legislation was effective on the same date and manner as Chapter 554 of 2013. (S.6395/A.8518)

Collaborative drug therapy management program

Chapter 125 of 2014: This act extends for an additional year the collaborative drug therapy management program. The program set to expire in September, authorizes pharmacists to perform collaborative drug therapy management with physicians in certain settings. This law took effect immediately upon its enactment on July 22, 2014. (S.7435/A.9715)

State Health Information Technology Infrastructure Workgroup

Chapter 132 of 2014: This legislation adds two representatives of home care agencies to the workgroup on state health information technology infrastructure. The 2014-15 SFY budget created the workgroup to examine and make necessary recommendations regarding the state's health information technology infrastructure. The new workgroup included key health collaborating partners, such as hospitals, physicians, and health centers but failed to include home care, which is vital to health care reform. This legislation would remedy this oversight and ensure the industry is involved in these important discussions. This bill was signed on July 22, 2014 and took effect immediately. (S.7592/A.9801)

Foreign trained dentists

Chapter 172 of 2014: This measure extends until February 1, 2017, provisions set to expire next year that permit the Education Department to issue a full-time faculty licensure to foreign trained dentists who are employed as full-time faculty members at a NYS dental school. This measure was signed into law on July 22, 2014 and took effect immediately. (S.7183-A/A.8660-A)

Restricted Protemic Licenses

Chapter 276 of 2014: This legislation allows employees of designated cancer centers to obtain restricted licenses in the practice of proteomics, including mass spectrometry. The Clinical Laboratory Technology Practice Act already recognizes the need for restricted licenses to be made available for some specialized procedures apart from the generally applicable requirements. Proteomics, through the use of mass spectrometry, can be used to ensure that patients receive appropriate doses of cancer-treating drugs. Individuals qualified in mass spectrometry are extremely specialized with advanced degrees in the sciences, but they do not typically hold clinical laboratory technologist licenses. This bill would ensure cancer centers are able to perform mass spectrometry by allowing for a restricted licenses to qualified personnel. By allowing these researchers the ability to use new technologies in state cancer centers, we can ensure that New York remains a leader in cancer research and care. This act was signed by the Governor on August 11, 2014 and took effect immediately. (S.7199-A/A.9517-A)

Palliative Care Education and Training Council

Chapter 318 of 2014: This measure amends the Palliative Care Education and Training Council to add to the council membership individuals representative of home care and social work. It also charges the Council with making recommendations with regard to the need, approaches and resources to provide for palliative care education and training in state certified schools of nursing and social work, as well as in practice settings at the health care facilities or agencies. This act was signed into law on August 11, 2014 and took effect immediately. (S.7601-B/A.9966)

Authority to administer Hepatitis C test

Chapter 352 of 2014: This chapter authorizes registered nurses to administer hepatitis C (HCV) tests under a non-patient specific order issued by a physician or nurse practitioner. In 2013, the legislature enacted provisions, bringing New York in line with CDC and the U.S. Preventive Services Task Force recommendations, requiring the offering of one-time HCV testing to all persons born between 1945 and 1965. Under the 2013 law, a registered nurse my offer the HCV test but cannot administer the test without a prescription from a physician or nurse practitioner specific to the patient. This bill allows physicians and nurse practitioners to empower registered nurses, under their supervision, to administer the test to a patient without the need of a prescription specific to each patient. Similar non-patient specific orders currently exist for immunizations, anaphylaxis, tuberculosis tests and HIV tests. This legislation, signed on September 16, 2014, took effect on December 15, 2014, 90 days after its enactment. (S.6871/A.9124-A)

Adult immunization registry

Chapter 420 of 2014: This law makes registered nurses and pharmacists, who are authorized to administer immunizations, also authorized users of the statewide immunization information system and requires they report immunizations administered to persons 19 or older, upon their consent, to the DOH within 14 days. If the immunization is administered in NYC, the registered nurse or pharmacist must also report to the citywide immunization registry as required by the NYC Commissioner of Health and Mental Hygiene. Enacted on October 21, 2014, this bill took effect immediately. (S.7253-A/A.9561-A)

Prohibition of misconduct charges based solely on grounds treatment is not universally accepted

Chapter 532 of 2014: This act ensures that the Office of Professional Medical Conduct (OPMC) shall not identify, investigate, or charge a practitioner based solely on their recommendation or provision of a treatment modality that is currently not universally accepted by the medical community. OPMC is responsible for ensuring that appropriate medical care is given to all New York residents, through the investigation and discipline of professional misconduct. As the medical profession is one that continually evolves with scientific breakthroughs, it is important that the OPMC maintains a flexible, case-specific, investigations policy - particularly where new treatments and acceptance by the medical community do not align. This has been relevant to concerns raised regarding the investigation of alternative medical treatment of Lyme and tick-borne disease with modalities not universally accepted by the medical community. As the debate surrounding acceptable protocols continues, it is important that the State takes a treatment-neutral approach where possible in order to ensure that medical professionals remain the discerning voice in defining appropriate medical care. On June 15, 2005, the Director of the OPMC circulated a memorandum stating that so long as a treatment modality effectively treats a medical condition, within certain specifications, its recommendation or provision cannot, by itself, constitute professional misconduct. This legislation clarifies and codifies this policy. This bill took effect upon its enactment on December 17, 2014. As indicated in the Governor's approval memo, the Governor signed the legislation with the understanding that agreed upon technical amendments would be enacted in 2015. (S.7854/A.7558-B)

Public Health & Safety

Adoption information registry

Chapter 15 of 2013: This bill amends Chapter 480 of 2012 to clarify that a "biological" sibling of an adoptee may apply to the DOH to search records to the extent practicable to determine whether the adoptee's adoption occurred within in the state. This bill was signed by Governor Cuomo on March 15, 2013 and became effective on October 03, 2012, one year after the enactment of Chapter 480 of 2012. (S.2889-A/A.2087)

New York Statewide Immunization Information System (NYSIIS)

Chapter 154 of 2013: This measure enhances efforts to reduce the incidence of vaccine preventable diseases by expanding access to information maintained in the NYSIIS, and permitting adults to give oral consent rather than written consent for their immunizations to be recorded in NYSIIS. This measure was signed by Governor Cuomo on July 12, 2013 and took effect immediately. (S.4528-A/A.7734-A)

Police dog confinement exemption

Chapter 163 of 2013: This chapter permits a police department to apply for a waiver from the local health department exempting police dogs that bite an individual in the course of official duty from the 10 day confinement requirement. As part of the waiver request, the police department must provide the dog's vaccination record and proof of up-to-date rabies vaccinations. This measure was signed by Governor Cuomo on July 24, 2013 and took effect immediately. (S.1993-A/A.1287-A)

Bans "bath salts" based on their foundational chemical structure

Chapter 341 of 2013: This legislation classifies substituted cathinones, commonly referred to as "bath salts," as schedule I controlled substances based on their foundational chemical structure. Chapter 130 of 2011 criminalized possession and sale of "bath salt" products containing Mephedrone and MDPV. Subsequently, the practice of making minor alterations to chemicals in order to subvert this statute made it possible for slightly altered products to continue to be sold in the state. Criminalizing the substances based on their foundational chemical structure puts an end to this practice and prohibits sale and use of the substances as originally intended. This bill was signed by Governor Cuomo on September 12, 2013 and took effect December 11, 2013. (S.3469-A/A.717-A)

Illegal shipment of cigarettes

Chapter 342 of 2013: This act clarifies that it is permissible to ship cigarettes to a government employee only when such an individual "presents himself or herself as" an employee acting in accordance with official duties. Existing law provides that cigarettes can be legally shipped to government employees acting in accordance with their official duties. As written, this allowed for individuals who engaged in illegal shipment of cigarettes to an undercover officer to assert the defense that the governmental employee was acting in accordance with his or her official duties. This chapter removes this defense, creates an alternative penalty of $100 per pack of cigarettes shipped and authorizes both the Attorney General and Counsel of any political subdivision that imposes a tax on cigarettes to bring an action for any violations. This bill was signed by Governor Cuomo on September 27, 2013 and took effect immediately. (S.5215-A/A.365-B)

Pharmacists take back of controlled substances

Chapter 343 of 2013: This bill authorizes pharmacies to take back controlled substances. Recognizing the need for more readily available disposal options, the FDA has proposed regulations to allow, among other things, retail pharmacies to voluntarily maintain collection boxes and to conduct take-back events. This legislation, aligned with federal changes, will help remove excess drugs from the streets and eliminate the opportunity for drug abuse by allowing for much needed additional disposal methods. This act was signed by Governor Cuomo on September 27, 2013 and took effect one year later. (S.3944/A.1101)

$90 million restoration for developmental disability services

Chapter 349 of 2013: This measure restores $90 million for not-for-profit services to OPWDD that was cut in the 2013-2014 SFY Budget. The Budget provides for a workgroup to recommend a savings plan in order to restore the $90 million. If the savings plan does not provide for the $90 million reduction, this legislation allows for appropriations to close the gap. This bill was signed by Governor Cuomo on September 27, 2013 and took effect immediately. (S.4777-D/A.6692-C)

Electronic death registration system

Chapter 352 of 2013: This law establishes an electronic death registration system. This registration system provides that registration must occur electronically within 72 hours of death or discovery of a deceased body. The electronic registration system will assist funeral directors by lowering operating costs, increasing productivity and decreasing collateral expenses. This legislation was signed on September 16, 2013 by Governor Cuomo and became effective immediately. (S.4668-B/A.7500-A)

Offering of Hepatitis C testing to baby boomers

Chapter 425 of 2013: Modeled after the state HIV testing statute, this bill requires the one time offering of hepatitis C (HCV) testing to individuals born between 1945 and 1965. HCV is a silent life-threatening infection affecting an estimated 3.2 million Americans, more than 75% of whom are baby boomers. Universal precautions and widespread blood screening for HCV were not in place until 1992. Therefore, many baby boomers were infected through transfusions or other health care exposures and due to the lack of symptoms they fail to receive the appropriate treatment. CDC data suggests that over the next 40-50 years, 1.76 million individuals with untreated HCV will develop cirrhosis and approximately 1 million will die from HCV-related complications. Accordingly, in August 2012, the CDC released recommendations that all adults born during 1945-1965 should receive one-time HCV testing without a prior determination of risk. On June 25, 2013, the U.S. Preventive Services Task Force released a recommendation grade "B" for this testing, meaning the test will be covered by insurance. Signed by Governor Cuomo on October 23, 2013, this law took effect on January 1, 2014 and expires on January 1, 2020. (S.2750 –A/A.1286)

School based health center pilot for vision services

Chapter 449 of 2013: This act allows for vision services in up to five school based health center pilot programs. Such services, subject to approval by the Commissioner, shall be provided through a partnership with a charitable foundation that agrees to provide free eyeglass frames, lenses, and vision services. This measure was signed by Governor Cuomo on October 23, 2013 and took effect immediately, with certain provisions. (S.5117-A/A.7342-A)

Public food service establishment inspection results

Chapter 529 of 2013: This legislation provides that DOH shall prominently post on its website all public food service establishment inspection results for the most recent three years. Local departments, with the exception of New York City, shall provide a link to this DOH webpage. By making this information more accessible to the public, this bill allows individuals to make informed choices and encourages food establishments to provide safe and sanitary services. This bill was signed by Governor Cuomo on December 18, 2013 and took effect on December 18, 2014. (S.2375-B/A. 2116-C)

Traumatic Brain Injury program

Chapter 312 of 2014: This measure amends the New York State Traumatic Brain Injury program to include concussions. Under this law, the Traumatic Brian Injury Council will now be charged with gathering information, disseminating statistics, conducting research and investigations, developing education and prevention materials on concussions as well as traumatic brain injuries. The bill also establishes a concussion management advisory committee within the council tasked with developing recommendations to the council on concussion management, public awareness and outreach, and consideration of scientific research findings related to mild traumatic brain injuries and concussions. This bill was signed by the Governor on August 11, 2014 and took effect immediately. (S.7004-A/A.9651-A)

21st Century Workgroup for Disease Elimination

Chapter 483 of 2014: This measure establishes the 21st Century Workgroup for Disease Elimination and Reduction. The workgroup is charged with studying the severity, frequency of occurrence, likelihood of reoccurrence, existing animal vaccines and potential human vaccines for diseases such as Lyme, HIV, tuberculosis and eastern equine encephalitis virus. The legislature also allocated $100,000 for the workgroup in the SFY 2014-2015 budget. This bill was signed into law on December 17, 2014, and took effect immediately. (S.2115/A.A.829)

Prohibits sale of liquid nicotine to minors and requires childproof containers

Chapter 542 of 2014: This legislation prohibits the sale of liquid nicotine to minors and requires all liquid nicotine be sold in a child proof container. According to the CDC, 50-60 milligrams of liquid nicotine is likely fatal to a human. Nicotine is readily absorbed through the skin and in fatal cases of intoxication, death nearly always occur within one hour and has occurred within one minute. Most fatal cases of nicotine intoxication are a result of accidental or suicidal ingestion. Despite the well documented hazards associated with nicotine, liquid nicotine, otherwise known as electronic liquid or e-liquid, is readily available and sold, absent any regulation, for use in electronic cigarettes. While the FDA has recently proposed regulations for electronic cigarettes and their component parts, until such regulations take effect, the electronic cigarette industry remains entirely unregulated by the federal government. Recognizing the potential harms associated with electronic cigarettes, particularly their use among minors, New York banned the sale of electronic cigarettes to minors in 2010. However, as drafted, that law did not expressly prohibit the sale of the liquid nicotine, refills or other components of electronic cigarettes from being sold to minors. This legislation will close that loophole. The CDC reports that calls to poison control centers involving liquid nicotine have increased by 300% in recent years. Requiring liquid nicotine be contained in a childproof bottle will alert the consumer that they must use caution in handling and, most importantly, help prevent accidental poisonings. This was signed into law and took effect on December 29, 2014. (S.7027-C/A.9299-D)

Women, Children & Family Health

Prohibits smoking on playgrounds and athletic fields

Chapter 102 of 2013: This law aims to protect children from the dangers of secondhand smoke by prohibiting smoking on any playground or athletic field between sunrise and sunset when individuals under age 12 are present. This provision does not apply to NYC or private family residences. This legislation was signed by Governor Cuomo on July 12, 2013 and took effect on October 10, 2013. (S.1643/A.4025)

Breast cancer mapping

Chapter 106 of 2013: This act authorizes funding breast cancer mapping from the Breast Cancer Research and Education Fund to qualified research institutions, organizations, or agencies. Funding grant proposals for the mapping of breast cancer incidence would encourage innovative mapping research proposals and help advance our understanding of why there are such geographic variations in breast cancer incidences. Signed by Governor Cuomo on July 12, 2013 and took effect on September 10, 2013. (S.3768/A.1935-A)

Medical use of marihuana

Chapter 90 of 2014: This bill allows for the medical use of marihuana by permitting the acquisition, possession, use or transportation by a certified patient or designated caregiver, for use as part of treatment of the patient's serious condition, as authorized by a physician's certification. The law does not allow for the smoking of marihuana, but does allow for the inhaling of vapors. The law defines a serious condition as 1) having one of the following conditions: cancer, positive status for HIV or AIDS, amyotrophic lateral sclerosis, Parkinson's disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, inflammatory bowel disease, neuropathies, Huntington's disease, or other condition added by the Commissioner of Health; and 2) the condition being clinically associated with, or as a complication of the condition or treatment the person experiences: cachexia or wasting syndrome, sever or chronic pain, severe nausea, seizures, sever or persistent muscle spasms, or such conditions as added by the Commissioner. The law also requires the Commissioner to consider inclusion of conditions such as Alzheimer's and PTSD. DOH is responsible for administering the program, under which an excise tax of 7% is imposed on every sale of medical marihuana. The law also requires integration with I-STOP and makes it a class E felony for a practitioner to issue a certification with reason to know there is no medical need. Health insurers are not required to provide coverage for medical marihuana. This legislation was signed on July 5, 2014 and took effect immediately, with registrations to be issued 18 months from enactment, and sunsets in 7 years. (S.7923/A.6357-E).

Maternal depression screening and supports

Chapter 199 of 2014: This measure defines maternal depression, requires the Commissioner of Health to make available information on maternal depression screening, supports and referrals, and provides for public education to promote awareness and de-stigmatization of maternal depression. The legislation also adds maternal depression screening and referrals to the services hospitals shall provide to maternity patients. Additionally, the bill prohibits plans providing coverage for maternal depression screening, from limiting a patient's direct access to maternal depression screenings and referrals. This legislation takes effect on January 31, 2015, 180 days after it was signed into law. (S.7234-B/A.9610-B).

Women's health website

Chapter 342 of 2014: This legislation requires DOH to establish a website dedicated to advancement of women's health initiatives and promotion of expanded coverage for preventative services under federal law. In 2010 and 2012, a number of Affordable Care Act provisions took effect including provisions to expand coverage of women's preventative services. Under the new federal law, preventative services such as cervical cancer screenings, breast cancer mammography screening for women over 40, anemia screening for pregnant woman, screening for certain sexually transmitted diseases, domestic violence screening, osteoporosis screening for women over 65 and well-woman visits must be covered with no cost sharing. In order for women to take advantage of the expanded coverage and seek preventative services, they need to be informed of the availability of such. This bill achieves that objective by promoting and informing New York women about their health and health care coverage. This bill was signed into law on September 4, 2014 and took effect immediately. (S.3817/A.4465-A).

Eating Disorder Awareness and Prevention program

*Chapter 360 of 2014***:** This legislation authorizes establishment of the Eating Disorders Awareness and Prevention Program within the Department of Health. The program falls under the Department's Health Care and Wellness Education and Outreach Program, providing for education and outreach to consumers, patients and educators on eating disorder awareness and prevention. The program also includes information on the availability of services and reducing incidence and prevalence especially among children and adolescents. With nearly 30% of high school girls and 16% of high school boys suffering from eating disorders, this bill represents an effort to ensure the state is being proactive in addressing this problem. This bill took effect immediately upon its enactment on September 23, 2014. (S.2530-A/A.5294-A)

Epinephrine auto-injectors in schools

Chapter 424 of 2014: This act authorizes schools and their employees to possess and administer auto-injectable epinephrine without a prescription in the event of an emergency, and authorizes schools to provide and maintain epinephrine auto-injectors on school property. Under existing law, schools are not permitted to administer epinephrine unless school authorities know about the allergy and have a doctor's prescription on file. Unfortunately, families are often unaware that their young child has an allergy. Accordingly to the New York Times, in Massachusetts, where schools are permitted to administer epinephrine to any student, 25% of students who had been given the drug for a reaction were not aware they had an allergy. Delays in the administration of epinephrine to someone suffering anaphylaxis can result in rapid decline and death. This legislation will allow schools to be equipped with the ability to assist a staff member or child suffering from a life-threatening allergic response, regardless of whether there is a previous history of severe allergic reaction or a patient specific prescription on file. This bill takes effect on February 27, 2015, 180 days after it was signed on October 30, 2014. (S.7262-A/A.7791-A).

Obesity wellness and education

Chapter 519 of 2013: This bill amends the DOH's Wellness Education and Outreach Program to authorize education and outreach regarding short and long term adverse health risks to adults and children who become overweight, obese or underweight. The bill also authorizes insurance wellness programs to include coordinated weight management, nutrition, stress management and physical fitness programs to combat obesity, and allows for insurance incentives by reimbursing the cost of stress management or health and fitness programs. This measure was signed by Governor Cuomo on December 18, 2013 and became effective immediately. (S.2439/A. 2893)

Health Insurance

Child Health Plus coverage for blood clotting protein deficiencies

Chapter 428 of 2013: This law ensures that children with hemophilia and other clotting protein deficiencies that are covered by the Child Health Plus program have access to reimbursement for outpatient blood clotting factor concentrates and other necessary treatments and services. Access to such therapies has improved health outcomes, quality of life, and has decreased emergency room visits and hospitalizations. This act was signed by Governor Cuomo on October 23, 2013 and took effect on April 1, 2014, with certain provisions. (S.2186-A/A.962-A)

Utilization review by health plans

Chapter 514 of 2013: This chapter addresses certain health plan practices that result in unfair and unilateral reductions of payment and claim denials. More specifically, existing law requires a utilization review agent to provide notice of claim determinations to the enrollee and their health care provider by telephone and in writing within three business days of receipt of the necessary information for preauthorization. This legislation permits such notice to be issued electronically to the extent practicable. The bill also provides a longer timeframe for providers to submit external appeals, bringing this timeframe more in line with that provided to patients under the Affordable Care Act. Signed by Governor Cuomo on November 13, 2013, this bill took effect on July 1, 2014. (S.5834/A.2691-B)

Portable x-ray demonstration program

Chapter 79 of 2014: This act extends the portable x-ray demonstration program until June 30, 2017. The demonstration program, which was set to expire on June 30, 2014, studies the cost effectiveness of Medicaid coverage for portable x-ray services utilized by aged, infirmed and chronically ill citizens of the state, aimed to reduce costs associated with ambulance use. This legislation which took effective on June 30, 2014, also requires DOH to report on the program by September 1, 2015. (S.7774/A.10018)

Ostomy equipment and supply coverage

Chapter 364 of 2014: This bill would require every policy which provides comprehensive coverage to include equipment and supplies necessary for the treatment of ostomies. This legislation is intended to ease the burden of the often costly equipment and supplies associated with the treatment of ostomies by requiring health insurers and HMOs to include full coverage of such. This bill was signed on September 23, 2014 and takes effect on January 1, 2015 and applies to all policies issued or renewed after this date. (S.5937-A/A.8137-A)

Telehealth and Telemedicine coverage

Chapter 550 of 2014: This legislation requires all comprehensive policies cover services, which are otherwise covered under the policy, that are provided by telehealth. Further, subject to the approval of the Director of Budget, the Commissioner shall not exclude Medicaid payments for care provided through telehealth. Telehealth, including telemedicine, can be of great benefit to patients, especially in rural areas. In order to reach its full potential, services cannot be denied reimbursement solely based on the manner through which they were provided. This legislation will empower providers to better serve their patients, provide greater access to health care and improve outcomes. The Governor signed this legislation into law on December 29, 2014, contingent upon technical changes to be made in a chapter amendment. (S.7852/A.9129-A)

Heroin & Opioid Abuse

Criminalizes sale of controlled substances by a practitioner or pharmacist

Chapter 31 of 2014: This chapter amends the Penal Law to designate criminal sale of a prescription for a controlled substance or a controlled substance by a practitioner or pharmacist a Class C felony. This legislation was sought at the request of prosecutors who have used similar provisions in existing law to prosecute physicians who unlawfully prescribe controlled substances, so they have the ability to likewise prosecute unlawful pharmacists. This bill was signed on June 23, 2014 and took effect immediately. (S.7902/A.10154)

Wraparound Services Demonstration program

Chapter 32 of 2014: This act establishes a wraparound demonstration program to provide comprehensive treatment services aimed at improving quality of life and greatly reducing the likelihood of a person relapsing. Wraparound services generally refer to a complete and comprehensive method of providing services that would have the greatest impact on the individual who is receiving such services. OASAS, in consultation with DOH, is charged with providing the following services to adolescents and adults for up to nine months after the successful completion of a treatment plan: education resources, legal services, financial services, social services, family services, childcare services, employment support, peer to peer support, and transportation assistance. This bill was effective immediately upon it being signed into law on June 23, 2014 and expires three years later. (S.7903/A.10160)

Detoxification and Transition Services Demonstration program

Chapter 33 of 2014: This law establishes a new model of detoxification and transitional services for individuals seeking to recover from opioid addition that reduces reliance on emergency room service. The CDC has reported that for every unintentional overdose death related to opioids, 9 persons are admitted and 35 individuals visit the ER. According to a study in the journal Psychiatric Services, substance abuse disorders are costing states millions of dollars in Medicaid expenses. Withdrawal from opioid drugs is generally not life threatening and can be readily managed in environments less intensive and costly than hospitals. While not life threatening, those recovering and their families do need around the clock supports as they suffer horrible withdrawal symptoms. Despite the support of more efficient, cost saving alternatives, there is a shortage of community options for individuals seeking detoxification or suffering withdrawal from opioids. The demonstration program aims to fill this gap in the treatment, recovery continuum. This bill took effect on June 23, 2014 and expires in three years. (S.7904/A.10159)

Naloxone kit information cards

Chapter 34 of 2014: This bill provides that any opioid antagonist, or Naloxone kit, distributed through the Opioid Overdoes Prevention Program include an informational card educating the receipt and/or person administering the Naloxone on the symptoms of an opioid overdose, steps to take prior to and after administration, and information on how to access substance abuse services. Since the inception of the program, at least 850 overdose reversals have been reported to the Department, and Ch. 42 (*see below*) expands access under this program. This bill was signed by the Governor on June 23, 2014 and took effect immediately. (S.7905/A/10156)

Bureau of Narcotic Enforcement Investigations

Chapter 35 of 2014: This legislation provides the Bureau of Narcotic Enforcement (BNE) with access to criminal history information upon demonstration of the necessity as part of an ongoing criminal investigation. Criminal background information is a vital component in the investigative process, as a crucial collaborator in the investigation and prosecution of criminal prescribers, it is essential that BNE is able to run criminal history checks on targets of investigations. This bill was effective immediately after the Governor signed it into law on June 23, 2014. (S.7906/A.10158)

Prescription Fraud and Deceit

Chapter 36 of 2014: This measure establishes the crime of fraud and deceit related to controlled substances as a Class A misdemeanor. Previously, it was an unclassified misdemeanor to use fraud or deceit to obtain a controlled substance or a prescription. By adding specific provisions to the Penal Law, this bill enhances the ability to combat such fraud and deceit, including doctor shopping, by putting police and district attorneys on notice of this new, clearly defined crime. This bill was signed on June 23, 2014 and took effect immediately. (S.7907/A.10155)

Eavesdropping warrants for controlled substance offenses

Chapter 37 of 2014: This act adds the criminal sale of a controlled substance or a prescription for a controlled substance by a practitioner or pharmacist as a designated offense for purposes of obtaining eavesdropping warrants as well as adding the offense as a "criminal act" for the purposes of prosecuting enterprise corruption cases. These small but significant reforms will give law enforcement and prosecutors the ability to utilize eavesdropping warrants to fully investigate and prosecute these crimes. This bill was effective immediately upon being signed into law on June 23, 2014. (S.7908/A.10157)

Assessment services for youth

Chapter 38 of 2014: This chapter amends the Family Court Act (FCA) to specify that Persons in Need of Supervision (PINS) diversion services may include assessment for substance use disorders. In cases where the youth is alleged to be suffering from a substance use disorder which could make the youth a danger to himself or herself or others, a determination will be made as to whether an assessment for substance use disorder by an OASAS certified provider is necessary. This bill takes effect on December 20, 2014, 180 days after it was signed into law. (S.7909/A.10162)

Drug abuse curriculum

Chapter 39 of 2014: This bill requires that the Commissioner of Education update drug abuse curriculum every three years so that students have the most current and up-to-date information on coping with drugs and other substances. The Governor signed this legislation into law on June 23, 2014, and it took effect immediately. (S.7910/A.10163)

Heroin & Opioid Addiction Awareness & Education program

Chapter 40 of 2014: This legislation directs OASAS, in cooperation with DOH, to undertake a public awareness and educational campaign utilizing public forums, social and mass media outlets, as well as all forms of advertising to educate youth, parents, health care professionals and others about the risks associated with heroin and other opioids, how to recognize signs of addiction and the resources available to deal with these issues. (S.7911/A.10161)

Insurance Coverage for substance abuse treatment

Chapter 41 of 2014: This law requires insurers to comply with federal substance abuse parity laws, strengthens and standardizes the utilization review process for determining insurance coverage for substance abuse treatment disorders, and requires insurers to continue to provide and reimburse for treatment throughout the appeals process. By requiring insurers to use peer-reviewed, nationally recognized clinical review criteria when making decisions regarding the medical necessity of treatment, and requiring medical necessity determinations be made by medical professionals who specialize in behavioral health and substance use, this law will require insurers to consistently cover the appropriate level of treatment for patients suffering from substance use disorders. The law will also ensure that individuals requiring treatment have access to an expedited appeals process and that they are not denied care while the appeals process is underway. This bill was signed on June 23, 2014 and took effect immediately, with certain provisions effective on April 1, 2015 and applying to all policies issued or renewed after such date. (S.7912/A.10164)

Expanded access to Naloxone

Chapter 42 of 2014: This measure will expand access to the drug overdose antidote Naloxone by allowing for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. Currently, parents and family members of addicts are being turned away from Opioid Overdose Prevention Programs or they are attending the programs and not receiving Naloxone due to the shortage of prescribers participating in such programs. Under this legislation one prescriber would be able to issue a non-patient specific order to numerous programs, allowing for increased access. This legislation will also allow for non-patient specific orders to be issued to pharmacies, which are not currently utilized for access as they should be. By increasing access, this legislation will equip many more individuals likely to discover an overdose victim with the ability to save their life. This bill was signed on June 24, 2014 and took effect immediately. (S.6477-B/A.8637-B)

HEALTH BILLS VETOED

New York State Governor's Council on Physical Fitness
Veto # 221 of 2013: In an effort to curb obesity, related illnesses and costs, this bill established the New York State Governor's Council on Physical Fitness to advise the Governor regarding sponsorship and promotion of initiatives to improve the health, fitness and well being of New Yorkers. Governor Cuomo vetoed this bill on September 27, 2013. (S.2316/A.4818)

Community Memorial Hospital
Veto # 251 of 2013: This bill allowed the Commissioner of Health to revise the service intensity weights for total hip joint and total knee joint replacements to the diagnosis-related groups and service intensity weights in effect on December 31, 2007 for hospitals with orthopedic cases contributing to the majority of inpatient surgery cases. Community Memorial, the only hospital affected by this legislation, is a center of excellence in orthopedic surgery and sports medicine, which has incurred a significant reduction in non-governmental reimbursement orthopedic cases. This measure was vetoed by Governor Cuomo on December 18, 2013. (S.5690/A.403-A)

NY Connects
Veto # 252 of 2013: This legislation provided for the compilation of contact information for the NY Connects, Choices for Long Term Care program, local area agencies on aging, local departments of social services, and local departments of health to be provided to health care practitioners treating patients that may be in need of long term care. Governor Cuomo vetoed this bill on December 18, 2013. (S.2157/A.433)

Material depression screening and promotion
Veto # 269 of 2013: This act defined maternal depression, required the development of guidelines for maternal depression screening and provided public education to promote awareness of maternal depression. This bill was vetoed by Governor Cuomo on December 18, 2013. (S.3137-C/A.7667-B). A similar version of this legislation was chaptered in 2014 (see Ch. 199 of 2014).

Child Health Plus rates
Veto # 272 of 2013: This measure clarified the prior approval rate setting process for Child Health Insurance Plans (CHIP) and repealed the automatic subsidy payment reduction for organizations approved to provide CHIP that results in a 28% difference between the average subsidy payment for all organizations approved on April 1, 2010. This bill was vetoed by Governor Cuomo on December 18, 2013. (S.5218/A.7882)

Supports and Services for individuals with developmental disabilities
Veto #506 of 2014: This measure required supports and services for individuals with developmental disabilities, such as residential, day and employment services, continue to be provided by either public or nonprofit entities with experience providing those services under the Office for People With Developmental Disabilities (OPWDD). This legislation was vetoed by the Governor on November 21, 2014. (S.7400-B/A.9766-A)

Rochester graduate medical education funding

Veto #574 of 2014: This bill shifted graduate medical education funding from negotiated hospital rates to the covered lives assessment for the Rochester region, in order to facilitate health improvement in the region by providing a stable source of funding to ensure an adequate supply of physicians in the region. The Governor vetoed this legislation on December 29, 2014. (S.7800/A.9421-A)

Veterans Health Care Information program

Veto #485 of 2014: This legislation amended the Veteran Health Care Information Program to provide for the inclusion of information on specific mental and physical health issues including post-traumatic stress disorder and traumatic brain injury, and required annual reports to the legislature on the number of veteran inmates by branch of service, time of service and type of discharge. This bill was vetoed by the Governor on November 21, 2014. (S.6685/A.2189-A)

New York State Physical Fitness and Activity Education Campaign

Veto #520 of 2014: This bill established the New York State Physical Fitness and Activity Education Campaign to promote physical fitness and activity to seniors, youth and high risk populations across the state through the development and implementation of a public education and outreach program. The Governor vetoed this measure on November 21, 2014. (S.7000/A.9403)

SIGNIFICANT LEGISLATION PASSED BY SENATE

Bans synthetic cannabinoids and "bath salts" based on their chemical structure

S.1686: This bill adds synthetic cannabinoids and substituted cathinones or "bath salts," based on their foundational chemical structure, to the list of controlled substances. This measure would prevent the current practice of making minor alterations to chemicals to subvert statutes that prohibit distinct substances based on their chemical structure. This legislation passed the Senate on June 11, 2013.

Prevents surprise medical bills

S.2551: This legislation establishes consumer protections from surprise medical bills by requiring disclosures from insurers, health care providers and hospitals, requiring adequate access to care, establishing a minimum reimbursement for out-of-network services, and prohibiting excessive emergency room charges. Aimed at addressing the influx of patients receiving distressing surprise medical bills, despite their best attempts to seek care by providers their insurance reimburses, the Senate passed this legislation in both 2012 and 2013, and similar provisions were ultimately adopted in the SFY 2014-15 budget.

Criminalizes the theft or possession of blank prescription forms

S.2940: This act criminalizes the theft and unlawful possession of blank official New York State prescription forms. Specifically, the bill creates criminal penalties for three specific situations. First, grand larceny, a class E felony, would apply to individuals who steal a blank prescription form. Second, criminal possession of stolen property, also a class E felony, will apply to individuals possessing a blank prescription form knowing it is stolen and intending to benefit from it. Finally, criminal possession of a prescription form, a class A misdemeanor, punishes individuals who knowingly and unlawfully possesses a blank official New York State prescription form. The Senate passed this legislation in 2013 and 2014.

Strengthens penalties for diversion of non-controlled substances

S.2942: In an effort to address the growing black market in non-controlled substance prescription drugs this bill: 1) restructures the existing crime of criminal diversion of prescription medications; 2) adds a new Penal Law Article 179 entitled Fraudulent Prescription, Dispensing and Procurement of Non- Controlled Substance Prescription Medications and Devices; and 3) adds a new Article 219 entitled Unlawful Possession of Non-Controlled Substance Prescription Medications and Services. Current law does not provide adequate penalties for the prosecution of dealers who buy medications and enter them into the market, the individuals running stash houses to store these prescription drugs, the individuals that fraudulently write the prescription for these medications or the pharmacists who purchase and resell the black market medications. The Senate passed this legislation in both 2013 and 2014.

Limits prescriptions for certain controlled substances

S.2949: This measure limits the number of schedule II or III controlled substance pain pills initially prescribed to someone suffering from acute pain (accidental or intentional pain that lasts only a short or finite period of time) to between 3 and 10 days and provides the first 30 pills to only cost one co-pay even if those 30 pills are a result of multiple prescriptions. The Senate passed this bill in 2013 and 2014.

Designates CRE as a communicable disease

S.4414: This act designates Carbapenem-Resistant Enterobacteriaceae (CRE) as a communicable disease. CRE infections are spread by person to person contact and are most common in sick patients with exposure to health care settings. In March of 2013, the CDC issued a report calling for rapid action against CRE. CRE is reported to contribute to the death in up to 50% of patients that were infected, and is resistant to most available antibiotics. This bill requires physicians, hospitals or institutions to identify, track, and report CRE. The Senate passed this legislation in 2013 and 2014.

Authorizes non-for-profit to run the donate life registry

S.5046-A: This bill provides for the operation of the donate life registry for organ, eye and tissue donation by a non-for-profit organization. This legislation aims to increase the number of New Yorkers in the donate life registry by following the example of states with high donor rates. These other states have non-for-profit organizations operate their registry. The Senate passed this bill on June 20, 2013 and similar provisions were adopted as part of the SFY 2014-15 budget.

Limits the sale of liquid nicotine

S.6939-B: This legislation prohibits the sale of liquid nicotine, often referred to as "electronic liquids" or "e-liquids," which are used to refill electronic cigarettes or cartridges commonly referred to as "open system" e-cigarettes or "vaping devices." Any person not exempted by the Commissioner as a in-state manufacturer is subject to a penalty of $500.00 per violation. E-liquids, as well as the e-cigarettes they are made to fill, are not currently regulated by the federal government. There have been reports of e-liquids begin made on factory floors or in the back rooms of shops, with no accounting for what amount of nicotine and other substances the e-liquids contain. E-liquids have been found to be harmful to humans if ingested or simply upon contact with an individual's skin. Between 2012 and 2013, calls to poison control centers involving e-liquids have increased by 300%. This bill goes a step further than Chapter XX of 2014, which required e-liquids be sold in child proof containers by prohibiting the sale of e-liquids unless the it is contained in a prefilled, certified sealed by the manufacturer and not intended to be opened by the consumer. The Senate passed this bill on June 17, 2014.

Enforcing ban on sale of electronic cigarettes to minors

S.7139: In order to ensure all sellers of electronic cigarettes are registered and subject to compliance checks, this legislation requires any person or entity selling electronic cigarettes that is not registered with the Department of Taxation and Finance to sell tobacco products, to register with the Department of Health. In 2012, the state banned the sale of electronic cigarettes to minors under the age of 18; however, this statute did not include electronic cigarettes under the definition of a "tobacco product" under the Tax Law. Thus, retailers that sell electronic cigarettes, and not traditional tobacco products do not need a tobacco registration from the Department of Taxation and Finance. Due to the lack of registration, there is no way for DOH's Enforcement Unit to know they are selling electronic cigarettes and to conduct compliance checks to ensure they are not selling to minors. This legislation seeks to remedy this gap in the current law and ensure the 2012 statute is properly enforced. The Senate passed this bill on June 17, 2014.

Out-of-network insurance coverage

S.7140: This measure ensures rules regarding out-of-network coverage offerings inside of the New York State of Health Marketplace do not impact the availability of such offerings outside of the Marketplace by providing that, notwithstanding any rule or regulation to the contrary, an insurer may offer out-of-network coverage outside the New York State of Health Marketplace, regardless of whether they offer such within the Marketplace. On January 31, 2013, the Department of Health released the invitation to insurers to participate in the Health Benefit Exchange, or the New York State of Health Marketplace, when it went live on January 1, 2014. Among many other requirements, the invitation provided that "a Health Insurer Applicant that offers an out-of-network product outside the Exchange in a county, must also offer an out-of-network product through the Exchange in that same county." The stated intent of this requirement was to ensure consumers had the same array of choices inside the Exchange as they would have outside the Exchange. While a very laudable goal, the consequence has been that most insurers on the individual market chose not to offer out-of-network coverage at all. In the individual market, this coverage remains an option in just 8 counties, all in Western New York. Despite DOH's representation that the 2015 health plan invitation would include a requirement for out-of-network benefits, the final invitation did not include any such requirement. Instead the invitation continued the requirement that applicants offering an out-of-network product outside the Marketplace must offer the out-of-network product on the Marketplace at the silver and platinum levels. This legislation overrides DOH's requirement and de-links the Marketplace and the non-Marketplace plans solely for purposes of the out-of-network benefit, with the goal of ensuring access to such coverage for those who wish to purchase it is maintained. The Senate passed this legislation on June 10, 2014.

Prescription Pain Medication Awareness Program

S.7660: This legislation amends the Prescription Pain Medication Awareness Program to require health care professionals authorized to prescribe controlled substances complete three hours of continuing medical education every two years that involves pain management. The curricula, which shall be deemed to count toward the professional's obligation for board certification, must include but is not limited to: I-Stop and drug enforcement administration requirements for prescribing control substances; pain management; appropriate prescribing; managing acute pain; pain; palliative medicine; preventative, screening and signs of addiction; responses to abuse and addiction; and end of life care. The Commissioner is authorized to allow limited exemptions to this requirement. This training in pain management will assist in curbing the prescription drug crisis the state currently faces by educating practitioners on proper prescribing practices and ensures health care practitioners stay current on pain management and palliative care techniques. The Senate passed this legislation on June 9, 2014.

HEALTH BUDGET HIGHLIGHTS
FISCAL YEAR 2013-2014

The 2013-2014 budget passed both houses days before the April 1st deadline, making it the third consecutive on-time budget. This is also the third consecutive year the budget holds spending growth to a 2% cap. The budget closed a $1.3 billion gap with no new taxes or fees. The Heath and Mental Hygiene budget (Chapter 56 of 2013) continued to implement cost saving measures and limit the growth of health care spending.

Medicaid

The enacted budget amends the global Medicaid spending cap to allow projections to be adjusted in the event of a disaster and to authorize the Commissioner to eliminate the two percent reimbursement reductions on health care providers, so long as there is an availability of resources in the SFY 2013-2014 and SFY 2014-2015 Budget.

Enabling the continued transition to managed care, the budget allowed for the creation of Fully Integrated Dual Advantage (FIDA) and Developmental Disabilities Individual Support and Care Coordination Organizations (DISCOs) with the goal of increasing access to integrated services and achieving health care savings for these populations.

The Senate successfully fought to maintain prescriber prevails for atypical anti-psychotics while also requiring managed care providers to cover all medically necessary prescription drugs in the anti-depressant, anti-retroviral, anti-rejection, seizure, epilepsy, endocrine, hematologic and immunologic therapeutic classes. The Senate was also successful in advancing language to clarify and ensure managed care recipients have the option to choose between retail or mail order pharmacies for their medications. While both houses accepted the Executive's proposal to consolidate the Pharmacy and Therapeutics Committee and the Drug Utilization Review Board, the proposal to add an additional minimum supplemental rebate was rejected.

Amid Congressional criticism regarding waste and abuse in the Medicaid program, the Senate proposed language to enhance and ensure measures to mitigate fraud and waste. The measures ultimately adopted require the Office of the Medicaid Inspector General (OMIG) to collaborate with social service districts, provide training on identifying fraud and abuse and to hold quarterly meetings with the districts. These provisions also require the OMIG to provide quarterly briefings and an annual report to the legislature.

Hospitals

Several measures were adopted to address distressed hospitals across the state. In light of the dire financial status of SUNY Downstate Hospital, the budget required the SUNY Chancellor to submit a sustainability plan for achieving fiscal viability of Downstate Hospital and to initiate the plan, which must include recommendations for restructuring by June 15, 2013. The provisions provided SUNY with contract flexibility for implementing the plan and authorized the Commissioner of Health to enter into agreements with SUNY Downstate.

The budget also authorized the Commissioner to appoint a temporary operator for a hospital, diagnostic and treatment center, or adult care facility that seeks extraordinary financial assistance if the Commissioner finds the facility is: 1) experiencing serious financial instability that is jeopardizing existing or continued access to essential services within the community; or 2) there are conditions within the facility that seriously endanger the life, health, or safety of the residents or patients.

The State allocated at least $5 million in Vital Access Provider (VAP) funds to critical access hospitals, and required the DOH to analyze adequacy of rates prior to SFY 2014-2015 budget negotiations. The budget also revised the methodology for distributing indigent care pool funds to comply with the Affordable Care Act (ACA) requirements in order to best minimize the impact on facilities.

Home Care

A workgroup was established in the budget to examine and make recommendations on regulatory requirements and related policies regarding home and community based care delivery, and the alignment of functions between managed care entities, home, and community based providers. Language was also adopted to ensure prompt pay provisions under the Insurance Law are applied to claims submitted by a licensed home care service agency, a certified home health agency, long term home health care program or consumer directed fiscal intermediaries.

Public Health

In order to provide for the needs of the public the enacted budget restored public health programs by rejecting the Governor's proposal to consolidate 89 public health programs into six competitive grant pools and restoring 4.5% of the Governor's 10% cut to the programs.
The budget continued funding for Elderly Pharmaceutical Insurance Coverage (EPIC) as restored by the Senate last year. The budget also authorized more than $4 million for women and family health initiatives such as; maternity and early childhood programs, comprehensive care centers for eating disorders, endometriosis services, and the breast cancer network. The Senate also appropriated funds for initiatives such as Doctors Across New York, school based health clinics, the Upstate Poison Control Center, and Aidan's Law which requires newborn screening for adrenoleukodystrophy (ALD).

Health Insurance/ACA

The budget required the DOH to issue a "readiness report" by August 30, 2013, detailing the readiness of the Health Benefit Exchange to begin accepting applications, certifying qualified health plans, approving navigators, achieving full operation by January 1, 2014 and fiscal independence by January 1, 2015. The budget also established a workgroup to explore the option of establishing a basic health program under the ACA. Additionally, the budget provided for the payment of premiums for individuals purchasing on the Exchange that would have been eligible for Family Health Plus prior to its dissolution.

Mental Hygiene

The Legislature restored $30 million of the $120 million proposed by the Governor to not-for-profit providers caring for the developmentally disabled, and requires a workgroup to develop a savings plan for the remaining $90 million reduction. The budget created a Mental Hygiene Stabilization Fund to spread the billion-dollar loss in federal revenue across the health care community. Furthermore, the enacted budget rejected the Executive's proposal to waive provisions requiring one year notice prior to OMH facility closures.

HEALTH BUDGET HIGHLIGHTS
FISCAL YEAR 2014-2015

Continuing the trend, the 2014-2015 budget passed both houses prior to the April 1st deadline, making it the fourth consecutive on-time budget. The Heath and Mental Hygiene budget (Chapter 58 of 2014 & Chapter 60 of 2014) implemented further cost saving measures to limit the growth of health care costs and to ensure transparency in such spending.

Medicaid

The enacted budget amends the Global Cap to enhance monthly reporting and transparency by requiring DOH to include additional factors such as utilization, one-time initiatives and prior year initiatives by category of spending in the monthly global cap reports, and requires DOH and DOB to review monthly reports, upon request, with the legislature. Further, DOH is requires to submit detailed accounting on the close out of the prior year along with future estimates. DOH is also required to consult with the legislature and DOB on feasibility of codifying the Global Cap in consolidated law, with their recommendations due on June 1, 2014. Finally, requires DOH to submit all state plan amendments to the legislature and extends the Global Cap through March 31, 2016.

The budget also eliminated the 2% across the board Medicaid reimbursement cut to health care providers that was implemented in the SFY 2011-12 budget and provides that all savings shall be shared with providers with legislative input. Additionally, savings under the cap must be shared with providers, at least 50% based on utilization and the remainder to ensure a minimum level of assistance to financially distressed providers.

Anticipating final approval from the Centers for Medicare & Medicaid Services of the MRT Waiver, the budget authorized $2 billion in FY 2014-15 spending and establishes a Delivery Services Reform Incentive Payments (DSRIP) advisory panel, which will include members appointed by the Legislature to review recommendations on DSRIP applications. Also requires statewide distribution of waiver funds to the extent federally allowed, and requires quarterly reporting on the progress of the DSRIP goals, applications for project funding and on the "statewideness" of applications.

The Legislature added provisions to ensure the $100 million in supportive housing spending awards be distributed statewide and that $1 million in funding be allocated to rural medical transportation, and $3 million be used to enhance Medicaid rates for certain ambulance providers. Five million was included to promote the transition of foster care children to managed care and the carve-in of school based health centers into managed care was delayed until July 1, 2015.

Hospitals, Nursing Homes And Other Providers

The enacted budget included provisions to aid distress hospitals and to assist other hospitals in need from becoming distressed, such as the establishment of a Hospital Transition Fund which set aside approximately $1.4 million as a transition fund to aid distressed hospitals and the Capital Restructuring Financing Program, which provides $1.2 billion in capital funding and establishes processes for Medicaid Waiver applications and non-Medicaid waiver applications and requires statewide distribution of funds. The budget also codified the Vital Access Provider (VAP) program in statute and authorized the Commissioner to grant approval of temporary adjustment to the non-capital components of rates, or make temporary lump-sum Medicaid payments, to eligible providers and earmarks $5 million in VAP fund for Critical Access Hospitals.

In an effort to cut long term costs to hospitals, the budget included provisions requiring hospitals to establish safe patient handling committees. The Commissioner is required to establish a safe patient handling workgroup charged with reviewing current programs or policies, identifying or developing training materials and reporting to the Commissioner on safe patient handling program best practices, and sample policies for providers by July 1, 2015. By January 1, 2016, each health care facility is required to establish its own safe patient handling committee which shall design or recommend implementation of a program for their facility. The Department of Financial Services is required to establish rules permitting facilities to obtain a reduced worker's compensation rate for implemented programs.

Nursing homes saw a restoration of $21.5 million in order to reject the Executive's proposal to limit the nursing home case mix index (CMI) growth at two percent for a 6 month period. The budget also set Medicaid fee-for-service rates as the guaranteed rate in the absence of a negotiated rate between a nursing home and a managed care plan. The legislature provided funding to enable criminal background checks of direct care staff in adult care facilities. The Legislature provided $1.3 million to support the requirement. Lastly, the budget restored 2% of the COLA to direct care and direct support staff across the all health and human services sectors beginning January 1, 2015.

Pharmacy

To help both small independent pharmacies and chain pharmacies, the legislature fought to repeal DOH's authority to establish an new Average Acquisition Cost (AAC) methodology to determine the rate of payment for drugs under Medicaid and required DOH to meet with stakeholders and develop a transparent and adequate pharmacy reimbursement methodology. The legislature continued to reject the elimination of prescriber prevails for drugs and modified the Governor's proposal requiring prior authorization for Medicaid refills, so that such is required only when the patient has a 10 day supply or more remaining.

Aligning with recent changes under federal law, the budget included provisions allowing hospitals to utilize out-of-state compounding companies for certain drugs by aligning. The provision established a registration process for compounding facilities who have been approved by the FDA, thus ensuring appropriate access to compounded drugs by New York State hospitals. Lastly, the legislature provided $350,000 to expand the current DEC pharmaceutical take-back program statewide, so that health care facilities statewide have the option to have unused pharmaceuticals picked up twice a year.

Health Insurance

The budget included monumental consumer protections to end surprise medical bills beginning , April 1, 2015. Specifically, the bill protects consumers by requiring certain disclosures from insurers, hospitals, health care professionals and physicians, ensuring network adequacy and holding insured consumers harmless with regard to bills for emergency services, surprise bills and services rendered out-of-network when there is no in-network provider. An independent dispute resolution process is established to resolve billing disputes for emergency care and surprise bills. The provisions also establish the usual and customary cost (UCC) of out-of-network services as the 80th percentile of FAIR Health, and requires insurers offering out-of-network in the group market to make available a coverage option of 80% of UCC. The Superintendent is also authorized to require insurers to offer this 80% UCC coverage in areas where out-of-network coverage is not available. Additionally, the bill establishes an out-of-network workgroup charged with examining the availability of out-of-network coverage in the individual and group markets and the various levels of available coverage and reimbursement rates.

As authorized under the Affordable Care Act, the budget establishes a Basic Health Program trust fund and authorizes the establishment of a basic health program (BHP) if it is deemed to be in the best financial interest of the State. The trust fund would consist of federal funding which, upon federal approval, would be used to implement and operate the BHP. The program would provide insurance coverage to individuals with income between 133% and 200% of the federal poverty level, who would otherwise be eligible for subsidies through the exchange. It would also allow the state to receive upon an enhanced federal match starting at 95% for certain Medicaid recipients for whom the state currently receives no federal share in reimbursement.

The legislature supported funding in order to maintain the current eligibility requirements for physicians and dentists in the Excess Medical Malpractice Pool for an additional year through June 30, 2015.

Public Health

For the second year in a row, the legislature rejected the Governor's proposal to consolidate public health programs into competitive grant pools, and restored funding to each program to FY 2013-14 enacted budget levels. The legislature added $4.1 million in funding to expand Elderly Pharmaceutical Insurance Coverage (EPIC) Program eligibility to individuals with incomes from $35,000 to $75,000 for singles and 50,000 to $100,000 for married couples, and added $5 million in additional funding to the Spinal Cord Injury Research Program (SCIRP) fund. Additionally, the Senate restored $3.9 million to the Early Intervention (EI) Program to pay providers for unpaid claims from April 1, 2013 to June 30, 2013, when the program first began using a fiscal agent and requiring insurance claims to be adjudicated prior to paying providers. The legislature added $2.5 million to the Doctors Across New York program and established a Rural Density Pilot Program. Other funding initiatives supported by the Legislature included: $6 million for services to assist seniors; $2.5 million for women and family health initiatives; $2.5 million to fight Opioid and Heroin Abuse; and $500,000 to support the recommendations of the Senate's Lyme and Tick-borne Disease Task Force

The enacted budget included provisions allowing DOH to contract with a not-for-profit experienced with procurement organizations and affiliated with the donation community throughout the state to operate and promote the donate life registry. The contract is supported in part by funds donated after April 1, 2014 to the life pass it on trust fund through the sale of specialty license plates will be available to run the registry. The legislation also establishes a workgroup charged with determining what steps may be taken by the agencies to enhance the registry's performance. The budget also included language to increase spending from health related tax check off funds to reflect actual account balances and requires annual reporting for the breast cancer research education fund, the Alzheimer's disease research and assistance fund, and for the prostate and testicular cancer research and education fund.

The budget also required the Commissioner of Health to convene a workgroup to evaluate the State's health information systems, including State Health Information Network of New York (SHIN-NY) and the All Payers Database (APD) (both of which are funded for one year), to make recommendations and submit a report to the Governor and Legislature by December 1, 2014.

Mental Hygiene

The Managed Care for Persons with Developmental Disabilities Advocacy Program was established, subject to federal approval, to ensure the protection of and advocacy for the rights of the enrollees in various types of Medicaid managed care programs. The legislature authorized $25 million in pre-investments in anticipation of savings associated with closure of inpatient psychiatric services or other reductions in bed capacity at voluntary hospitals into inpatient and community-based programs by requiring funds be distributed by appropriation and consultation with local governmental units and voluntary agencies prior to the distribution of funds. The budget also increases the per bed amount to be reinvested under the community reinvestment provisions from $70,000 to $110,000 per bed on a full annual basis. Further, the legislature authorized nearly $120 million in pre-investment dollars for infrastructure, training and other preparations for the transition of behavioral health services to Medicaid managed care.

LYME DISEASE TASK FORCE

In October of 2013, the Senate Majority Coalition created the Senate Task Force on Lyme and Tick-Borne Diseases. The Task Force was charged with examining state and federal efforts to combat the continued spread of these diseases and make recommendations for submission to the New York State Department of Health for a State Action Plan to facilitate improved prevention, diagnosis, and treatment protocols in order to better protect New York residents. Lyme is the most commonly reported of all tick-borne illnesses in the United States. According to the CDC, it is estimated over 300,000 people are diagnosed with Lyme disease each year, but only approximately 30,00 cases are reported. DOH data show the number of cases reported continues to grow as do the geographic areas of the state affected.

Members:
Senator Kemp Hannon, *Co-Chair*
Senator David Carlucci, *Co- Chair*
Senator Kenneth LaValle, *Co-Chair*
Senator Elizabeth Little, *Co-Chair*
Senator Mark Grisanti
Senator Kathleen Marchione
Senator Greg Ball
Senator Bill Larkin

Task force activities over the last year included:

- **January 2014**: Meeting with scientific experts Tiothy Stellati, PhD, from the Trudeau Institute and Byron Backenson, PhD, from DOH to discuss the background on Tick-Borne diseases
- **February 27, 2014**: New York State Senate Resolution was adopted declaring May 2014, Lyme Disease Awareness Month
- **March 2014**: Meeting with advocates Holly Ahern from the Lyme Action Network and Jill Auerbach from the Hudson Valley Lyme Disease Association to gain insight into the difficulties Lyme disease patients are facing, and learn what more could be done.
- **April 1, 2014:** Senate secures funding in the SFY 2014-15 budget for the Task Force recommendations and the including 21st Century Workgroup for Disease Elimination and Reduction
- **June 9, 2014**: Senate passes S.2115 enacting the 21st Century Workgroup for Disease Elimination and Reduction to study existing and potential vaccines for diseases including Lyme
- **June 18, 2014**: Task Force releases report detailing comprehensive recommendations for a state action plan. Recommendations include important research initiatives aimed at prevention, a public education campaign, opportunities for continuing medical education, a county learning collaborative to encourage the sharing of best practices, and a statewide conference bringing together DOH, universities and institutes from across the state who are already working on Lyme and tick borne disease. For the full report: http://www.nysenate.gov/files/pdfs/2014_LYME_task_force_report_0.pdf
- **June 19, 2014**: Senate passes S.7854 which prohibits the Office of Professional Misconduct from investigation of Lyme disease doctors based solely upon treatment that is not universally accepted by the profession
- **June 20, 2014**: New York State Senate resolution was adopted calling on the federal government to address Lyme and Tick-Borne diseases by requiring CDC to reevaluate its guidance and NIH to provide more funding for these diseases

JOINT SENATE TASK FORCE ON HEROIN AND OPIOID ADDICTION

In March, 2014 the Senate Majority Coalition announced the Senate Task Force on Heroin and Opioid Addiction to examine the rise in use of heroin and other opioids in New York State and develop recommendations for treating and preventing addiction. Members of the bipartisan Task Force included Chairs of the Senate Committees on Alcoholism and Drug Abuse, Mental Health and Developmental Disabilities, Codes and Health among many others. The Task Force held a dozen forums around the state between April and June hearing from a wide array of communities, experts and other stakeholders about the problems and possible solutions. Based on the Task Force's work, a report entitled "Solutions to new York's Heroin Epidemic: Working together to save lives and prevent tragedies" was issued with recommendations which became the basis for a package of legislation. For the full report: http://www.nysenate.gov/files/Joint_Senate_Heroin_Addiction_Task_Force_Final_Report_5-27-14.pdf

Many of the legislative proposals were ultimately enacted into law including measures designed to reform insurance coverage for addiction and require insurers to provide coverage for treatment throughout the appeals process; improve treatment options for individuals suffering from addiction; strengthen penalties and put additional tools in place for law enforcement to crack down on the distribution of illegal drugs; enhance public awareness; and expand access to Naloxone, a medication that can reverse opioid overdoses.

In September, 2014 the State launched a public awareness campaign, required by legislation proposed by the Senate's Task Force on Heroin and Opioid Addiction. As part of that campaign public service announcements and a new website, www.combatheroin.ny.gov, were created.

Members:

Senator Phil Boyle, Chair	Senator Kemp Hannon
Senator Greg Ball	Senator John J. Bonacic
Senator David Carlucci	Senator Simcha Felder
Senator Patrick M. Gallivan	Senator Martin J. Golden
Senator Joseph A. Griffo	Senator Andrew J Lanza
Senator William J. Larkin Jr.	Senator Betty Little
Senator Carl L Marcellino	Senator Kathleen A. Marchione
Senator Jack M. Martins	Senator George D. Maziarz
Senator Michael F. Nozzolio	Senator Thomas F. O'Mara
Senator Michael H. Ranzenhofer	Senator Patty Ritchie
Senator Joseph E. Robach	Senator Diane J. Savino
Senator James L. Seward	Senator David J. Valesky
Senator Catharine Young	

PUBLIC HEARINGS

Office of Mental Health's
Regional Centers of Excellence
September 9, 2013- SUNY Farmingdale.
September 17, 2013- Ogdensburg
September 19, 2013- Middletown
October 28, 2013- Elmira (Senate Only)

Throughout the months of September and October, the Senate Standing Committee on Health and the Senate Standing Committee on Mental Health and Development Disabilities joined by the Assembly Standing Committee on Mental Health and Developmental Disabilities conducted public hearings around the state regarding the Office of Mental Health's (OMH) published plan, "OMH Regional Centers of Excellence." The plan provides for consolidation and reduction of state- run psychiatric hospitals from 24 to 15 over the next three years. It calls for patients to be treated in one of the remaining 15 centers, which will become "Regional Centers of Excellence" or in a local community based facility. The purpose of the hearings were to examine the potential impact of OMH closures on recipients, families, employees and communities, including the services that will be continued or lost in regions affected. In December, Governor Andrew Cuomo announced that despite the planned closure, the Greater Binghamton Health Center, Elmira Psychiatric Center and St. Lawrence Psychiatric Center will remain open with certain modifications. In response to Governor Cuomo's announcement Chairman Hannon and the eight other Senators representing Long Island and Mental Health Chairman Carlucci wrote Governor Cuomo a letter requesting him to meet with children, families and mental health professionals from Long Island to learn of the importance of Sagamore Children's Psychiatric Center to the region, and include Sagamore in the list of facilities that will remain open despite the Regional Center of Excellence plan. A video recording and materials from the Public Hearings can be found online at the Health Committee website http://www.nysenate.gov/committee/health or Farmingdale, Ogdensburg, Middletown, Elmira.

Health Committee Chair Kemp Hannon with Mental Health and Development Disabilities Committee Chair David Carlucci

PUBLIC HEARINGS

SUNY Downstate and Long Island College Hospital
June 4, 2013
Albany, NY

The Senate Standing Committee on Health and the Standing Committee on Higher Education joined forces to hold a hearing to discuss the sustainability of SUNY Downstate Hospital and Long Island College Hospital (LICH). Participants came together to discuss the insolvency facing these Brooklyn hospitals and the 2013-2014 state budget proposal that required the SUNY Chancellor, in collaboration with the Division of Budget and the DOH, to develop a sustainability plan that would restructure the hospitals in order to achieve financial viability. The conversation examined the need for DOH to execute a plan that ensures the continuing education of medical and health professions and the creation of a better health care system for this underserved community. Fiscal stability was the main issue discussed, with various solutions presented including rightsizing, increasing primary care physicians and preventative care services, in order to decrease unnecessary emergency room visits and inappropriate hospital admissions. A video recording of the hearing and testimony is available at http://www.nysenate.gov/event/2013/jun/04/discuss-suny-downstate-hospital-and-long-islandcollege-hospital-regard-sustaina-0.

Participants:
H. Carl McCall, *Chairman*, State University of New York Board of Trustees
Nancy L. Zimpher, *Chancellor*, State University of New York
Dr. John Williams, *President*, SUNY Downstate Medical Center
James Clancy, *Assistant Commissioner*, NYS Department of Health
Susan Kent, *President*, New York State Public Employees Federation
Fran Turner, *Director*, Legislation and Political Action, CSEA
Steve Allinger, *Director of Legislation*, NYSUT
Fred Kowal, *President*, United University Professors
Rowena Blackman-Stroud, *Treasurer*, UUP; *President*, SUNY Downstate Chapter
Helen Schaub, *VP*, New York Director, 1199 SEIU
Michelle Green, *Associate Director*, New York State Nurses Association
Elizabeth Swain, *President and CEO*, Community Health Care Association of New York State
Grace Wong, *VP Managed Care and Clinical Business*, SUNY Downstate

PUBLIC HEARINGS

New York State of Health: A discussion on implementation
January 7, 2014
Albany, NY

The Senate Standing Committees on Health and Insurance brought together stakeholders to report on the implantation of the New York State Health Insurance marketplace, known as the New York State of Health. The state marketplace, which began accepting enrollments on October 1, 2013, was establish by executive order, making New York one of only 15 states receiving federal funding to implement a state-based exchange. The hearing was an opportunity for the committees and the public to hear how enrollment had been progressing, how New Yorkers both insured and uninsured were affected by this change, what efforts the state can take to ease any negative impacts, and any other concerns patients or providers had. Issues raised at the hearing included:

- federal changes resulting in sole proprietors losing coverage on the individual market and having to purchase products with higher premiums and deductibles, with less coverage on the individual market;
- the adequacy of networks on products provided in the exchange and the accuracy of in-network provider lists given to consumers for exchange products;
- the lack of coverage for out-of-network services;
- difficulties navigating the website and difficulties in completing enrollment; and
- the roles of brokers, navigators and organizations such as chambers of commerce who traditionally provided coverage to their members.

A video recording of the hearing and testimony is available at:
http://www.nysenate.gov/event/2014/jan/13/new-york-state-health-discussion-implementation

Participants:
Donna Frescatore, *Executive Director,* New York State of Health
Mary Morse, *Owner,* Kwik-Kut Manufacturing
Pamela Reese Finch, Public Relations Consultant
Nick Fitterman, MD, FACP
Andrew Kleinman, MD
Patricia McLaughlin, **DD**
Dan Colacino, *Vice President,* Rose and Kiernan, Inc.
Erin P. Nevins, *President,* Nevins Insurance Agency, Inc.
Jack Smith, *Executive Vice President,* William A. Smith and Son Insurance Agency
Bob Carey, *Account Executive,* Otsego County Chamber of Commerce
Lacey Clarke, *Deputy Director,* Freelancers Union Insurance
Mark Eagan, *President and CEO,* Albany-Colonie Regional Chamber of Commerce
Maurice Isaac, *Employee Benefits Program Administrator,* Delaware County Chamber of Commerce
Sean Doolan, Esq., Blue Cross/Blue Shield
Paul Macielak, Esq., Health Plan Association
Elizabeth Benjamin, *Vice President of Health Initiatives,* Community Services Society of NY
James W. Lytle, Esq., *Partner,* Manatt, Phelps & Phillips, LLP, The Coalition of New York State Public Health Plans
Mark Scherzer, Esq., Health Care for All New York/New Yorkers for Accessible Health Coverage

PUBLIC HEARINGS

Electronic Cigarettes and Liquid Nicotine
May 12, 2014
Albany, NY

Electronic Cigarettes, or e-cigarettes, are battery-powered devices that heat a solution of liquid, typically including nicotine and other chemicals, to create a vapor. Although a relatively new phenomena, with U.S. sales beginning in 2007, e-cigarettes have grown into a billion dollar industry in just a few short years. In 2008 the FDA moved to regulate e-cigarettes under their authority to regulate drugs and devices. In 2009, the federal Family Smoking Prevention and Tobacco Control Act was enacted giving the FDA to regulation tobacco products. In 2010, the U.S. Court of Appeals for the D.C. Circuit held that the FDA could not regulate e-cigarettes as drug devices, but could regulate e-cigarettes only as tobacco products if they aren't marketed for therapeutic purposes. This year, the FDA released proposed regulations, which if approved, would redefine e-cigarettes subjecting them to the same restrictions as traditional tobacco products including the prohibition on sale to minors and required warning labels. Until approval of these regulation, e-cigarettes remain completely unregulated at the federal level. In 2012 New York State banned the sale of e-cigarettes to minors, and several localities and New York City have made e-cigarettes subject to the Clean Indoor Air Act.

At the hearing, public health officials, stakeholders and advocates discussed the need for further research and regulation of e-cigarettes. The Director of the Bureau of Tobacco Control within DOH testified that the safety of Electronic Nicotine Delivery Systems or ENDS is unknown and their value as a cessation tool is entirely unproven. Further, he testified that data does show that "a great deal of marketing of ENDS appeals to youth and that youth are responding to the marketing techniques" and that, "there have been no spikes in cessation attempts among adult cigarette smokers concomitant with the spike in ENDS use." Also discussed at the hearing were studies conducted by the Roswell Park Cancer Institute finding that e-cigarettes are a source of secondhand and thirdhand exposure to nicotine. In addition, the Upstate Poison Control Center testified as to the increase in calls surrounding liquid nicotine poisoning. Legislative proposals to regulating both e-cigarettes and the liquid nicotine used to fill them were discussed, including possible inclusion of e-cigarettes within the State's Clean Indoor Air Act. A video recording of the hearing and written testimony can be found at:
http://www.nysenate.gov/event/2014/may/12/consider-including-electronic-cigarettes-existing-clean-indoor-air-act-and-regulat

Participants:
Harlan Juster, PhD, *Director of Bureau of Tobacco Control,* New York State Department of Health
Lawrence Eisenstein, MD, FACP, *President,* NYS Association of County Health Officials, *Commissioner of Health,* Nassau County
Michael Burgess, *NYS Government Relations Director,* American Cancer Society Action Network Inc.
Julianne Hart, *NYS Government Relations Director,* American Heart Association/American Stroke Association
Andrew Hyland, PhD, *Chair of Department of Health Behavior, Division of Cancer Prevention & Population Sciences,* Roswell Park Cancer Institute
Michael G. Holland, MD, *Medical Toxicologist,* Upstate NY Poison Center
James Calvin, *President,* NY Association of Convenience Stores
Scott Wexler, *Executive Director,* Empire State Restaurant and Tavern Association

ROUNDTABLES DISCUSSIONS

Eating Disorder Roundtable
February 13, 2013
Albany, NY

Senator Kemp Hannon, as Chair of the Standing Committee on Health, convened a Roundtable to discuss eating disorders and how New York can create a more comprehensive system to address these medical conditions. In 2004, New York established and funded Comprehensive Care Centers for Eating Disorders (CCED); however, over the years funding for CCEDs has decimated and patients struggle to access care. This Roundtable brought together over a dozen participants that included patients and family members, experts in the field, medical professionals, insurers and policymakers. The goal of the roundtable was to examine methods of managing eating disorders through prevention, identification and treatment, along with identifying the inadequacies in the current treatment system, and discussing alternative methods to efficiently and effectively manage these inadequacies. The participants touched upon the current successes and shortfalls of the treatment of eating disorders, as well as the accessibility of treatment programs and centers. Concerns included the disconnect between insurance companies and patients needs, the need to increase in-patient treatment facilities, and continued education and support for suffers' families. As part of 2013-2014 Budget some of these concerns were addressed when the Senate was able to add funding to the CCEDs and support education in schools. Video recording of the roundtable is available at www.nysenate.gov/committee/health.

Participants:
Michael F. Hogan, PhD, *Principal*, Hogan Health Solutions; *Past Commissioner*, NYS Office of Mental Health
Barbara A. Dennison, MD, *Director of Policy and Research Translation in the Division of Chronic Disease Prevention*, NYS Department of Health
Gregory Miller, MD, *Medical Director,* Adult Services at NYS Office of Mental Health
Evelyn Attia, MD, *Program Director,* New York State Metro Region Comprehensive Care Center for Eating Disorders; *Clinical Professor of Psychiatry*, Columbia University
Sharon Alger-Mayer, MD, *Medical Director,* Northeast Comprehensive Care Center for Eating Disorders; *Associate Professor of Medicine*, Albany Medical College
Carolyn Costin, MA, *Founder and Director*, The Eating Disorder Center of California, Monte Nido and Rain Rock Residential Treatment Centers
Paul Macielak, **Esq.,** *President and CEO*, New York Health Plan Association
Amy Wald, *Eating disorder patient*, Metropolitan New York
Michelle and Alyssa Morales, *Eating disorder patient and parent*, Western New York
B.Timorthy Walsh, MD, *Past President*, Eating Disorders Research Society; *Chair,* Eating Disorders Workgroup for DSM-5, *Professor of Psychiatry*, Columbia University, NYS Psychiatric Inst.
Lynn Grefer, MA, *President and CEO*, National Eating Disorder Association
Ron Bass, *Director of the Bureau of Policy Development and Coverage within the Division of Program Development and Management*, Office of Health Insurance Programs
Richard Kreipe, MD, *Medical Director*, Western New York Comprehensive Care Eating Disorder Center, *Professor of Pediatrics*, Golisano Children's Hospital
Mary Tantillo, PhD, *Directo*r, Western New York Comprehensive Care Eating Disorder Center; *Associate Professor of Nursing*, University of Rochester
James W. Lytle, Esq., *Partner*, Manatt, Phelps & Phillips, LLP, The Coalition of New York State Public Health Plans
Ann Griepp, MD, *Chief Medical Officer for Behavioral Health*, Excellus Blue Cross/Blue Shield
Mike Ruslander, *Parent of an eating disorder patient*, Northeastern New York

ROUNDTABLE DISCUSSIONS

Rural Hospitals Roundtable
June 3, 2013
Albany, NY

The Senate Health Committee joined by the New York State Legislative Commission on Rural Resources gathered a number of stakeholders to discuss the challenges facing small and rural area hospitals. The goal of the Roundtable was to dissect the issues facing rural area hospitals and discuss potential solutions. The issues primarily focused on were the need to increase primary care physicians, incentivize the creation and growth of practices in small and rural areas, expand the use of telehealth and telemedicine in rural areas, and methods to decrease healthcare cost in areas that are high in poverty with a low population covered by health insurance. A video recording of the Roundtable is available on the Committee's website at http://www.nysenate.gov/committee/health.

Participants:
Karen Madden, *Director*, Charles D. Cook Office of Rural Health, New York State Health Department
Jim Clancy, *Assistant Commissioner*, Office of Governmental and External Affairs, New York State Health Department
Amy Nickson, *Deputy Director*, Division of Governmental Affairs, New York State Health Department
Caleb Wistar, *Associate Director*, Division of Workforce Development, Office of Primary Care, New York State Health Department
Rae Ann Vitali, *Assistant Director*, Division of Primary Care Development, Office of Primary Care, New York State Health Department
Joan Cleary, *Director*, Division of Primary Care Development, Office of Primary Care, New York State Health Department
Fred Heigel, *Vice President*, Regulatory Affairs, Healthcare Association of New York State
Mark Webster, FACHE, *President and Chief Executive Officer*, Claxton-Hepburn Medical Center
Gary Fitzgerald, *President*, Iroquois Healthcare Alliance
Ann Abdella, *Executive Director*, Chautauqua County Health Network
Steven Kelley, *President/CEO*, Ellenville Regional Hospital
Fran Weisberg, *Executive Director*, Finger Lakes Health Systems Agency
Art Streeter, *Senior Planner*, Finger Lakes Health Systems Agency
Gail Speedy, *Executive Director*, Universal Primary Care
Dr. Don Rowe, *Chairman*, New York State Rural Health Council
Chandler Ralph, FACHE, *President and Chief Executive Officer*, Adirondack Health
Jarrod Johnson, FACHE, *Chief Operating Officer*, Brooks Memorial Hospital

ROUNDTABLES DISCUSSIONS

Out-of-Network Coverage: Ensuring a balanced approach
January 27, 2014
Albany, NY

The Standing Committee on Health held a roundtable to discuss and examine issues relating to out-of-network insurance coverage. Some consumers seek insurance coverage that permits them to receive care from a non-participating provider. The out-of-network system has been fraught with problems and will the implementation of the ACA, fewer insurers are providing this coverage as an option. As a result of the then Attorney General, Andrew Cuomo's investigation into a scheme by health insurers to defraud consumers through the manipulation of the reasonable and customary rates of services through the use a of health care pricing database, Ingenix, a settlement was reached establishing FAIR Health, Inc. with the mission of ensuring transparency in health care costs. However, since the fall of Ingenix, many insurers began using Medicare rates as the benchmark for determining reimbursement of out-of-network services, which resulted in even lower reimbursement.

In response to the high volume of complaints received, the Department of Financial Services released a report "An Unwelcome Surprise: How New Yorkers are getting stuck with unexpected medical bills for out-of-network providers" in 2012. This report detailed challenges consumers faced and outlined a number of possible reforms. In response to this issue the Senate passed legislation (S.2551) in both 2012 and 2013 to establish consumer protections from surprise medical bills, requiring adequate access to care, establishing a minimum reimbursement for out-of-network services and prohibiting excessive emergency room charges. Legislation (S.6207) was also introduced in the Senate in 2014 to ensure availability of optional out-of-network coverage in light of the current unavailability of this coverage from the individual market. Patients, physicians and health insurance experts discussed their experiences with out-of-network and the need for reform. This SFY 2014-15 budget ultimately included a number of provisions to address surprise medical bills and established a usual and customary cost for out-of-network services connected to FAIR Health data. Full video coverage of the roundtable can be found here: http://www.nysenate.gov/event/2014/jan/27/out-network-coverage-ensuring-balanced-approach

Participants:
Troy J. Oechsner, Esq., *Deputy Superintendent of Insurance for Health,* NYS Department of Financial Services
Jonathan L. Brisman, MD
Chad Glaser, Consumer
Maureen Kenney, Consumer
Andrew Kleinman, MD, *President-elect,* MSSNY
Thomas T. Lee, MD, FACS, MBA
Patricia McLaughlin, MD
Cythia Millane, FAIR Health, Inc.
Mark A Reiner, MD, FACS
Tony Tichenor, MD

ROUNDTABLE DISCUSSIONS

Ebola: Is NY Ready?
October 17, 2014
New York City, New York

The Ebola virus, which is often deadly in humans, was first discovered in Africa in 1976. The 2014 outbreak in West Africa is the largest and most complex to date, causing more deaths than all other outbreaks combined. By the fall of 2014, there were over 8,900 reported cases of Ebola and the death toll had risen to nearly 4,500. There is no known treatment for the virus, which is spread between humans through bodily fluids. Individuals can show symptoms within 2-21 days after being exposed, but are only contagious once they themselves are experiencing symptoms.

On September 30, 2014, Thomas Duncan a Liberian who had recently travelled to Dallas Texas, became the first patient diagnosed with the Ebola virus in the United States. He succumbed to the virus on October 8th and two nurses who cared for Mr. Duncan were later diagnosed with the deadly disease. Both nurses were given experimental treatments and survived. The experiences gained from Dallas' handling of Mr. Duncan's diagnosis and treatment provided a wakeup call and opportunity for the nation and states to prepare for possible Ebola cases.

Senator Kemp Hannon, Chair of the Standing Committee on Health, convened a Roundtable to discuss the Ebola virus and the State's preparedness on October 17, 2014. Governor Cuomo announced a State Plan the day before the Roundtable designating eight hospitals around the state to treat Ebola patients should any be diagnosed. Given New York State is home to JFK, one of five US airports receiving over 94% of travelers from West Africa, the likelihood of a New York case was high. On October 25th Craig Spencer, a physician who had recently treated Ebola patients under the Doctors Without Borders program became the first person diagnosed with the virus in New York. He was treated at Bellevue Hospital in Manhattan. Video recording of the Roundtable is available at: http://www.nysenate.gov/event/2014/oct/17/ebola-ny-ready

Participants:
Howard Zucker, MD, JD, *Acting Commissioner*, NYS Department of Health
Eli N. Avila, MD, JD, MPH, FCLM, *Commissioner*, Orange County Health Department
Celia Quinn, MD, MPH, *Medical Director*, Bureau of Healthcare System Readiness, NYC DOHMH's Office of Emergency Preparedness
Dennis P. Whalen, *President*, Healthcare Association of New York State
Susan Waltman, Esq., *Executive Vice President & General Counsel*, Greater New York Hospital Association
Marc L. Napp, MD, MS, FACS, Deputy Chief Medical Officer and Senior Vice President for Medical Affairs, Mount Sinai Health System
Lisa Baum, MA, *Occupational Safety and Health Representative*, New York State Nurses Association
Stephen S. Morse, PhD, *Director*, Infectious Disease Epidemiology Program, Mailman School of Public Health, Columbia University

COMMITTEE PRESENTATIONS

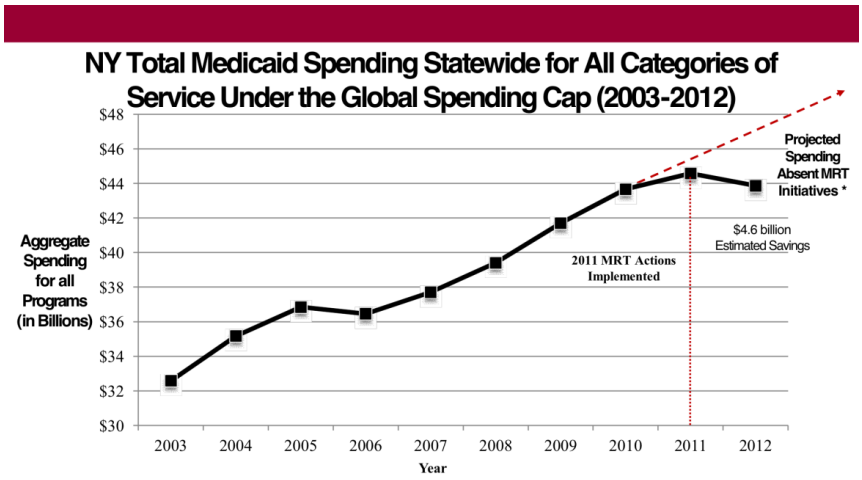
Family Health Care Decision Act
Robert N. Swidler, Esq.
VP Legal Services, St. Peter's Health Partners
May 21, 2013
Albany, NY
Robert N. Swidler, Esq.

The Senate Standing Committee on Health heard a presentation by Robert N. Swidler, Esq. explaining the legislative proposal aimed at clarifying and coordinating amendments to the Family Health Care Decisions Act (FHCDA), Chapter 8 of 2010, which governs health care decisions on behalf of patients unable to make treatment decisions themselves. Mr. Swindler expanded upon the proposed legislation, S.5321, sometimes referred to as the Surrogate's Decision Making Improvement Act (SDMIA), which amends the Public Health Law and the Surrogate's Court Procedure Act regarding health care agents and proxies, decisions not to resuscitate, and health care decisions for people with developmental disabilities. A video recording of the presentation and Mr. Swidler's presentation materials along with his annotation version of bill S.5321 can be found at http://www.nysenate.gov/committee/health.

COMMITTEE PRESENTATIONS

Medicaid Redesign Team Update and Next Steps
Jason A. Helgerson,
Medicaid Director, NYS Department of Health
August 5, 2013
Hofstra University

Senator Hannon as Chair of the Standing Committee on Health, hosted a public presentation on the Medicaid Redesign Team (MRT) in New York State given by Jason A. Helgerson the Medicaid Director of the New York State Department of Health. The presentation focused upon current MRT implementations, which include lowering costs and improving quality of care, as well as the major MRT implementations planned for the future. A video recording of the presentation and presentation materials can be found on the committee's web page at http://www.nysenate.gov/committee/health.



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
# of Recipients	4,266,535	4,593,566	4,732,563	4,729,166	4,621,909	4,656,354	4,910,511	5,211,511	5,396,521	5,578,143
Cost per Recipient	$7,635	$7,658	$7,787	$7,710	$8,158	$8,464	$8,493	$8,379	$8,261	$7,864

*Projected Spending Absent MRT Initiatives was derived by using the average annual growth rate between 2003 and 2010 of 4.28%.

The slide above, from the presentation, shows how Medicaid spending in New York under the global cap has been successful at bending the cost curve.

COMMITTEE PRESENTATIONS

Western New York Hospitals
October 14, 2013
Medical Buffalo, New York

A presentation to the Senate Standing Committee on Health occurred in Western New York to explore the changing nature of urban hospitals. The main conversation topics were changing care models, the role of hospitals in the community, financial challenges, strategies for success and quality patient care. Specific discussions occurred regarding matters facing hospitals in rural and urban Western New York, including the building of rural hospitals. The presentation was also comprised of a discussion on the Children's Hospital in Buffalo, and concluded with a tour of the Buffalo Niagara Medical Campus.

Participants
Senator Kemp Hannon
Senator Mark J. Grisanti
John Bartimole, *President*, Western NY Healthcare Association
Gary Fitzgerald, *President*, Iroquois Healthcare Alliance
Catholic Health System
Eric County Medical Center
Kaleida Health
Mount St. Mary's Hospital and Health Center
Niagara Falls Memorial Medical Center
Roswell Park Cancer Institute

CONFIRMATIONS

The Health Committee considered nominations from the Governor to several positions during the 2013-2014 legislative session. Nominees approved by the Health Committee are referred to the Senate Finance Committee and if approved, to the Senate Chamber for a vote. Below is a listing of those nominations advanced by the Senate Standing Committee on Health and ultimately confirmed by the full Senate in the last session.

Public Health and Health Planning Council

The Public Health and Health Planning Council (PHHPC) was established in 2010 (PHL §225) to consolidate the responsibilities and functions of the former Public Health Council and the State Hospital Review and Planning Council. The PHHPC consists of the Commissioner of Health and 24 members charged with amending the Sanitary Code, adopting and amending health care facility regulations, and making decisions concerning the establishment, transfer of ownership, construction projects, service changes and equipment acquisitions by health care facilities. Nominees Confirmed to the PHHPC this session include:

Carla Boutin-Foster, MD, *Associate Professor of Medcinie*, Division of General Internal Medicine, Weill Cornell
Lawrence S. Brown, Jr., MD, MPH, *CEO*, FASAM Addiction Research and Treatment Corporation
Jo Ivey Boufford, MD, *President*, New York Academy of Medicine
Kathleen Carver Cheney, Esq., *Partner*, Novack Burnaum Crystal, LLP and Duane Morris, LLP
Kim A. Fine, *Executive Vice President and Chief Strategy Officer*, Albany Medical Center
Ellen E. Grant, PhD, LCSW-R, *Deputy Mayor*, City of Buffalo
Thomas E. Holt, MS, *President and CEO*, Lutheran Social Services Group, Inc.
Gary E. Kalkut, MD, *Senior Vice-President*, Network Integration and *Associate Chief Clinical Officer*, NYU Langone Medical Center
Glenn A. Martin, MD, *Director*, Medical Informatics, Queens Health Network
Ellen L. Rautenberg, MHS, *President and CEO*, Public health Solutions
Peter G. Robinson, MPH, *Vice President and Chief Operating Officer*, University of Rochester Medical Center and Strong Health

Minority Health Council

The Minority Health Council was created by statute (PHL §243) in 1992. The purpose of this Council is to consider any matter relating to the preservation and improvement of minority health in the state and advise the Commissioner of Health on these issues. The Committee considered and recommended the following nominee to the Senate Finance Committee on June 20, 2013:

Elizabeth Gross Cohn, RN, LNSC, *Assistant Professor of Nursing*, Columbia University, *Associate Chair Research*, Hip Hop Public Health

Administrative Review Board for Professional Medical Conduct

The Administrative Review Board for Professional Medical Conduct is comprised of physicians, physician assistants and lay members who fulfill major roles in the disciplinary process by serving on investigation, hearing and license restoration committees. The Health Committee considered and recommended the following nominees to the Senate Finance Committee on June 20, 2013:

John A. D'Anna, MD, MPH, *Director of Surgical Services,* Staten Island University Hospital
Steven V. Grabiec, MD, Adult and Pediatric Allergy and Asthma of WNY
Peter S. Koenig, Sr.
Richard D. Milone, MD, DLFAPA, Saint Vincent's Hospital Westchester
Linda Prescott Wilson

Council on Human Blood and Transfusion Services

Public Health Law Article 31 established the Council on Human Blood and Transfusion Services in 1973. The Council enacts and amends regulations affecting the safety of the blood supply in New York State, subject to approval by the Commissioner of Health. The Committee considered and recommended the following nominees last session:

Joseph T. Chiofolo, DO, *Medical Director,* Transfusion Services, Winthrop-University Hospital
Rachel A. Elder, MD, *President*, Pathology Associates of Syracuse, PC
Alicia Elena Gomensoro, MD, *Director*, Blood Bank Maimonides Medical Center
Kathleen M. Grima, MD, *Medical Director*, Blook Bank, The Brooklyn Hospital Center
David M. Huskie, RN, Albany Stratton VA Medical Center
Scott Alan Kirkley, MD, *Associate Professor of Pathology and Laboratory Medicine,* University of Rochester School of Medicine and Dentistry, *and Assistant Director,* Blood Bank, Strong Memorial Hospital
Philip L. McCarthy, MD, *Clinical Blood and Marrow Transplant Director,* Roswell Park Cancer Institute
Donna Skerrett, MD ,MS, *Chairperson, Chief Medical Office*, Mesoblast Ltd.

State Camp Safety Advisory Council

The State Camp Safety Advisory Council, established under PHL §1390, was created to advise and consult on policy matters relating to youth camp safety. The council consists of nine members, three of which are representatives of New York for-profit youth camps, three of which are representatives of New York non-profit or charitable youth camps, two of which represent youth camp consumer interests, and one of which represents camps run by municipal corporations.

Eric A. Bacon, *Director,* Town of Camillus Parks and Recreation
Milton Frischman, *Director of Camping,* Agudath Israel of America
Robert C. Schneifeld, Esq., *Parnter,* Baker Botts LLP
Thomas R. Welch, MD, *Medical Director,* Upstate Golisano Children's Hospital and *Professor and Chair of Pediatrics,* Upstate University Hospital

STATEWIDE HEALTH CARE INITIATIVES

Medicaid Redesign Team

On January 5, 2011 by Executive Order #5, the Medicaid Redesign Team (MRT) was established and charged with the task of finding innovative ways to improve quality and control costs in the State's Medicaid program. The MRT sought recommendations that were approved in 2011 and formed the basis of much of the Governor's proposed budget. The Executive Order establishing the MRT expired on March 31, 2012. Even though the team itself is no longer active, implementation of its recommendations continue to be carried out and some workgroups established through the MRT are still meeting. The overall implementation of the MRT action plan is expected to take three to five years.

Phase 1 and 2 of the MRT have been completed and phase 3 is now being implemented. Phase 3 encompasses the Fully Integrated Dual Advantage (FIDA) demonstration project. The FIDA will enroll 170,000 dually eligible Medicaid and Medicare members into full-integrated managed care products. Two FIDA plans to be implemented are the Primary FIDA plan which is specifically for downstate counties and the OPWDD FIDA plan which is statewide. The enrollment process is to begin in April of 2014 by accepting voluntary enrollments and July 2014 for passive enrollments for individuals in need of community-based long-term care services greater than 120 days. In October 2014, voluntary enrollment will be accepted for dually eligible individuals that have exhausted Medicare benefit nursing homes, and in January 2015 passive enrollments will begin. Another phase 3 Medicaid Managed Care initiative is the effective integration of physical and behavioral health services which will include Behavioral Health State Plan Services and specialized community-based services including Peer Support, Respite, Crisis and Employment.

STATEWIDE HEALTH CARE INITIATIVES

MRT Waiver/DSRIP

On April 14, 2014, Governor Cuomo announced that New York had finalized terms and conditions with the federal government for approval of the MRT waiver, allowing the state to reinvest $8 billion of the $17.1 billion in federal savings generated by MRT reforms. The funds, aimed at transforming the state's health care systems, lowering long term health care costs and ensuring access to quality care for all Medicaid members, will be reinvested through the Delivery System Reform Incentive Payment (DSRIP) program. DSRIP will address critical issues through the state, promote collaboration and focus on system reform with the goal of reducing avoidable hospital admissions by 25% over 5 years. Single providers are ineligible, safety net providers must collaborate to implement innovative projects focusing on system transformation, clinical improvement and population health improvement. All DSRIP funds will be based on performance linked to achievement of project milestones.

The $8 billion reinvestment is allocated as follows:

- $500 Million for the Interim Access Assurance Fund – temporary funding to ensure Medicaid safety net providers can fully participate in the DSRIP transformation
- $6.42 Billion for DSRIP – including DSRIP Planning Grants, DSRIP Provider Incentive Payments, and DSRIP Administrative costs
- $1.08 Billion for other Medicaid Redesign purposes – including Health Home development, investments in long term care, and workforce and enhanced behavioral health services

For further information:
https://www.health.ny.gov/health_care/medicaid/redesign/delivery_system_reform_incentive_payment_program.htm

State Health Innovation Plan (SHIP)

In December 2014, the state was awarded a four-year, $100 million State Innovation Model Testing grant from the Centers for Medicare and Medicaid Innovation which will support the State Health Innovation Plan (SHIP). Under this plan, the state will create a regionally based primary care practice transformation program which will assist physicians in adopting a tiered Advanced Primary Care model that includes behavioral and population health. Grant funds will also be used to expand value-based payments, with the goal of 80% of New Yorkers receiving value-based care by 2020. Grant monies will also be used to fund health information technologies, such as the all payer database, workforce training aimed at increasing primary care capacity, and shared quality metrics.

STATEWIDE HEALTH CARE INITIATIVES

Public Health and Health Planning Council

The Public Health and Health Planning Council (PHHPC) was established in 2010 (PHL §225) to consolidate the responsibilities and functions of the former Public Health Council (PHC) and the State Hospital Review and Planning Council (SHRPC) into this newly established council. The PHHPC consists of the Commissioner of Health and 24 members and have a broad array of advisory and decision-making responsibilities with respect to New York State's public health and health care delivery system. It is charged with adopting and amending the sanitary code and health care facility, home care agency, and hospice operating regulations. The PHHPC also makes decisions concerning the establishment and transfer of ownership of health care facilities, home care agencies and hospice programs. It makes recommendations to the Commissioner of Health concerning major construction projects, service changes, and equipment acquisitions in health care facilities and home care agencies. It also advises the Commissioner on issues related to the preservation and improvement of public health.

In 2013, as Chairman of the Senate Standing Committee on Health, Senator Hannon attended numerous meetings of the PHHPC. This year, PHHPC heard presentations regarding ambulatory care services and made recommendations for retail clinics, urgent care centers, freestanding emergency departments, upgrade diagnostic and treatment centers, advanced diagnostic imaging, radiation therapy, and office based surgery. The PHHPC also reviewed Sepsis, Influenza, and Children's Camp regulations and heard presentations regarding the implementation of the Prevention Agenda.

For updates on PHHPC activities:
https://www.health.ny.gov/facilities/public_health_and_health_planning_council/

STATEWIDE HEALTH CARE INITIATIVES

NY State of Health

New York opened its health exchange, the NY State of Health, on October 1, 2013. In the first year of enrollment, 16 health insurers offered coverage to individuals and 10 insurers offered plans for small businesses. Eligible individuals were able to enroll in coverage for 2014 through March 31, 2014, or April 15, 2014, if the consumer could show they had tried to enroll by the end of March but were not able to do so. Under federal law, if consumers did not enroll by April 15, 2014, they are not eligible to enroll until 2015, unless they qualify for a special enrollment period. By the end of open enrollment on April 15, 2014, 960,762 people had enrolled in some form of coverage through the exchange. Out of this number, 55% or 525,283 had enrolled in Medicaid, 64,875 individuals enrolled in Child Health Plus and 370,604 individuals had enrolled in private health insurance with a qualified health plan.

Open enrollment for 2015 began on November 15, 2014 and goes until February 15, 2015. In order to enroll in a policy taking effect on January 1, 2015, the marketplace required that individuals sign up by December 20, 2014. As of December 22, 2014, 225,244 New Yorkers had enrolled through the state's exchange. Of these enrollees, 142,187 enrolled in Medicaid and 83,057 signed up for private health insurance. These figures do not include those who were previously enrolled in 2014.

New York has received a number of grants from the federal government funding the establishment of the NY State of Health: 1 Planning Grant, 1 Early Innovator Grant, 5 Level One Establishment Grants, and 1 Level Two Establishment Grants. Totaling $535.03 million to date in federal funds. For more detailed information on this funding see: http://www.cms.gov/cciio/Resources/Marketplace-Grants/ny.html