

**2015-2016 REPORT OF THE  
THE NEW YORK STATE SENATE  
STANDING COMMITTEE ON HEALTH**

**238<sup>TH</sup>-239<sup>TH</sup>  
LEGISLATIVE SESSION**



**SENATOR KEMP HANNON  
CHAIRMAN**



**REPORT OF THE NEW YORK STATE SENATE  
STANDING COMMITTEE ON HEALTH  
238<sup>TH</sup> & 239<sup>TH</sup> LEGISLATIVE SESSION  
2015-16**



Senator Kemp Hannon, Chairman  
Senator David Valesky, Vice Chairman  
Senator Gustavo Rivera, Ranking Member

*Committee Members*

Senator Hugh T. Farley	Senator Ruth Hassell-Thompson
Senator Simcha Felder	Senator Brad Hoylman
Senator Martin J. Golden	Senator Todd Kaminsky
Senator William J. Larkin, Jr.	Senator Velmanette Montgomery
Senator Elizabeth O’C. Little	Senator Roxanne Persaud
Senator Jack M. Martins	Senator Toby Ann Stavisky
Senator Terrence P. Murphy	
Senator James L. Seward	
Senator Catharine M. Young	

*Committee Staff*

Kristin Sinclair, Committee Director  
Alison Kane, Counsel to the Chairman  
Darlene Murray, Committee Clerk

Room 420  
New York State Capitol  
Albany, NY 12247



## TABLE OF CONTENTS

Executive Summary .....	1
2015-16 Health Chapters .....	3
<i>Public Health and Safety</i> .....	3
<i>Women, Children &amp; Family Health</i> .....	5
<i>Combating Heroin and Prescription Opioid Abuse</i> .....	7
<i>Organ Donation</i> .....	9
<i>Patient Safety and Rights</i> .....	9
<i>Health Care Facilities</i> .....	10
<i>Prescription Drugs and Treatments</i> .....	11
<i>Health Care Professionals</i> .....	12
Health Bills Vetoed.....	15
2015-16 State Fiscal Year Health Budget Highlights .....	18
<i>Medicaid</i> .....	18
<i>Health Care Facility Financing</i> .....	18
<i>Hospitals, Nursing Homes and Other Providers</i> .....	19
<i>Pharmacy</i> .....	20
<i>Health Insurance</i> .....	20
<i>Public Health</i> .....	20
2016-17 State Fiscal Year Health Budget Highlights .....	21
<i>Medicaid</i> .....	21
<i>Health Care Facility Financing</i> .....	22
<i>Hospitals, Nursing Homes and Other Providers</i> .....	22
<i>Public Health</i> .....	23
Public Hearings .....	24
<i>Water Quality and Contamination</i> .....	24
Roundtables/Discussions .....	28
<i>Value Based Payment Roundtable</i> .....	28
<i>The Demise of Health Republic Roundtable</i> .....	29
Committee Presentations .....	30
Confirmations .....	31



## Executive Summary

The 2015-2016 Legislative Session brought a wide range of policy issues before the Committee. Several public hearings and roundtable discussions were held as well as presentations to the Committee. A new Commissioner of Health and Medicaid Inspector General were confirmed, and a host of important legislation and budget agreements were adopted.

Tragically, the opioid crisis continues to be of great concern. Several important measures were adopted to address this public health crisis affecting so many communities and families. Access to Naloxone, the life-saving antidote, was expanded to make it readily available in schools and libraries that choose to have it on hand. Measures were adopted to expand access and remove barriers to treatment through insurance reforms regarding inpatient rehabilitation and medication assisted treatments. Hospitals were also directed to develop discharge protocol for individuals suffering from substance use disorders. The Department of Health was directed to report data on opioid overdoses quarterly by county to assist localities in addressing the epidemic. Doctors were mandated to take continuing education in pain management and addiction, and by legislation limits were placed upon the initial prescriptions for acute pain to seven days for certain pain medications.

The Committee also continued to focus on increasing organ donation. Lauren's Law was enhanced to require driver license applicants to complete the organ and tissue donation section. In the first month after this law became effective, the New York Donate Life Registry had more registrants than any month in its history. In 2016, we added to this success by adopting a measure to allow those 16 and above to register as donors provided their parents would have to consent to any donation before they turn 18. We also required the New York State of Health website to, like the Department of Motor Vehicles, require anyone accessing health insurance to say whether they wish to be an organ donor.

Important women and family health bills were adopted including requiring employers provide reasonable accommodations for women with pregnancy-related conditions, ensuring employers adhere to and employees are aware of their breast feeding rights, and enabling women to purchase health insurance outside of the open enrollment period when they are pregnant. Measures to ensure access to breast cancer screenings, testing for lead at schools and expanding access to EpiPens were passed and signed into law. Legislation requiring rape kit evidence collected by health care professionals be processed in a uniform and timely manner was adopted to ensure survivors receive the justice they deserve, perpetrators are caught, and the innocent are exonerated.

In 2015, the CARE Act (Caregiver, Advise, Record and Enable Act), ensuring hospital patients and their caregivers are instructed in care needs once the patient is discharged home, was signed into law. Hospitals must now provide patients an opportunity to designate a caregiver and discuss discharge care with the designated caregiver prior to a transfer or discharge. Involving and training caregivers will help reduce hospitalizations and enhancing quality of life, thereby advancing the triple aim of healthcare; improving health; enhancing quality, and lowering costs.

The Health Committee hosted two roundtable discussions with the Standing Committee on Insurance. In 2015, the Committees held a roundtable on Value Based Payments (VBP), an emerging payment approach in health care, and in 2016 a roundtable examining the demise of Health Republic. The sudden collapse of Health Republic, a federally established co-op under the ACA and one of the largest insurers on the State Health Insurance exchange, which closed at the end of 2015, adversely affected many consumers, health care providers and businesses across the state. While the Senate established a fund to assist, affected consumers and providers still await resolution as the liquidation process continues.

In the fall of 2016, the Health Committee joined with the Environmental Committee and Assembly Committees to hold hearings around the state on drinking water contamination and quality. Heightened attention to PFOA contamination of drinking water in the Hoosick Falls area, PFOS found in Newburgh's public water system, and many other water contamination concerns precipitated these hearings, which were held in Hoosick Falls, Albany and on Long Island. A report entitled "[Water Quality and Contamination](#)" issued by the Committees provides a summary and recommendations.

Video footage of Committee meetings, hearings, and roundtables, as well as copies of committee reports and presentations can be found at: [www.nysenate.gov/committees/health](http://www.nysenate.gov/committees/health) .



## 2015-16 Health Chapters

### Public Health and Safety

#### **Smoking Near After-school Programs**

Chapter 100 of 2015: This legislation prohibits individuals from smoking outside the entrances and exits of educational institutions in order to protect students wishing to enter and exit educational institutions from unwanted exposure to secondhand smoke. This bill was signed into law on August 13, 2015 and became effective September 12, 2015. (S.993-A/A.5917-A)

#### **Tattoo and Body Piercing**

Chapter 230 of 2015: This legislation requires a tattooist or body piercing specialist ensure single-use inks and needles are used in all procedures and to obtain written consent from the consumer confirming compliance with this act. This bill was signed into law on August 14, 2015 and became effective December 12, 2015. (S.1421/A.1334)

#### **Powdered Alcohol**

Chapter 231 of 2015: This legislation prohibits the sale, offering for sale or providing for the consumption of any powdered or crystalline alcohol product. This bill was signed into law on August 14, 2015 and became effective September 13, 2015. (S.1757-A/A.1357-A)

#### **Synthetic Drugs**

Chapter 370 of 2015: This legislation adds two new synthetic drugs to schedule I of the list of controlled substances under section 3306 of the Public Health Law, making them illegal. This bill was signed into law on October 26, 2015 and became effective immediately. (S.738-A/A.627-A)

#### **Controlled Substance Disposal**

Chapter 379 of 2015: This legislation allows pharmacies and other Drug Enforcement Agency's (DEA) authorized collectors to operate as collection sites for unused controlled substances as soon as they are approved by the DEA and in compliance with federal laws and regulations. This bill was signed into law on October 26, 2015 and became effective immediately. (S.3687/A.6062)

#### **Meningococcal Vaccines**

Chapter 401 of 2015: In accordance with the Center for Disease Control (CDC) recommendations, this legislation requires all children entering 7<sup>th</sup> and 12<sup>th</sup> grades receive the meningococcal vaccine in order to protect school-aged children and prevent the spread of this often fatal disease. This bill was signed into law on October 26, 2015 and became effective immediately. (S.4324-A/A.791-C)

#### **Dining With Dogs**

Chapter 402 of 2015: This legislation allows restaurants to permit dogs in outdoor dining areas as long as the specified safety requirements are met. This bill was signed into law on October 26, 2015 and became effective immediately. (S.4327-A/A.5956-C)

### **Spina Bifida Prevention and Awareness**

Chapter 465 of 2015: This legislation is intended to help prevent Spina Bifida by raise awareness and educating the public regarding this preventable birth defect by authorizing the Commissioner of Health to establish a public outreach campaign. This bill was signed into law on November 20, 2015 and became effective immediately. (S.299-A/A.6979-A)

### **Obesity Prevention**

Chapter 469 of 2015: This bill expands the scope of programs administered by the DOH to reduce the incidence and prevalence of obesity in children and adolescents, especially among populations with high rates of obesity. This bill was signed into law on November 20, 2015 and became effective immediately. (S.1528-A/A.6506-A)

### **Consumer Directed Personal Care Assistance Program**

Chapter 511 of 2015: This legislation allows parents and certain other relatives to provide personal care to their family members under the Consumer Directed Personal Care Assistance Program. This bill was signed into law on November 20, 2015 and became effective on April 1, 2016. (S.5712/A.7532-A)

### **Lyme Disease Awareness**

Chapter 167 of 2016: This legislation adds the Lyme Disease and Tick-borne Infection Awareness and Prevention Program to the Department's Health Care & Wellness Education Program. The bill was signed into law on July 21, 2016 and became effective immediately (S.5803-A/ A8106-A)

### **Epi-pens**

Chapter 373 of 2016: This legislation authorizes public venues such as restaurants, youth organizations, sports arenas, theme parks, day care facilities and educational facilities, at their option, to stock and administer epinephrine auto-injectors in emergency situations. Increasing availability of epi-pens to administer to individuals experiencing anaphylactic shock will help save lives. The bill was signed into law on September 29, 2016 and becomes effective on March 28, 2017. (S.6800/A 9357)

### **Disclosure of HIV Data to Researchers**

Chapter 461 of 2016: This legislation allows for the disclosure of HIV/AIDS related medical information to qualified researchers who have received approval from a human research review committee established and approved by the Public Health Law or a federally approved Institutional Review Board (IRB) to conduct medical research about the disease. This bill was signed into law on November 28, 2016 and becomes effective on March 28, 2017. (S.7505/A9834)

### **Lupus Education and Outreach**

Chapter 479 of 2016: This legislation creates a statewide program within the Department of Health to promote awareness to the public and health care professionals concerning the causes and consequences of Lupus. The bill was signed into law on November 28, 2016 and became effective immediately. (S.5216-A/A 3072-A)

### **Ending the AIDS Epidemic**

Chapter 502 of 2016: This legislation supports New York's efforts to end the AIDS epidemic by decreasing the spread of HIV. The bill takes steps to remove any barriers to individuals being able to voluntarily accept HIV testing by reducing administrative hurdles, and by educating individuals about their HIV status and options for accessing treatment. Measures include: streamlined/routine testing of HIV/AIDS; requiring HIV tests to be offered to all adults, regardless of age; enabling pharmacists to dispense a seven-day starter kit of HIV infection prevention medication; allowing registered nurses to screen persons at increased risk for STDs, and increasing the number of people diagnosed and treated for HIV and other diseases. The bill was signed into law on November 28, 2016 and became effective immediately. (S.8129/A.10724)

## **Women, Children & Family Health**

### **Reasonable Accommodations During Pregnancy**

Chapter 369 of 2015: This legislation requires that employers provide reasonable accommodations (i.e. extra bathroom breaks, transfer from hazardous tasks, seating) for women with pregnancy related conditions. This bill was signed into law on October 21, 2015 and became effective January 19, 2016. (S.8/A.4272)

### **Female Genital Mutilation**

Chapter 419 of 2015: This legislation includes female genital mutilation on the list of topics the Department of Health conducts education and outreach programs on. These programs will include information on the physical, sexual and psychological consequences of undergoing female genital mutilation. This bill was signed into law on November 20, 2015 and became effective immediately. (S.3483/A.134)

### **Women's Cancers Education and Prevention Fund**

Chapter 420 of 2015: This legislation creates the Women's Cancers Education and Prevention Fund, financed by optional contributions derived from a taxpayer check-off placed on all corporate and personal income tax forms. This bill was signed into law on November 20, 2015 and became effective immediately. (S.5902/A.382-A)

### **Breastfeeding Bill of Rights**

Chapter 446 of 2015: This legislation updates the Breastfeeding Mothers' Bill of Rights to ensure women are aware of their right to take reasonable, unpaid breaks in order to pump breast milk upon returning to work. This bill was signed into law on November 20, 2015 and became effective January 1, 2016. (S.5183/A.7202-A)

### **Breast Cancer Screening**

Chapter 74 of 2016: This legislation expands the types of breast cancer screenings available to New Yorkers without out-of-pocket costs, to include all screening and diagnostic imaging, including mammograms, breast ultrasounds, or magnetic resonance imaging and codifies provisions requiring mammography facilities to provide extended hours of operation. Lastly, this bill provides that NYC civil service workers, like civil service workers throughout the rest of the state currently, are entitled to up to 4 hours leave for breast cancer screening. The bill was signed into law on June 27, 2016, became effective immediately and shall apply to policies and contracts issues, renewed, modified, altered or amended on and after January 1, 2017. (S.8093/A.10679)

### **Prostate Cancer Screening**

Chapter 96 of 2016: This legislation provides that NYC civil service workers are entitled up to 4 hours leave for prostate cancer screening, just as civil service workers throughout the rest of the state are currently entitled. The bill was signed into law on July 21, 2016 and became effective immediately. (S.8107/A.409-B)

### **Safe Sleep for Babies**

Chapter 100 of 2016: This legislation provides for the education of maternity patients on crib safety and the hazards of drop-side cribs and the dangers of unsafe cribs. It was signed into law on July 21, 2016 and becomes effective May 1, 2017. (S.6730/A.356)

Chapter 106 of 2016: This legislation requires hospitals include information on safe sleeping practices as set forth by the American Academy of Pediatrics in the informational leaflet distributed to all maternity patients. This legislation was signed into law on July 21, 2016 and became effective on November 18, 2016. (S.5100/ A.7181)

### **Lead Testing of Water**

Chapter 296 of 2016: This legislation ensures that drinking water in schools is safe and free of lead contamination by requiring testing of potable water sources and systems. The Department of Health in consultation with the State Education Department are to promulgate regulations for guidelines, testing and reporting of results. The legislation also provides the Commissioner of Education the ability to authorize funding to cover the expenses of such testing. The bill was signed into law on September 6, 2016 and became effective December 5, 2016. (S.8158/A 10740)

### **Birth Centers**

Chapter 397 of 2016: This legislation facilitates the expansion of birth choices for New York women by removing current barriers to establishment of midwifery birth centers. Such centers would be under the supervision of a physician or a midwife, and the Commissioner is authorized review certificate-of-need requirements to determine those that are appropriate given the scope of services provided at birth centers. The bill was signed into law on November 4, 2016 and became effective immediately. (S.4325/A.446)

### **Breast Density Education**

Chapter 402 of 2016: This legislation builds upon critical legislation passed this year to promote early detection and treatment of breast cancer. Unfortunately, there have been cases where women with dense breast tissue were not referred for further screening when it would have been appropriate given their risk factors and dense breast classification. This bill requires more information about screening, assessment, and diagnosis of dense breasts be made available to help both patients and referring physicians make the correct decision regarding supplemental screening. The 2016SFY budget includes \$100,000 for this purpose. The bill was signed into law on November 4, 2016 and became effective immediately. (S.7369-A/ A.5510-B)

### **Autism Spectrum Disorders Advisory Board**

Chapter 469 of 2016: This legislation directs the Office for People with Developmental Disabilities to establish an advisory board, which shall include state agencies including the Department of Health, to study and report annually to the legislature with recommendations on the effectiveness of current Autism Spectrum Disorder (ASD) supports and services, as well as any legislative or regulatory action, or interagency coordination that may improve the delivery of such services. This bill was signed into law on November 28, 2016 and became effective immediately. (S.8036-A/A.10558-A)

### **Rape Kit Testing**

Chapter 500 of 2016: This legislation helps catch sexual predators by ensuring all rape kits are processed and tracked by requiring specific time frames for the transmittal and processing of the kits collected and surrendered to police agencies. Unlike many states, New York does not require evidence collected from rape victims to be processed in a timely manner or to track its status upon collection. The measure provides a longer time frame for testing rape kits received prior to the new requirements to ensure resolving any backlog does not interfere with cases requiring priority processing. Earlier this year, the Senate also secured \$500,000 in the 2016 SFY budget to support rape kit testing. The bill was signed into law on November 28, 2016 with agreement on a chapter amendment, and provisions became effective immediately. (S.8117/A.10067-A)

## **Combating Heroin and Prescription Opioid Abuse**

As part of the 2015-16 budget legislation was adopted to ensure individuals have access to life saving opioid overdose antidote, Naloxone, by including funding and making sure the school districts that choose to have Naloxone available in the event of an overdoses may do so.

On May 18, 2016 the Senate Majority's Joint Task Force on Heroin and Opioid Addiction released its report and recommendations following a number of forums held around the state <https://www.nysenate.gov/newsroom/press-releases/john-j-flanagan/new-york-state-senates-joint-task-force-heroin-and-opioid> As a result of this work a number of legislative proposals were adopted at the end of the 2016 session.

### **Naloxone**

Chapter 65 of 2016: This legislation requires pharmacies with more than 20 locations to offer Naloxone under a standing order. This bill was signed into law on June 22, 2016 and became effective immediately. (S.6346-B/ A.9078-B)

Chapter 68 of 2016: This legislation expands upon legislation enacted last year, which authorized maintenance and administration of Naloxone in schools, to authorize such maintenance and use of Naloxone in public libraries in order to revive someone suffering from an opioid overdose. The bill was signed into law on June 22, 2016 and became effective immediately. (S.7860/ A.10364)

### **Treatment**

Chapter 69 of 2016: This legislation requires health plans that cover Medication Assisted Treatment provide at least a five-day supply, without prior authorization, where an emergency condition exists. This emergency coverage must also include Naloxone when it is otherwise covered under the policy. Similarly, the bill prohibits managed care providers from requiring prior authorization for buprenorphine or injectable naltrexone. This legislation requires health plans utilize tools designated by the Office of Alcoholism and Substance Abuse Services (OASAS) that are appropriate to the age of the patient and consistent with the treatment service levels within the state's system in order to ensure patients are receiving appropriate levels of care, and not being told they must start at a lower level. The bill requires OASAS to evaluate wraparound services and identify best practices. Lastly, this bill allows for the holding up to 72 hours of individuals who are incapacitated due to drugs and/or alcohol for the purpose of emergency treatment services. The bill was signed into law on June 22, 2016 and became effective immediately provided it shall apply to policies and contracts issues, renewed, modified, altered or amended on and after January 1, 2017. (S 8137/A.10725)

### **Connections to Care**

Chapter 70 of 2016: This legislation requires hospitals to develop discharge protocol for continuum of care services for individuals suffering from substance use disorder, which must include policies for identification, assessment, and referral of individuals with substance use disorder. This bill also requires the Department of Health to report data from the Opioid Overdose Prevention Program to counties every three months to assist localities in addressing the epidemic. Lastly, the bill clarifies it is not misconduct for a professional to administer Naloxone, even if their scope otherwise prohibits administering drugs. This bill was signed into law on June 22, 2016 with some provisions effective immediately. (S.8138/A.10726)

### **Prevention and Recovery**

Chapter 71 of 2016, requires persons licensed under Title 8 to prescribe medications and registered with the Drug Enforcement Administration (DEA) complete three hours of course work or training every three years in pain management, palliative care, and addiction. This bill limits prescriptions of schedule II, III or IV opioids upon the initial treatment for acute pain to a seven-day supply. The bill also clarifies that federal parity requires inpatient coverage include unlimited medical treatment for substance use disorder treatment. The bill also requires coverage, without prior authorization, of in-network OASAS certified providers. Concurrent utilization review is also prohibited for the first 14 days of treatment. The insured shall not have any financial obligation under this provision, and the insurer can only deny coverage for any portion on the basis such was not medically necessary if the treatment was contrary to the clinical review tool utilized. Finally, the bill requires the Office of Alcoholism and Substance Abuse Services (OASAS) to create educational materials to be disseminated by a pharmacist to a consumer at the time the consumer receives his or her prescription of controlled substance. This section would also allow that such materials be disseminated electronically at the request of the consumer. This bill was signed into law on June 22, 2016 and the provisions become effective on different days. (S.8139/A.10727)

## Organ Donation



### **Organ Donor Registry**

Chapter 405 of 2015: This legislation ensures that New York drivers have the opportunity to register as an organ donor by requiring that a “yes” or “Skip this question” box be checked in the organ donation registration section when filling out DMV forms electronically or in person. This bill was signed into law on October 26, 2015 and became effective immediately. (S.5101-A/A.7431-A)

### **New York State of Health Enrollment**

Chapter 40 of 2016: This legislation aims to increase donation in the State by requiring applicants through the state health benefit exchange be provided an opportunity to register for the donate life registry for organ, eye and tissue donations. Experience has shown that increasing the opportunities for individuals to document their decisions to give the gift of life and enroll in the registry has led to increased enrollment, which is essential given the state currently ranks second to last in enrollment. This bill was signed into law on May 25, 2016 and became effective January 1, 2017. (S.6952-A, A.9667-A)

### **Younger Donors**

Chapter 248 of 2016: This legislation allows New Yorkers age 16 or older to consent to donate and enroll in the New York State Donate Life Registry. Parents retain the ability to give final authorization should the under aged individual be considered for organ, eye or tissue donation. This bill was signed into law on August 18, 2016 and becomes effective on February 14, 2017. (S.5313-A/A.4990-B)

### **Extends Lauren’s Law**

Chapter 17 of 2016: This legislation extends Lauren’s Law, which requires individuals who apply for a New York State Driver’s License to complete the organ donor registry section indicating whether they would like to register as an organ donor, or “skip the question.” This bill was signed into law on July 21, 2016 and became effective immediately. (S.6228/A.8594)

## Patient Safety and Rights

### **CARE Act**

Chapter 391 of 2015: The CARE Act, or Caregiver, Advise, Record and Enable Act, provides patients with an opportunity to appoint a caregiver upon hospital admission and directs hospitals to notify and offer training to the designated caregiver, resulting in better at-home care and fewer hospital readmissions. This bill was signed into law on October 26, 2015 and became effective April 23, 2016. (S.676-B/A.1323-B)

### **Medical Marihuana Certification**

Chapters 416 & 417 of 2015: These chapters allow for the expedited availability of medical marihuana for individuals whose condition is progressive and degenerative, or will face a serious detriment to their health or life if access to medical marihuana is prohibited prior to full implementation of the 2014 medical marihuana law. These bills were signed into law on November 11, 2015 became effective immediately. (S.5086/A.7060) (S.5989/A.8258)

### **Victim's Services**

Chapter 418 of 2015: This bill allows the Department of Health (DOH) to promote the availability of individual, family, and group counseling programs, education programs and advocacy services provided at no cost for victims of sexual offenses and child pornography promotion or possession. This bill was signed into law on November 20, 2015 and became effective immediately. (S.3486/A.86)

### **Hospital Patient Bill of Rights**

Chapter 241 of 2016; This legislation updates the Patients' Bill of Rights to reflect recent laws enacted to protect individuals from surprise medical bills and their right to an independent dispute resolution process; and the CARE Act, which provides for the identification of caregivers while the patient is still in the hospital and includes caregivers in discharge planning and provides post-discharge instructions on care. Updating the Bill of Rights will help ensure patients are aware of these new protections. The bill was signed into law on August 18, 2016 and becomes effective on February 14, 2017. (S.6347-B/A.9188-B)

### **Medical Indemnity Fund**

Chapter 517 of 2016: This legislation amends the Medical Indemnity Fund (MIF), which was established in 2011 with the goal of reducing malpractice costs by creating a funding source for the future health care costs associated with birth-related neurological injuries. The legislation makes amendments aimed at the MIF functions as envisioned. Specifically, the legislation ensures rates of reimbursement for health care costs are adequate, it also ensures a fair and impartial review process when a claim for a medical expense or enrollment in the fund is denied. In addition, the bill prohibits the denial of qualifying health care costs on the grounds that they are habilitative therapies or may provide some ancillary benefit to other members of the household. The bill was signed on December 31, 2016 with agreement on a chapter amendment, and provisions become effective 45 days after becoming a law. In order for the Governor to sign the bill a chapter amendment was agreed to which removes the appeals provisions and the reimbursement provisions were sunset with the expectation the DFS will provide the required report in order to analyze reimbursement for the future. (S.7873-B/A.9835-B)

## **Health Care Facilities**

### **Continuing Care Retirement Communities**

Chapter 7 of 2015: This legislation clarifies provisions in Chapter 549 of 2014 to provide for an application and oversight process related to allowing continuing care communities to offer life care and life care at home programs to seniors. This bill was signed into law on March 13, 2015 and became effective immediately. (S.3547/ A.4490)

### **Residential Care Off-Site Facility Demonstration Project**

Chapter 32 of 2015: This bill extends the demonstration project that allows for the provision of physical, occupational and speech therapy by a residential health care facility at an off-site location until June 2018. This bill was signed into law on June 30, 2015 and became effective immediately. (S5731/A.7620)

### **The Elderly Demonstration Project**

Chapter 124 of 2015: This legislation extends the demonstration program that allows nursing homes that also provide a variety of community based care to provide home based physician, nurse practitioner and physician assistant services to elderly patients. This bill was signed into law on August 13, 2015 and became effective immediately, extending the project to January 1, 2021. (S.5509/A.7619)

### **Hospital Sepsis Data**

Chapter 315 of 2015: This legislation provides the DOH and all hospitals the time necessary to assure that certain hospital quality measures relating to sepsis are accurate, valid and reliable, and appropriately reflect care provided by individual hospitals before public release of hospital specific data. This bill was signed into law on September 25, 2015 and became effective immediately. (S.4874/ A.7465)

### **Erie County Medical Center (ECMC)**

Chapter 560 of 2015: This legislation allows ECMC to enter into agreements for the creation and operation of a health care delivery system network. Clarifies that in carrying out its health care purposes, ECMC may engage in arrangements, contracts, information sharing, and activities with public or private entities and individuals, including joint ventures and joint negotiations with physicians, hospitals and payers. This bill was signed into law on December 18, 2015 and became effective immediately. (S.2647/A.5254)

### **House Calls**

Chapter 450 of the laws of 2016; This legislation allows diagnostic and treatment centers or general hospital outpatient clinics to make house calls to patients unable to go on-site due to temporary or ongoing medical conditions. This will provide more access to healthcare and decrease avoidable emergency room visits. This bill was signed into law on November 28, 2016 and becomes effective on March 28, 2017. (S.8081/A.7714-C)

## **Prescription Drugs and Treatments**



### **E-Prescribing**

Chapter 13 of 2015: This legislation delays the requirement that prescribers use only electronic prescriptions for one year, until March 27, 2016, in order to allow the health care community, the appropriate time to undergo the federal certification process. This bill was signed into law on March 13, 2015. (S.2486/ A.4274)

### **Pharmacists as Immunizers**

Chapter 46 of 2015: This legislation extends provisions allowing pharmacists to administer certain vaccines until July 1, 2019 and expands the list of vaccinations they may administer to include immunizations to prevent acute herpes, zoster, tetanus, diphtheria, and pertussis. This bill was signed into law on June 30, 2015 and became effective immediately. (S.4739-A/A.123-B)

### **Pharmacists Appeal Process**

Chapter 540 of 2015: This legislation creates a process for pharmacies and their agents, who contract with pharmacy benefit managers (PBM) to appeal, investigate, and resolve disputes regarding multi-source generic drug pricing, resulting in a more balanced relationship between pharmacies and PBMs. This bill was signed into law on December 11, 2015 and becomes effective March 10, 2016. (S.3346-B/A.676-C)

### **Reporting of E-prescriptions**

Chapter 350 of 2016: This legislation authorizes health care practitioners to make a note in a patient's record when they issue a paper prescription based on one of the statutory exceptions for e-prescribing, rather than requiring they contact the Health Department for each exception. These changes make the process less burdensome and more in line with the administrative exceptions. The bill was signed into law on September 29, 2016 and became effective immediately, (S.6779-B/A.9335-B)

### **Standard Prior Authorization Form**

Chapter 427 of 2016: This legislation requires the Department of Health and the Department of Financial Services to develop standards for prescription medication prior authorization requests. The standardization will reduce administrative burdens on health care providers. The legislation was signed into law on November 14, 2016 and became effective immediately. (S.4721-A/A.6983-A)

### **Transferring E-prescriptions**

Chapter 468 of 2016: This legislation provides statutory authority for pharmacies to transfer electronic prescriptions. As the deadline for mandatory e-prescribing approached, many consumers worried they would be unable to price shop for prescription drugs, or worried what they would do if the pharmacy did not have the needed medication. This legislation protects the consumer by authorizing the pharmacy to transfer the initial prescription to another pharmacy of the patient's choosing. This bill was signed into law on November 28, 2016 and becomes effective on February 26, 2017. (S.7537-A/A.10448)

### **Drug Re-dispensing**

Chapter 480 of 2016: This legislation would allow health care facilities authorized by the Department of Health to donate unused prescription medications, in tamper-evident packaging, for re-dispensing by a pharmacist or prescriber to uninsured and underinsured New Yorkers. The currently required destruction of prescription medications not only affects those in need of these very drugs but traditional methods of disposing of unwanted prescriptions also can be harmful to the environment and public health. The bill was signed into law on November 28, 2016 and became effective immediately. (S.5903-A/A.9905-A)

### **Step Therapy**

Chapter 512 of 2016: This legislation ensures that prescriber's treatment plans for their patients prevail when insurers try to impose fail first or step therapy protocols by requiring health insurers who impose such protocols on patients to provide an expedited appeals process for patients and their health care professionals to override such protocols. The bill was signed into law on December 31, 2016 and becomes effective January 1, 2017. (S.3419-C/A.2834-D)

## **Health Care Professionals**

### **Telehealth**

Chapter 6 of 2015: This bill provides clarification to telehealth related definitions and insurance provisions related to requiring insurers and Medicaid to provide coverage for the provision of telehealth and telemedicine services. This bill was signed into law on March 13, 2015 and became effective on January 1, 2016. It was later amended by Chapter 167, which provides that dentist's offices shall be originating sites for the purposes of telehealth delivery of services. (A.2552-A/S.2405)

Chapter 167 of 2015: This legislation makes a technical amendment to Chapter 6 of the Laws of 2015 to include dental offices in the definition of "originating site" for purposes of telehealth delivery of services. This bill was signed into law on August 13, 2015 and became effective on the same date and in the same manner as section 2 of chapter 6 of the laws took effect. (S.4182-A/A.7369/)

Chapter 454 of 2015: This legislation adds physical therapists and occupational therapists to the list of health care professionals who may deliver health care services using electronic information and communication technologies. This bill was signed into law on November 20, 2015 and became effective on the same date and the same manner as Chapter 550 of the Laws of 2014. (S.5733/A.7488)

### **OPMC Reviews**

Chapter 11 of 2015: This legislation clarifies that investigations by the Office of Professional Medical Conduct of complaints based solely upon the recommendation or provision of a treatment modality to a particular patient that is not universally accepted shall be limited to a preliminary review. This bill was signed into law on March 13, 2015 and became effective immediately. (S.1693/ A.2554)

### **Family Health Care Decisions Act**

Chapter 107 of 2015: This bill authorizes an attending physician to make decisions regarding hospice for hospice-eligible incapable adult patients without a surrogate. This bill was signed into law on August 13, 2015 and became effective immediately. (S.1153/A.2150)

### **Nurse Practitioners**

Chapter 376 of 2015: This legislation amends the Nurse Practice Act to eliminate statutory references to written practice agreements. The amendments were necessary to conform to changes done last year eliminating the written practice agreements for NPs with over 3600 hours of practice experience. This bill was signed into law on October 26, 2015 and became effective immediately. (S.2300/ A.4140)

### **Oversight of services for the developmentally disabled**

Chapter 474 of 2015: This legislation ensures that New York State's public policy of providing supports and services for individuals with developmental disabilities, such as residential, day and employment services will continue to be provided by nonprofit entities with experience providing services to those with developmental disabilities. This bill was signed into law on November 20, 2015 and became effective immediately. (S.3638-A/A.7200)

### **Funeral Directors**

Chapter 101 of 2016: This legislation allows funeral homes the option of serving incidental food (baked goods, sandwiches, snacks and patters) and nonalcoholic beverages in connection with a funeral. This bill was signed into law on July 21, 2016 and became effective January 17, 2017. (S. 817-B/A 2981-B)

Chapter 378 of 2016; This legislation allows a licensed funeral director to remove the body of a deceased person from a county non-adjacent to the county in which the funeral firm is located to any county within New York State, in the same manner as has long been allowed for deaths in adjacent counties. This legislation was signed into law on September 29, 2016 and became effective immediately (S. 7307-A/A.10020-A)

### **Human Trafficking**

Chapter 408 of 2016; This legislation requires hospitals, public health centers, and diagnostic and treatment centers to establish and implement written policies and procedures for the identification, assessment and treatment or referral of persons suspected as human trafficking victims, and requires training of staff to achieve this end. This legislation was signed into law on November 4, 2016 and became effective on November 4, 2017. (S.6835-B/A.8650-B)

### **Expedited Review**

Chapter 425 of 2016; This legislation requires health insurance plans to provide the expedited review of applications of health care professionals joining a group practice. Currently, even if a physician group contracts with an insurer, the insurer may still require individual enrollment. The delays in approving new physicians results in the inability of the new physicians to see patients for sometimes up to 120 days. This legislation remedies this by providing for the expedited review in such circumstances. The bill was signed into law on November 14, 2016 and becomes effective on April 1, 2017. (S.2545-D/A.501-E)

### **EMTs**

Chapter 429 of 2016; This legislation requires emergency medical technicians be screened for sex offense convictions. Emergency medical technicians are usually in situations where children and families are present and vulnerable due to a medical emergency. This bill will increase the safety of the general public by allowing ambulance companies and services to screen prospective EMTs and determine whether the applicant shall be eligible to become a member of such company or service. The bill was signed into law on November 14, 2016 and becomes effective on March 14, 2017. (S.5542-B/A.3590-B)

### **Early Intervention Coordinating Council**

Chapter 462 of 2016; This legislation adds three representatives from managed care as members of the Early Intervention Coordinating Council. The bill was signed into law on November 28, 2016 and becomes effective on May 27, 2017. (S.7689/A.9889)

### **Advanced Home Health Aides**

Chapter 471 of 2016; This legislation increases patients' access to quality care and helps reduce disparities for Medicaid consumers of home and community based services. With certain exemptions, current law generally limits the provision of nursing care to licensed nurses. This bill creates a certification for advanced home care aides who could carry out an expanded range of tasks, such as administering routine, pre-poured medications. Individuals employed as advanced home care aids would enable more people to live in home and community-based settings who require assistance with minor medical tasks. This legislation was signed into law on November 28, 2016 and becomes effective May 28, 2018. (S.8110/A.10707)

## **Health Bills Vetoed**

### **Grants for Local Blood Drives**

Veto 188 of 2015: This legislation would have created a program of grants to help community organizations, not-for-profit organizations and schools pay for the costs of conducting a local blood donation drive. The Governor vetoed this bill on August 13, 2015. (S.3804/A.375)

### **Prescriber Prevails for Medicaid Managed Care**

Veto 191 of 2015: This legislation would have applied “prescriber prevails” protections to Medicaid managed care plans so that a prescriber’s determination regarding a patient’s medications prevails over what is covered in Medicaid managed care plans to ensure that patients in these plans are provided the same protections as patients in Medicaid fee-for-service plans. The Governor vetoed this bill on August 13, 2015. (S.4893/A.7208)

### **Physical Fitness and Activity Education Campaign**

Veto 194 of 2015: This bill would have established to a physical fitness and activity education campaign under the Department of Health, at a cost of \$250,000. The Governor vetoed this bill on August 13, 2015. (S.2336/A.7022)

### **EQUAL Funds**

Veto 211 of 2015: This legislation would have authorized the use of EQUAL funds for expenses incurred at any time during the fiscal year for which the funds were appropriated, provided the Resident Council’s approval is obtained for the expenditure. The Governor vetoed this bill on October 26, 2015. (S.5346/A.7502)

### **Pediatric Ventilator Services**

Veto 269 of 2015: This bill would have authorized the Commissioner of Health to make adjustments to Medicaid rates for the purpose of reimbursing hospital pediatric ventilator services. The Governor vetoed this bill on November 20, 2015. (S.5345/A.7777)

### **Early Intervention Program Reporting**

Veto 270 of 2015: This bill would ensure that information is publically available for the purposes of improving the efficiency, cost effectiveness, and quality and access to services under the Early Intervention (EI) program. The Governor vetoed this bill on November 20, 2015. (S.5497/ A.7554)

### **Caps CHHA rebasing savings**

Veto 271 of 2015: This legislation would have capped the statewide negative impact of rebasing the Medicaid episodic payment rate for certified home health agencies (CHHAs) at \$30 million for the 2015-2016 state fiscal year, as was set forth in the fiscal plan. The Governor vetoed this bill on November 20, 2015. (S.5878/A.8171)

### **Access To Abuse-Deterrent Formularies**

Veto 284 of 2015: This legislation aimed to reduce the abuse of opioid analgesics by ensuring that abuse-deterrent drugs, when prescribed, are not substituted with non-abuse deterrent opioids and similarly covered under insurance. The Governor vetoed this bill on December 11, 2015. (S.5170-A/A.7427-A)

### **Unexpected Deaths in Epilepsy**

Veto 291 of 2015: This legislation would have required that when performing an autopsy on an individual who has a history of epilepsy or seizures, a determination of whether the deceased suffered a sudden, unexpected death in epilepsy shall be recorded in order to increase awareness and understanding of epilepsy-related mortality. The Governor vetoed this bill on December 11, 2015. (S.1789/A.2359)

### **Licensing Of Fiscal Intermediaries**

Veto 302 of 2015: This legislation would have established a regulating and licensing mechanism for fiscal intermediaries through the Department of Health so that there is proper oversight for fiscal intermediaries who are responsible for the administrative operation of the Consumer Directed Personal Assistance Program (CDPAP). The Governor vetoed this bill on December 11, 2015. (S.5565-B/A.7535-B)

### **Nursing Home Exception**

Veto 218. Of 2016; This legislation would have made technical changes to ensure oral prescriptions, often utilized in nursing homes, given the need for constant monitoring and immediate off hours access to prescription drugs, can continue to exist despite the mandatory e-prescribing requirement. This would prevent delays in access to medication thus reducing unnecessary complications and hospitalizations. The Department of Health Provided a one-year exemption by a Commissioner's letter dated March 27, 2016.

[http://www.health.ny.gov/professionals/narcotic/electronic\\_prescribing/docs/2016-03-16\\_blanket\\_waiver\\_letter.pdf](http://www.health.ny.gov/professionals/narcotic/electronic_prescribing/docs/2016-03-16_blanket_waiver_letter.pdf) The Governor vetoed this bill on September 29, 2016. (S.6778/A.9334)

### **Complex Needs Therapy and Treatment**

Veto 270 of 2016. This legislation would have maintained access to quality complex rehabilitation equipment for patients with specific diagnoses and physical conditions who require individually configured equipment and technology to sustain independence and avoid institutionalization by requiring establishment of billing codes for such technologies and establishing qualifications to safeguard the configuration and delivery of such products. The Governor vetoed this bill on November 28, 2016. (S.3651-D/A.5074-C)

### **Registration of Electronic Cigarette Vendors**

Veto 275 of 2016: This legislation would have required any person selling electronic cigarettes that was not registered with the Department of Taxation and Finance to sell tobacco products, register with the Department of Health in order to ensure all sellers of electronic cigarettes are subject to compliance checks. The Governor vetoed this bill on November 28, 2016. (S.6003/A.852)

### **Donor Breast Milk**

Veto 278 of 2016: This legislation would have helped prevent the death of high-risk babies that are born prematurely by requiring medical assistance coverage for the cost of donor breast milk in certain circumstances. Currently, donated breast milk is not covered by insurance companies or Medicaid and is expensive - costing approximately \$5.00 per ounce. Allowing insurance coverage would help make breast milk more readily available to families and promote healthier growth for premature infants. The Governor vetoed this bill on November 28, 2016. (S.6583-B/A.9353-C)

### **Abuse Deterrent Technologies**

Veto 283. This legislation would have helped to prevent the abuse and diversion of opioid analgesic drugs by ensuring that abuse-deterrent drugs approved by the FDA are accessible to patients and that there is insurance parity in cost-sharing and utilization review between abuse deterrent and non abuse-deterrent medications. The Governor vetoed this bill on November 28, 2016. (S.6962-A/A10478)

### **Kings County Health Transformation**

Veto 287.of 2016: This legislation would have amended the Kings County Health Care Facility Transformation Program to ensure that the \$700 million in capital grants appropriated for the program be awarded pursuant to an open and transparent process. The Governor vetoed this bill on November 28, 2016. (S.7112/A.9515)

### **Safety Net Supplemental Reimbursement**

Veto 305 of 2016: This legislation provides for the establishment of a supplemental reimbursement rate adjustment for enhanced safety net hospitals to support the critical need of these facilities. Enhanced safety net hospitals must be public hospitals, critical access or sole community hospitals that meet certain criteria based on the percentage of Medicaid and uninsured they care for. The Governor vetoed this bill on December 31, 2016. (S.6948-A/A.9476-A)

## 2015-16 State Fiscal Year Health Budget Highlights

(S.2007-B – adopted March 30, 2015)

### Medicaid

The enacted budget includes a number of Medicaid reforms to increase transparency. To improve rate transparency, an independent actuary is required to submit rates to managed care providers 30 days prior to submission to CMS. In establishing Managed Care rates, DOH must ensure actuarially sound and adequate rates of payment to ensure quality of care. The budget requires Medicaid claims for home and community based long term care services, nursing home services and other residential health care providers utilize standard billing codes. Further, the establishment of the Medicaid Evidence Based Benefit Review Advisory Committee provides for a transparent process prior to any material change in the coverage status of an item, health technology or service. Additionally, the budget identified areas within the State's Olmstead Plan where savings from the Federal Community First Choice Option Program should be directed, and required the DOH to submit a plan for investment of the savings to the legislature for approval.

The Medicaid budget delayed the requirement that Medicaid managed care enrollees be subject to cost sharing in the same manner as Medicaid fee-for-service enrollees until October 1, 2015, and authorizes the Commissioner to submit a waiver for a state exemption from this requirement. The final budget also restores and rejected the Executive's proposal to prohibit Medicaid reimbursement of costs associated with Medicare Part C claims when the total payment to the provider would be greater than the Medicaid rate of payment.

The budget adopts the Executive's proposal to clarify that neither the state nor local social services districts are required to fund temporary, pre-investigation emergency medical care, home care or related services, unless it is during a period of presumptive eligibility specifically authorized. The budget provided for \$5 million in spending for health home infrastructure grants to establish coordination between health homes and the criminal justice system, and authorizes \$1 million for enrollment assistors to increase Medicaid enrollment of high risk discharges. Under the finalized budget, Medicaid Delivery System Reform Incentive Payment (DSRIP) program lead entities must establish a Project Advisory Committee composed of community representatives to consider and advise the entity on service delivery issues, elimination of health disparities, measurement of project outcomes and the development of any plans or programs.

Provisions were enacted to prevent administrative action to carve transportation services out of managed long term care and funding for Medical transportation was provided - \$1 million to rural transportation run by counties that serve Medicaid recipients, \$3 million to provide an enhanced Medicaid rate for certain ambulance services, and \$1 million for air ambulance rate increases.

### Health Care Facility Financing

The budget provides \$700 million for health care facility transformation within Kings County, \$300 million to support health care facility transformation in Oneida County and \$400 million to facilitate health care transformation among essential health care providers who offer services in isolated geographic region where such services would otherwise be unavailable.

Of this \$400 million: \$15.5 million is designated for Roswell Park Cancer Institute, \$19.5 million is designated to support a community health care revolving capital fund, and \$10 million is designated to assist behavioral health providers transitioning to managed care.

The \$1.2 billion within the Capital Restructuring Financing Program is reallocated, requiring funds to be distributed, to the extent practicable, regionally in proportion to the applications received from the request for application issued by or before May 1, 2015. It also ensures projects awarded funding under the Health Care Facility Transformation Program shall not be eligible for awards under this program.

The Vital Access Provider (VAP) program was amended to increase the carve out for Critical Access Hospitals to \$7.5 million. Ten million was allocated in VAP funding for rural providers in isolated geographic regions and \$285 million was allocated to fund distressed hospitals which received federal IAAF and remain in need of funding to sustain the facility until federal DSRIP monies begin to flow.

The budget authorized the Commissioner to establish a general hospital quality pool and provides \$85 million for the purpose incentivizing and facilitating quality improvement in hospitals. Subject to federal financial participation, the Commissioner is also authorized to provide enhanced reimbursements of up to \$12 million for inpatient and outpatient services at sole community hospitals. Additionally, a task force was established to evaluate and make recommendations regarding the efficacy and transparency of HCRA resources and provisions of law related to HCRA.

### **Hospitals, Nursing Homes and Other Providers**

Two demonstration programs were established through the budget. One authorizes DOH to establish up to three programs designed to provide cost effective, quality services for young adults, aged 21-35, with severe, chronic health problems, or multiple disabling conditions which may be combined with developmental disabilities, who are aging out of pediatric acute care settings. The second program authorizes DOH to establish an energy efficiency and/or disaster preparedness demonstration program to allow nursing homes to retain savings achieved through the implementation of approved energy savings or emergency preparedness measures. Similarly, the budget authorized establishment of a Hospital-Home Care-Physician Collaboration Program to facilitate innovation and provide a framework to support collaborative initiatives for improving patient care, access and management, patient health outcomes, cost-effectiveness in the use of health care services and community population health. The Department is also authorized, subject to CMS approval, to provide incentives to encourage refinancing of high interest rate facility debt, the savings to be shared by the state and facilities.

Amending provisions enacted several years ago, the budget authorized DOH to appoint a temporary operator of a health care facility in instances of an improper delegation of authority to a management consultant by the governing authority or operator. The legislature restored Enhancing the Quality of Adult Living (EQUAL) program funding and adopted guidelines on program spending. Provisions of law pertaining to adverse event reporting with Office Based Surgery practices were strengthened but the Executive's proposal expand the scope of such practices to include office-based anesthesia and certain procedures performed by chiropractors and podiatrists, as well as the limitation to procedures lasting no more than 6 hours, were rejected by the legislature.

Furthering transparency efforts, annual reporting to the legislature regarding the State Health Innovation Plan (SHIP) and quarterly updates on the State Health Information Network for New York (SHIN-NY) were required by the budget.

## Pharmacy

The legislature restored a number of cuts the Executive proposed to Pharmacy, including the restoration of \$20.6 million (to proposal) to increase the current average wholesale price (AWP) discount for brand name drugs from AWP minus 17% to AWP minus 24%, and \$10.9 million to 340B providers by rejecting the proposed requirement that 340B providers bill managed care plans for the actual cost of the drugs. The legislature also restored \$4.1 million to maintain prescriber prevails for fee-for-service drugs.

Provisions were adopted granting DOH authority to negotiate supplemental rebates for Hepatitis C agents and anti-retrovirals approved by the FDA for the treatment of HIV/AIDS and ensuring manufacturers are not required to also pay a rebate to the managed care provider. Rates of reimbursement to the managed care provider must take into account the impact of these negotiated rebates. Lastly, technical changes were adopted to clarify that non-resident pharmacies are subject to provisions of law requiring auto-refill programs to obtain consent prior to filling a prescription not initiated by the consumer and provides that such consent may be obtained in the same manner as required under the Medicare Part D prescription drug program.

## Health Insurance

The Senate rejected the Executive's proposal to tax all New York health insurance plans in order to fund the health insurance exchange (New York State of Health). Exchange operations will continue to be financed through existing funds. DOH is required to establish a contingency plan to be implemented in the event federal law or financial support of the Basic Health Program (BHP) is changed and reporting by an independent actuary is required.

Funding for the Excess Medical Malpractice Pool in order to maintain the current eligibility requirements for physicians and dentists in the Excess Medical Malpractice Pool for an additional year is include and the legislature rejected the Executive's proposal to require physician tax clearance prior to eligibility.

The Child Health Plus (CHP) rate cut enacted in 2010 is restored and CHP rates for behavioral health services shall be maintained at the current Ambulatory Patient Group (APG) rate through December 31, 2017.

## Public Health

The Legislature rejected a number of the Executive's proposed cuts to public health programs, including the proposal to consolidate 41 public health programs, which the Legislature rejected and restored. The legislature also rejected the Executive's proposal to eliminate the physician profile website, which the legislature restored \$1.2 million to fund the website and required timely updates and a report on the feasibility of including accurate, up-to-date information regarding insurance network participation provided by health plans.

The Senate expanded on previous measures to ensure individuals have access to the lifesaving opioid overdose antidote, Naloxone, by including funding and making sure the school districts that choose to have Naloxone available in the event of an overdose may do so. Among other initiatives, the Senate added \$2 million to fund the Doctors Across New York Program, \$1.5 million for Spinal Cord Research, \$1 million for Rape Prevention Crisis Centers, \$600,000 to fight Lyme and other tick-borne diseases, \$250,000 to increase organ donation efforts, and \$250,000 to support immunization efforts. The legislature accepted the Executive's proposed funding of \$5 million to support initiatives to end AIDS.



*Senate Health Committee Chair, Kemp Hannon (left) and Assembly Health Committee Chair, Richard Gottfried (right)*

## **2016-17 State Fiscal Year Health Budget Highlights**

(S.6407-C – adopted April 13, 2016)

### **Medicaid**

The enacted budget once again extends the Global Cap for two years through fiscal year 2018-19, with the understanding that the legislature will be given bi-monthly briefings on changes including those associated with the Offices of Mental Hygiene (OMH) and People with Developmental Disabilities (OPWDD). Given the significant impact the newly adopted minimum wage increases will have on Medicaid, language authorizes adjustments to the cap to accommodate the increase which is being phased in beginning in the fourth quarter (January 1, 2017). Funding within the cap is provided of over \$25 million all funds for the first year and over \$175 million all funds for year two to help support this increase among Medicaid providers. Additional funding in the amount of \$9.1 million all funds for year one and \$53.6 million in the second year was also provided to cover the increased costs associated with Medicaid services provided by OPWDD, OMH and OASAS. (S.6406-C PART JJ).

The Legislature rejected a number of Executive proposals related to prescription drugs, including the proposal to implement “critical” drug price controls, to reduce reimbursement of specialty drugs, authorizing the Commissioner to implement prior authorization, and the proposal to eliminate prescriber prevails. The Legislature modified the executive proposal to implement price controls for generic drugs to provide that the Department can seek an additional rebate from generic drug manufacturers only if the drug price increases over 300% from the previous year. The Legislature also included a sunset, so these provisions will sunset in two years, or if the federal Government implements its CPI methodology before then, the provisions will effectively sunset in one year.

Several measures relating to Medicaid Managed Care were agreed to including delaying the carve in of School Based Health Centers until July 2017, carving out the family planning services permanently and committing to maintain current reimbursement at the fee-for-service rate for at least two years post transition. Similarly, the move of individuals served through the Traumatic Brain Injury and Nursing Home Transition and Diversion Waivers (TBI/NHTDW) into managed care was delay until at least January 1, 2018 and language was added codifying that once moved these populations will be entitled to substantially comparable services, A commitment was also made to review the assessment tool to validate cognitive defects, work with all interested parties to ensure a successful transition into Community First Choice Option services and provide the legislature with data on the repatriation of patients placed in out of state facilities so that efforts can be made to bring these individuals back to the state. The legislature rejected the Executive’s proposal to change the eligibility threshold from the current 120 days of care standard to the nursing home eligible standard for Medicaid Managed Long Term Care (MLTC) as well as the proposal to carve transportations services out of the MLTC and Adult Day Care capitated rates.

The Department of Health committed to seek a federal waiver authorizing Medicaid services for eligible inmates in state facilities 30-days prior to release. This waiver is intended to provide coverage for medications related to substance abuse treatment and behavioral health, among other things, and reduce overall costs to the health care system.

### **Health Care Facility Financing**

In addition to reauthorizing \$1 billion in funding adopted in the SFY 2016 budget for the Kings County and Oneida County health care facility transformations, the SFY 2017 budget includes a new allocation of \$200 million in the health care facility transformation fund to support providers engaging in projects that replace inefficient and outdated facilities as part of a merger, consolidation or acquisition. At least \$30 of the \$200 million must be used for community based health care providers.

The Department of Health committed to authorize payments to NYC Health+Hospitals and other public hospitals under the VBP-QIP program provided that the relevant counties and NYC reimburse the non-Federal share and reimburse the Federal share of Medicaid if CMS for any reason rejects or denies the claim.

### **Hospitals, Nursing Homes and Other Providers**

The legislature was able to restore \$25 mill to the Excess Medical Malpractice Pool to maintain the currently eligible physicians and dentists. The legislature also added an additional \$1 million to the Doctors Across New York (DANY) program, \$100,000 for physician recruitment activities and included language to streamline the DANY program into one application process aimed at expediting awards. The Department of Health also committed to working aggressively with CMS to secure funding for the clinic uncompensated care program in 2015 and 2016 that was valued at \$54.5 in federal funding annually.

The final budget included provisions authorizing an exemption from the electronic prescribing requirement for physicians that write less than 25 prescriptions a year upon certification to the Department of Health. An exemption for nursing homes was included in the Senate's one house budget bill, but a letter from Department issued after release of the bill provided nursing homes with a one-year exemption from e-prescribing.

A three year, Restorative Care Demonstration, program was authorized aimed at reducing hospital admissions through the utilization of higher intensity treatment services for resident who are at risk of hospitalization due to acute conditions. \$1.5 mill was allocated for the first year.

On the heels of Health Republic's demise in 2015, the 2016 SFY budget created the legal structure of a fund to be used after liquidation and pursuant to future appropriation to assist in paying the claims of patients, physicians, hospitals and other health care providers, as well as brokers and agents that suffered losses. (S.6406-C PART LL).

## Public Health

The Legislature accepted the Executive's proposal to provide \$91 million over 5 years to increase Breast Cancer screening rates. Funding under this initiative will be used to increase public aware, increase mobile mammography vans, expand peer education and patient navigation tools to help ensure more women are screened and to give women who received abnormal results from screening the tools to navigate the health care system to get the care they need. The Legislature also included provisions extending the cancer mapping program for six more years and requiring that the maps be updated at least every five years.

The Legislature added \$26 million dollars in funding for prevention and treatment of opioid and heroin abuse bringing total funds to \$166 million for services and programs such as: new recovery community centers, recovery coaches and family support navigators. The Senate provided \$300,000 in the final budget to increase pharmacy drug take back initiatives

The Senate was able to add additional funding to various important public health efforts including \$1 million to increase organ donation efforts; \$1.8 million for Comprehensive Care Centers for Eating Disorders; over \$600,000 for women's health services; \$600,000 for Lyme Disease Task Force recommendations; and \$500,000 to establish a statewide, uniform process for analyzing all rape kits. The legislature also rejected all of the Executive's proposed changes to the Early Intervention program and restored the \$3.6 million in funding.

## Public Hearings

### Water Quality and Contamination

Throughout the months of August and September, the Senate Standing Committee on Health and the Senate Standing Committee on Environmental Conservation conducted public hearings around the state regarding water quality and contamination. Water contamination in communities across the State has highlighted the need for a thorough review of water quality issues. The purpose of these hearings was to examine water contamination situations and assess the effectiveness and implementation of laws and public policies in protecting water quality and public health.

#### **August 20, 2016 Hoosick Falls**

This first in a series of three hearings was held by the Senate to examine PFOA drinking water contamination in the Hoosick Falls area. The hearing explored the sources of water contamination and examined local, state, and federal oversight and responses to this unregulated contamination. Testimony was heard from experts, local residents, public officials and others on what can be done to assist affected communities and mitigate future incidents of drinking water contamination. Commissioners from the State Departments of Health and Environmental Conservation offered testimony, however the federal EPA and corporations responsible for the pollutants declines the Committee's invitations. Numerous Hoosick Falls and Petersburg residents testified to voice their concerns regarding the PFOA drinking water contamination including the importance of continued biomonitoring. A video recording of the hearing and testimony is available at: <https://www.nysenate.gov/calendar/public-hearings/august-30-2016/drinking-water-contamination>

#### Participants:

- **Marcus Martinez, M.D.**, Hoosick Falls Physician and Resident
- **Michael Hickey**, Resident of Hoosick Falls
- **Howard A. Zucker, M.D., JD**, Commissioner, NYS Department of Health
- **Basil Seggos**, Commissioner, NYS Department of Environmental Conservation
- **David Borge**, Mayor of Village of Hoosick Falls
- **Mark Surdam**, Supervisor of Town of Hoosick
- **Alan Webster**, Supervisor of Town of Petersburg
- **Mary Fran Wachunas**, Director, Rensselaer County Department of Health
- **Robert Bilott, Esq.**, Partner, Taft Stettinius & Hollister LLP Cincinnati, Ohio
- **Jean M. Neubeck, CPG**, Hydrogeologist, Alpha Geoscience
- **Robert A. Michaels, Ph.D.**, President, RAM TRAC Corporation
- **Rob Allen**, Resident of Hoosick Falls
- **Michele Baker**, Resident of Hoosick Falls
- **Laureen Hackett**, Resident of Hoosick Falls
- **Kathy Lingener**, Resident of Hoosick Falls
- **Emily Marpe**, Resident of Petersburg
- **Joel Ney & Alexander Ney**, Residents of Hoosick Falls
- **Marion Stevens**, Resident of Hoosick Falls
- **Stacy Parker**, Resident of Hoosick Falls
- **David Dawson**, Resident of Hoosick Falls
- **Kevin Allard**, Resident of Hoosick Falls
- **Laura Peabody & Ashlyn Sagendorf**, Residents of Hoosick Falls

## Public Hearings

### Water Quality and Contamination



*From left Senators Marchione, Hannon, O'Mara and Valesky*

**September 7, 2016**  
**Albany**

This hearing was held jointly with the Assembly Committees to further discuss water quality and contamination issues in New York State. Particular discussion was had about PFOS, a PFC like PFOAs found in the Hoosick Falls area, found in Newburgh's public water supply. State and local officials, experts, citizens and advocacy groups offered testimony relating to their concerns surrounding water contamination and offered recommendations to State lawmakers as to the implementation of public policies to protect water quality and public health. Legislators continued to question Commissioners Zucker and Seggos at length regarding guidelines, notifications and regulations currently in place relating to water contamination. The Department of Health testified regarding their oversight of drinking water and unregulated contaminants such as PFCs, whereas the DEC discussed and answered questions about their oversight and regulation of everything from septic systems and waste water treatment plants, to regulated and unregulated contaminants to salt runoff in groundwater. A video recording of the hearing and testimony is available at: <https://www.nysenate.gov/calendar/public-hearings/september-07-2016/water-quality-and-contamination>

#### Participants:

- **Howard A. Zucker, M.D., JD**, Commissioner, NYS Department of Health
- **Basil Seggos**, Commissioner, NYS Department of Environmental Conservation
- **Honorable Keith Batman**, Chairman, Cayuga County Legislature
- **Honorable David B. Borge**, Mayor, Village of Hoosick Falls
- **Honorable Alan Webster**, Supervisor, Town of Petersburg
- **Michael G. Ciaravino**, City Manager, City of Newburgh
- **Howard A. Freed, M.D.**, Former Director, NYS DOH, Center for Environmental Health
- **Mary Fran Wachunas**, Public Health Director, Rensselaer County Department of Health

## Public Hearings

### Water Quality and Contamination

- **Robert A. Bilott, Esq.**, Partner, Taft, Stettinius and Hollister LLP
- **David E. Engel Esq.**, Nolan & Heller (Counsel for Healthy Hoosick Water)
- **Jennifer Plouffe**, Resident, Hoosick Falls
- **William Cooke**, Citizens Campaign for the Environment
- **Elizabeth Moran**, Water & Natural Resources Associate, Environmental Advocates of NY
- **John Parker**, Director of Legal Programs, Riverkeeper, Inc.
- **Dan Shapley**, Water Quality Manager, Riverkeeper, Inc.
- **Alex Beauchamp**, Northeast Region Director, Food and Water Watch
- **Daryn Cline**, Director, Environ. Technologies, Alliance to Prevent Legionnaires' Disease
- **Cheryle Saltmarsh**, Resident, Ellenberg Depot
- **Wayne Askew**, Resident, Wilseyville
- **Martin Aman**, Chairman, New York Chapter American Water Works Association
- **Joseph Fiegl**, President, New York Water Environment Association
- **Robert A. Michaels Ph.D.**, President, RAM TRAC Corporation
- **Ingrid Beer**, Plains Road Water Watch
- **Donna Liebman**, Plains Road Water Watch
- **Tamara Elzubair**, CNA, and Gail Cook, Political Organizer, 1199SEIU
- **David Hassel**, Engineer formerly employed at the site of St. Gobain in Hoosick Falls

### September 12, 2016 Smithtown

The Senate and Assembly Standing Committees on Health and Environmental Conservation jointly held the third and final hearing to examine water quality and contamination. Again, a wide array of participants came before the Committees to offer testimony and discuss issues including pesticides, saltwater intrusion and nitrogen pollution on Long Island. Again, concerns were raised about unregulated contaminants such as PCFs and Dioxyine, 4. Stonybrook researchers shared important information on new water treatment options. Discussion between legislators and the agencies was also had on the Northrop Grumman contamination plume and the ongoing remediation efforts. Special note was made of the fact that the Island relies on an aquifer for its drinking water. A video recording of the hearing and testimony is available at: <https://www.nysenate.gov/calendar/public-hearings/september-12-2016/water-quality-and-contamination-0>

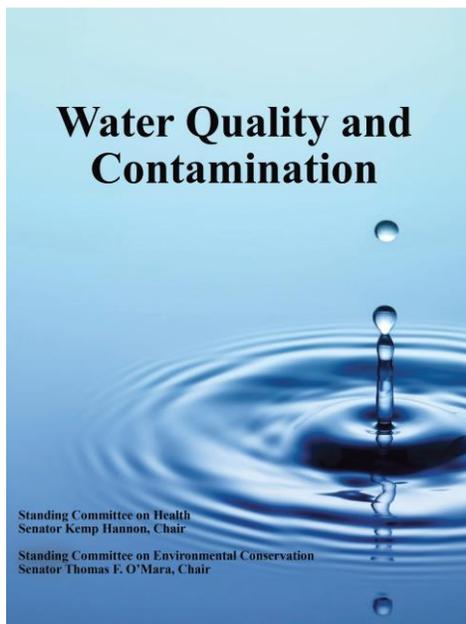
#### Participants:

- **Honorable Steven Bellone**, County Executive, Suffolk County
- **Honorable Edward Romaine**, Brookhaven Supervisor, Town of Brookhaven
- **Honorable Bridget Fleming**, County Legislator, District 2, Suffolk County Legislature
- **Hon. Al Krupski**, County Legislator, District 1, Suffolk County Legislature
- **Hon Kara Hahn**, County Legislator, District 5, Suffolk County Legislature
- **Christopher Schubert**, Supervisory Hydrologist, United States Geological Survey
- **Basil Seggos**, Commissioner, NYS Department of Environmental Conservation
- **Howard A. Zucker, M.D., JD**, Commissioner, NYS Department of Health
- **Tyrand Fuller**, Director of Strategic Initiatives, Suffolk County Water Authority
- **David Berg**, Program Manager for the LI Nitrogen Action Plan, LI Regional Planning Council

## Public Hearings

### Water Quality and Contamination

- **Stan Carey**, Vice Chair, Long Island Water Conference
- **Jared Hershkowitz**, Retired Professor, Member of LICAP, Water 4 Long Island
- **Christopher Gobler**, Ph.D., Associate Dean for Research, Stony Brook University
- **Jennifer Garvey**, Assoc. Director, NY Center for Clean Water Tech, Stony Brook University
- **Adrienne Esposito**, Executive Director, Citizens Campaign for the Environment
- **Amanda Lefton**, Deputy Policy Director, The Nature Conservancy in New York
- **Patricia Wood**, Executive Director, Grassroots Environmental Education
- **Richard Amper**, Executive Director, Long Island Pine Barrens Society
- **Robert S. DeLuca**, President, Group for the East End
- **Kevin McAllister**, Defend H2O
- **John Turner**, Conservation Policy Advocate, Seatuck Environmental Association
- **Sarah Meyland**, Director Center for Water Resources, NY Institute of Technology
- **Michael Boufis**, Superintendent, Bethpage Water District
- **Brian Bruce**, President, New York American Water
- **Anthony Iannone**, Superintendent, Hicksville Water District
- **Karen Blumer**, Open Space Council
- **Michael Kaufman**, Commissioner, Suffolk County Planning Commission
- **Jill Toby**, Architect, Activist
- **Carol Kopf**, Media Director, Fluoride Action Network



The Senate Health and Environmental Conservations Committees issued a report and recommendations after the hearing, which is available at:

<https://www.nysenate.gov/newsroom/articles/kemp-hannon/water-quality-report>

## Roundtables/Discussions

### Value Based Payment Roundtable

April 27, 2015

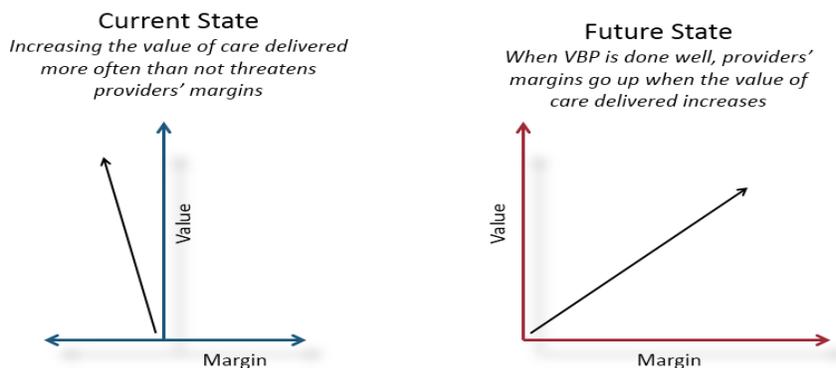
Albany NY

The Senate Standing Committee on Health and the Senate Standing Committee on Insurance joined forces to hold a roundtable discussion on value based payment (VBP). Value based payment between payers and providers of health care services are designed to replace fee-for-service payments and lead to payments based on positive health results.

The U.S. Department of Health and Human Services recently announced a timeline for shifting Medicare reimbursement from volume to value based, with the goal of tying 85% of all Medicare payments to quality or value by 2016. The roundtable was meant to ensure that New York State has a clear understanding of the trend towards VBP arrangements between Medicaid managed care plans, health care providers and performing provider systems under the Delivery System Reform Incentive Payment (DSRIP) program, as well as commercial insurers and what role(s) the State should play in such arrangements. A webcast of the hearing can be viewed at <https://www.nysenate.gov/calendar/events/health/kemp-hannon/april-27-2015/forumtown-hall-value-based-payment-closer-look>

#### Participants:

- **Jason Helgeson**, *Medicaid Director*, NYS Department of Health;
- **Troy Oechsner**, *Special Assistant to the Superintendent*, NYS Department of Financial Services;
- **Dennis Whalen**, *President and CEO*, Healthcare Association of New York State;
- **Kathleen Shure**, *Senior VP*, Greater New York Hospital Association;
- **Pat Wang**, *CEO*, Healthfirst;
- **Maria Basile, M.D., M.B.A.**, *President*, Suffolk County Medical Society;
- **Paul Macielak, Esq.**, *President and CEO*, the New York Health Plan Association;
- **Sean Doolan, Esq.**, *Principal*, Hinman Straub P.C., NYS Conference of Blue Cross & Blue Shield Plans;
- **James Sinkoff**, *Executive VP and CFO*, Hudson River Healthcare;
- **Scott Hayworth, M.D.**, *President and CEO*, Mount Kisco Medical Group;
- **David Manko, Esq.**, *Partner*, Riven Radler, LLP;
- **Jeffrey Thrope, Esq.**, *Partner*, Foley & Lardner, LLP; and
- **Harold Iselin, Esq.**, *Chair, Government Law and Policy Practice*, Greenberg Traurig, LLP.



A report, entitled “*A Path Toward Value Based Payment - New York State Roadmap For Medicaid Payment Reform*” was issued by the NYS Department of Health in June, 2015 can be found at: [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/docs/vbp\\_roadmap\\_final.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/vbp_roadmap_final.pdf)

## Roundtables/Discussions

### The Demise of Health Republic Roundtable



## HEALTH REPUBLIC

### INSURANCE OF NEW YORK

January 6, 2016

Albany NY

The Senate Health Committee and the Senate Insurance Committee joined together to hold a roundtable discussion in Albany, New York to review the state's oversight of health insurers following the collapse of Health Republic New York, Inc. in late 2015. The Department of Financial Services is tasked with protecting consumers, providers and other businesses who depend on viable insurers. Health Republic, until its demise, was a co-op established under the Affordable Care Act and the largest private health insurer on the New York State Exchange also known as the New York State of Health run through the Department of Health. The roundtable discussed what went wrong as well as what step may be needed to ensure appropriate protections are in place to prevent future failures. A webcast of the roundtable can be viewed at <https://www.nysenate.gov/calendar/events/health/kemp-hannon/january-06-2016/demise-health-republic-and-preparing-future>

Update: In December, 2016 the Committee Chairs wrote to DFS Superintendent Vullo, who was appointed Liquidator by the court May 10, 2016, requesting a status update on the liquidation process, including details about any adjustments that have been made since the balance sheet ending September 30, 2016 which indicated total assets of Health Republic are just under \$100,000 and there are more than \$465 million in liabilities. In addition, the Chairs requested information about why DFS's liquidation bureau has chosen to spend over \$3.9 million for consulting, legal, professional and administrative fees rather than use existing staff as they have in other complicated insolvencies. Ensuring what little assets remain are not unnecessarily spent, so that outstanding liabilities can be repaid to the fullest extent possible. Documents relating to the liquidation are available at this link: <http://www.healthrepublicny.org/info.php>

#### Participants:

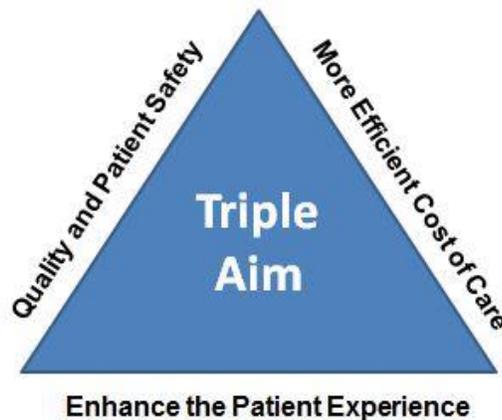
- **Donna Frescatore**, *Executive Director*, NYS of Health, NYS Department of Health;
- **Troy Oechsner**, *Special Assistant to the Superintendent*, NYS Department of Financial Services;
- **Jeffrey Gold**, Senior VP Insurance & Managed Care, HANYS
- **Kathleen Shure**, Senior VP, Managed Care & Insurance Expansion GNYHA
- **Paul Macielak, Esq.**, President & CEO, NY Health Plan Association
- **Joseph R. Maldonado Jr., MD.**, President, Medical Society State of New York
- **Craig Hasday**, Legislative Chair, NYS Association of Health Underwriters
- **Scott Hayworth, MD.**, President & CEO, Mount Kisco Medical Group
- **William Golden**, Northeast Region CEO, United Healthcare
- **David Anderson**, President & CEO, HealthNow NY
- **Harold Iselin, Esq.**, Greenberg Traurig, LLP
- **Sean Doolan, Esq.**, NYS Conference of Blue Cross & Blue Shield Plans

## Committee Presentations

### Delivery System Reform Incentive Payment Program

Jason Helgerson, NYS Medicaid Director  
February 26, 2015  
Albany, NY

The Senate Standing Committee on Health heard a presentation by NYS Medicaid Director Jason Helgerson, who provided an overview and update on the Delivery System Reform Incentive Payment (DSRIP) Program the State is implementing. A webcast of the presentation can be viewed at <https://www.nysenate.gov/calendar/meetings/health/february-26-2015/health-meeting>



**DSRIP Overview:** On April 14, 2014, Governor Andrew M. Cuomo announced that New York has finalized terms and conditions with the federal government for a groundbreaking waiver that will allow the state to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms.

The waiver amendment funding will address critical issues throughout the state and allow for comprehensive reform through a Delivery System Reform Incentive Payment (DSRIP) program. The DSRIP program will promote community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. Safety net providers will be required to collaborate to implement innovative projects focusing on system transformation, clinical improvement and population health improvement. Single providers will be ineligible to apply. All DSRIP funds will be based on performance linked to achievement of project milestones.

The \$8 billion reinvestment will be allocated in the following ways: \$500 Million for the Interim Access Assurance Fund (IAAF); \$6.42 Billion for Delivery System Reform Incentive Payments (DSRIP); and \$1.08 Billion for other Medicaid Redesign purposes. In addition, the special terms and conditions also commit the state to comprehensive payment reform and continuing New York's effort to effectively manage its Medicaid program within the confines of the Medicaid Global Spending Cap.

## Confirmations

The Health Committee considered nominations from the Governor to several positions during the 2015 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 confirmed by the full Senate in the last session.

### Commissioner of Health



**Health Commissioner Howard A. Zucker, MD, JD:** On May 5<sup>th</sup>, 2015, the Committee considered the nomination of Howard A. Zucker as Commissioner of Health and voted to move his nomination. Commissioner Zucker was confirmed by the full Senate later that day.

In his previous role as first deputy commissioner, Dr. Zucker led the state Department of Health's preparedness and response initiatives in natural disasters and emergencies. He worked closely with the New York City Department of Health and Mental Hygiene and other health-related entities in New York City. Before joining the state Department of Health in September 2013, Dr. Zucker was a professor of Clinical Anesthesiology at Albert Einstein College of Medicine of Yeshiva University and pediatric cardiac anesthesiologist at Montefiore Medical Center in the Bronx. He was also an adjunct professor at Georgetown University Law School. Previously, he served as Assistant Director-General of the World Health Organization (WHO) in charge of the Health Technology & Pharmaceuticals cluster. Additionally, Dr. Zucker served as Associate Professor of Clinical Pediatrics and Anesthesiology at Columbia University College of Physicians & Surgeons and pediatric director of the ICU at New York Presbyterian Hospital. A native of the Bronx, Dr. Zucker earned his M.D. from George Washington University School of Medicine at age 22, becoming one of America's youngest doctors. He also holds a J.D. from Fordham University Law School and a LL.M. from Columbia Law School.

## Confirmations

### Medicaid Inspector General



**Medicaid Inspector General Dennis Rosen, Esq.:** On June 15, 2015, the Committee considered the nomination of Dennis Rosen as Medicaid Inspector General and voted to move his nomination. Medicaid Inspector General Dennis Rosen was confirmed by the full Senate later that day.

Mr. Rosen previously served as Chairman of the New York State Liquor Authority, a position he has held since 2009. Prior to that, he was an Assistant Attorney General in the Real Estate Financing Bureau (1982-1983) and the Consumer Frauds Bureau (1983-2009) of the NYS Attorney General's Office. Previously, he was an attorney with the NYC Legal Aid Society's Juvenile Rights and Criminal Defense divisions. Mr. Rosen has a B.A. from Brooklyn College and a J.D. from Harvard Law School.

### Continuing Care Retirement Community Council

Public Health Law §4602 established the Continuing Care Retirement Community Council in 1989. The Council provides oversight of Continuing Care Retirement Communities (CCRC), with regard to financial viability and the health and care provided by these communities. On June 17, 2015, the Health Committee considered and recommended the following nominee to the Senate Finance Committee:

- ❖ **Carol Fenter**, *Co-Chair, Advocacy and Public Policy Program*, Jefferson's Ferry Lifecare Retirement Community, Centereach, NY

On June 2, 2016, the Health Committee considered and recommended the following nominees to the Senate Finance Committee:

- ❖ **Alicia Liable**, *Director of Business Development*, Elderwood Health Plan, LLC
- ❖ **J. Brian Nealon**, *CEO*, United Methodist Health & Housing, Inc.
- ❖ **Wayne Kaplan, Esq.**, *Co-founder and managing member*, Premier Senior Living, Inc.
- ❖ **Harriet Barnett**, *Foreign Language Consultant*
- ❖ **James Davis**, *CEO*, The Amsterdam at Harborside

## Confirmations

### 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 17, 2015.

- ❖ **Ingrid Allard, M.D., M.S. Ed.**, *Associate Dean for Community Outreach and Medical Education*, Albany Medical College, Albany, NY

The Committee considered and recommended the following nominees to the Senate Finance Committee on June 2, 2016

- ❖ **Nilda I. Soto**, *Assistant Dean, Office of Diversity Enhancement*, Albert Einstein College of Medicine
- ❖ **Antonio Pagan**, *Director of Planning*, Morris Heights Health Center
- ❖ **Daniel Carrion**, *Ph.D. candidate*, Columbia University Mailman School of Public Health

The Committee considered and recommended the following nominees to the Senate Finance Committee on June 17, 2016.

- ❖ **Susan Scrimshaw, Ph.D.**, *President*, The Sage Colleges
- ❖ **Leonora Reid-Rose**, *Director, Cultural Competence & Diversity Initiatives*, Coordinated Care Services, Inc.

### Administrative Review Board for Professional Misconduct

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 17, 2015:

- ❖ **Peter Koenig, Sr.**, Consultant in health care systems.
- ❖ **Richard Milone, M.D.**, *Medical Director*, Saint Vincent's Hospital Westchester.
- ❖ **Steven V. Grabiec, M.D.**, Niagara Allergy, P.C./Allergy & Asthma Associates of W.N.Y., PC./Adult and Pediatric Allergy & Asthma of WNY.

## Confirmations

The Health Committee considered and recommended the following nominees to the Senate Finance Committee on June 2, 2016:

- ❖ **Linda Prescott Wilson**, *retired*, NYS Banking Department
- ❖ **John A. D'Anna, M.D.**, *Director of Surgical Services*, Staten Island University Hospital
- ❖ **Richard D. Milone, M.D.**, *Medical Director*, St. Vincent's Hospital Westchester

The Health Committee considered and recommended the following nominees to the Senate Finance Committee on June 17, 2016:

- ❖ **Peter Koenig, Sr.**, Consultant in health care systems.
- ❖ **Steven V. Grabiec, M.D.**, Niagara Allergy, P.C./Allergy & Asthma Associates of W.N.Y., PC./Adult and Pediatric Allergy & Asthma of WNY.

### 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. On June 17, 2015, the Health Committee considered and recommended the following nominee to the Senate Finance Committee:

- ❖ **Thomas Welch, M.D.**, *Professor and Chair of Pediatrics*, Medical Director, Upstate Golisano Children's Hospital

On June 2, 2016, the Health Committee considered and recommended the following nominee to the Senate Finance Committee:

- ❖ **Gordon W. Felt**, *Executive Director*, Camp Northwood Inc.

On June 17, 2016, the Health Committee considered and recommended the following nominee to the Senate Finance Committee:

- ❖ **Douglas Pierce**, *CEO*, Pierce Recreation, Inc.

### 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 on June 17, 2015:

- ❖ **Rachael C. Elder, M.D.**, *Partner*, Pathology Associates of Syracuse, PC

## Confirmations

- ❖ **Joseph Chiofolo, M.D.**, *Medical Director*, Hematology and Coagulation Laboratories, Winthrop-University Hospital, Mineola, NY

The Committee considered and recommended the following nominees on June 2, 2016:

- ❖ **David Huskie, RN**, *retired*, Veteran's Affairs Medical Center
- ❖ **Beth Huizenga Shaz, M.D.**, *Chief Medical Officer*, New York Blood Center
- ❖ **Aleica Gomensoro, M.D.**, *Director*, Maimonides Medical Center Blood Bank

## 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. The Committee considered and recommended the following nominees on June 17, 2016:

- ❖ **John Ruge, Jr., M.D.**, *Founder & CEO*, Hudson Headwaters Health Network
- ❖ **Anderson Torres, Ph.D.**, *Director of Health Initiatives*, Bon Secours New York Health System Schervier Nursing Care Center
- ❖ **Harvey Lawrence, Ph.D.**, *President & CEO*, Brownsville Multi-Service Family Health Center
- ❖ **Kevin Darnell Watkins, M.D.**, *Director*, Cattaraugus County Health Department