

2013 REPORT OF
THE NEW YORK STATE SENATE
STANDING COMMITTEE ON HEALTH



236TH LEGISLATIVE SESSION
SENATOR KEMP HANNON
CHAIRMAN



Dear New York State Residents,

As Chairman of the New York State Standing Committee on Health, I am pleased to provide the annual report detailing the activities of the Committee in 2013. It was an active year for the Health Committee. The Committee hosted Roundtables on eating disorders and rural hospitals, heard presentations on the Family Health Care Decision Act and the Medicaid Redesign updates and held public hearings on the status of Brooklyn hospitals and the Office of Mental Health's Regional Centers of Excellence.

Among the important topics addressed by the Committee this year, was legislation providing for hepatitis C screening (Chapter 425 of 2013). The new law, modeled after New York's HIV testing statute, requires health care providers to offer hepatitis C (HCV) testing to individuals born between 1945 and 1965. Data suggests that in the next 40-50 years, 1.76 million individuals with untreated HCV will develop cirrhosis and 1 million will die from HCV-related complications. Many baby boomers were infected with hepatitis C through transfusions, or other health care exposures, but due to the lack of symptoms many fail to receive appropriate treatment. Tackling another critical issue, the Committee approved legislation authorizing funding for breast cancer mapping with the goal of advancing our understanding of geographic variations and ultimately improving care (Chapter 106 of 2013).

On August 27th 2013, the significant I-STOP (Internet System for Tracking Over-Prescribing) Act (Chapter 447 of 2012) was implemented. This law requires "real time" tracking and monitoring of controlled substance prescribing. Since implementation, 66,369 health care professionals have used the updated online system to track prescription pill abuse by performing nearly seven million individual searches for 2,879,140 patients. This resulted in a 75 percent decrease in the number of individuals engaged in doctor shopping from the fourth quarter of 2012 to the fourth quarter of 2013. In addition to I-STOP, legislation authorizing pharmacies to take back controlled substances to be safely disposed of at an authorized disposal site was enacted (Chapter 343 of 2013).

The Health Committee also addressed the practice of hospitals placing patients in "observation status." The new law requires every hospital to provide patients with notice when they are placed into observation status indicating such status may affect their insurance coverage (Chapter 397 of 2013). When a patient, particularly a Medicare patient, is under observation status at a hospital rather than being admitted to the hospital, Medicare part B controls which results in higher co-pays for in-hospital services. Furthermore, when a patient is not admitted Medicare will not cover post-hospital rehab care. Therefore, patients who are under observation care are responsible for the subsequent nursing care facility cost, which can result in catastrophic surprise bills.

In the fall of 2013, New York also began implementation of its own state-based health benefit exchange, "New York State of Health" which was established by Executive Order #42. To prepare for the implementation of the exchange, the Committee as part of the 2013-2014 Budget required the publication of a Readiness Report, to outline the State's progress and preparedness for the Health Benefit exchange to begin enrollment on October 1, 2013 and coverage on January 1, 2014. The Readiness Report can be found at <http://www.healthbenefitexchange.ny.gov/resource/ny-state-health-readiness-report>.

The attached Committee Report includes summaries of the health bills from the 2013 session, further description of the aforementioned public hearings, Roundtables and a brief synopsis of the SFY 2013-2014 Health Budget. The Health Committee's web page <http://www.nysenate.gov/committee/health> provides video footage of many events described and additional information that may interest you.

Sincerely,



Kemp Hannon
6th Senatorial District

**REPORT OF THE NEW YORK STATE SENATE
STANDING COMMITTEE ON HEALTH
236TH LEGISLATIVE SESSION (2013)**

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2013 HEALTH CHAPTERS

Patient Safety & Rights

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

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

Chapter 454- amends the Social Services Law to allow assisted living programs (ALPs) to admit or retain residents who are chairfast. This legislation will decrease Medicaid costs by allowing lower-income seniors to reside in an ALP rather than pre-maturely being placed in a nursing home. Furthermore, chairfast seniors will be able to remain in a more home-like setting which will aid in maintaining their autonomy. This bill was signed on October 23, 2013 and became effective immediately. (S.5096/A.7755)

Health Care Facilities

Chapter 5- makes technical corrections to Chapter 471 of 2012 which established standards for the provision of general hospital observation services. The original chapter permitted observation care for a period of up to 48 hours, this amendment permits the Commissioner to establish regulations for the duration of services, to be consistent with federal policies. The amendment also requires hospitals to develop and adopt policies and procedures for observation services. Signed by Governor Cuomo on February 26, 2013 and is retroactively effective to October 3, 2012, when Chapter 471 of 2012 became effective. (S.2079/A.1988)

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

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

Chapter 184- requires facilities caring for newborns 28 days of age or less to perform pulse oximetry screening for critical congenital heart defects. Affecting approximately 8 out of every 1,000 infants, the Center for Disease Control and Prevention states that congenital heart defects are the leading cause of infant deaths, with about 4,800 babies born with congenital heart defects a year. Prenatal ultrasound screenings alone identify less than half of all congenital heart disease cases. By administering pulse oximetry screening, which is a non-invasive method of monitoring the saturation of a patient's hemoglobin, many newborns lives could be saved. The bill was signed by Governor Cuomo on July 21, 2013 and will become effective 180 days thereafter. (S.270-B/A.2316-B)

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

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

Chapter 512- allows hospice residences to have up to sixteen beds with up to four dually-certified as residential and inpatient hospice beds. The hospice residence program has proven successful since establishment over eighteen years ago. Hospice residence are currently limited to eight beds. Recognizing their desire to expand, the State authorized a pilot program in 2003, allowing hospice to have up to 16 beds, however, these beds could not be dually certified. This legislation allows for expansion and removes the barrier preventing dually-certified beds. Signed by Governor Cuomo on November 13, 2013 the bill took effect immediately, with certain provisions. (S.5534-A/ A.7758)

Chapter 527- authorizes the Commissioner of Health to waive recoupment of Medicaid payments for capital costs for the period September 2009 to December 31, 2012, for Diagnostic and Treatment Centers that provide, as its principal mission, services to individuals with developmental disabilities. This bill aims to ensure the financial stability of Diagnostic and Treatment Centers that provide critical services to persons with developmental disabilities. This legislation was signed by Governor Cuomo on December 18, 2013 and deemed in effect since September 1, 2009. (S.5483/A.7665-C)

Health Care Professionals

Chapter 29- authorizes certain health care professionals who are licensed and in good standing to practice in another state or territory and appointed by the New York Road Runners to provide professional services to athletes and team personnel registered to compete in said event. This legislation is intended to ensure a sufficient number of health care providers are on hand to assist athletes at these physically demanding events. This measure was signed by Governor Cuomo on May 17, 2013 and became effective immediately and is deemed repealed on January 31, 2014. (S.4325A/A.6539)

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

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

Chapter 141- authorizes certain health care professionals licensed in another jurisdiction, and appointed by the World Triathlon Corporation, to provide services at a sanctioned event in New York from July 24, 2013 through July 29, 2013. This act was signed by Governor Cuomo on July 12, 2013 and is deemed repealed on July 29, 2013. (S.3495/A.4859)

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

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

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

Public Health & Safety

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

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

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

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

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

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

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

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

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

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

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

Chapter 529- provides that the DOH shall prominently post on its website all public food service establishment inspection results for the most recent three years. Local departments, with the exception of New York City, shall provide a link to this DOH webpage. By making this information more accessible to the public, this bill allows individuals to make informed choices and encourages food establishments to provide safe and sanitary services. This bill was signed by Governor Cuomo on December 18, 2013 and becomes effective in 1 year. (S.2375-B/A. 2116-C)

Women, Children & Family Health

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

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

Health Insurance

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

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

HEALTH BILLS VETOED

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

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

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

Veto # 269- defined maternal depression, required the development of guidelines for maternal depression screening and provided public education to promote awareness of maternal depression. This bill was vetoed by Governor Cuomo on December 18, 2013. (S.3137-C/A.7667-B)

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

SIGNIFICANT LEGISLATION PASSED BY SENATE

S.1686- adds nine classes of synthetic cannabinoids, defined based on foundational chemical structure, and substituted cathinones or “bath salts” to the list of controlled substances. This measure would prevent the current practice of making minor alterations to chemicals to subvert statutes that prohibit distinct substances based on their chemical structure. Substances prohibited under this bill could be surrendered to the appropriate authorities during the 90 days after enactment. The current legislation would provide a greater deterrent by making the possession, manufacture, distribution and sale of these substances violations of criminal law statutes, punishable similar to that of comparable controlled substances. This legislation passed the Senate on June 11, 2013.

S.2115- establishes “The 21st Century Workgroup for Disease Elimination and Reduction” within the DOH to increase management of infectious diseases that pose a public health risk. The workgroup will utilize the experts on the Immunization Advisory Council, to review existing vaccines. This review will look at the status of international research and development for vaccines likely to be candidates for the pharmaceutical marketplace and the status of health threats which could be addressed by the development of vaccines to thwart such threats. The Senate passed this legislation on June 12, 2013.

S.2551- establishes consumer protections from surprise medical bills by, requiring certain disclosures from insurers, health care providers and hospitals, requiring adequate access to care, establishing a minimum reimbursement for out-of-network services; and prohibiting excessive emergency room charges. There has been a reported influx of patients’ receiving distressing surprise medical bills. In just one example, the New York Times details cases where patients are stuck with anesthesiologist bills of \$2,800 during routine procedures provided by participating providers. The Senate passed this legislation on June 20, 2013.

S.2940- criminalizes the theft and unlawful possession of blank official New York State prescription forms. Specifically, the bill creates criminal penalties for three specific situations. First, grand larceny, a class E felony, would apply to individuals who steal a blank prescription form. Second, criminal possession of stolen property, also a class E felony, will apply to individuals possessing a blank prescription form knowing it is stolen and intending to benefit from it. Finally, criminal possession of a prescription form, a class A misdemeanor, punishes individuals who knowingly and unlawfully possesses a blank official New York State prescription form. The Senate passed this legislation on April 29, 2013.

S.2941- establishes the class B felony of criminal sale of a controlled substance by a practitioner or pharmacist. According to the CDC, more people die from prescription drug overdoses than heroin and cocaine combined. This bill will save patient’s lives by imposing penalties on a small but active group of practitioners and pharmacists who illegally and knowingly dispense controlled substances. This bill passed the Senate on April 29, 2013.

S.2942- addresses the growing black market in non-controlled substance prescription drugs by: 1) restructuring the existing crime of criminal diversion of prescription medications; 2) adding a new Penal Law Article 179 entitled Fraudulent Prescription, Dispensing and Procurement of Non- Controlled Substance Prescription Medications and Devices; and 3) adding a new Article 219 entitled Unlawful Possession of Non-Controlled Substance Prescription Medications and Services. Current law does not provide adequate penalties for the prosecution of dealers who buy medications and enter them into the market, the individuals running stash houses to store these prescription drugs, the individuals that fraudulently write the prescription for these medications or the pharmacists who purchase and resell the black market medications. The Senate passed this legislation on March 12, 2013.

S.2948- requires the Commissioner of Health to establish the Opioid Treatment and Hospital Diversion Demonstration Program. Withdrawal from opioid drugs is generally not life threatening and can be readily managed in less intensive and costly environments. This bill provides a new model of detoxification and transitional services for individuals seeking to recover from opioid addiction and reduces reliance on emergency room services. At a minimum, demonstrations would occur in Western New York, Central New York, State Island , Brooklyn, and Long Island. The Senate passed this legislation on June 12, 2013.

S.2949- limits the number of schedule II or III controlled substance pain pills initially prescribed to someone suffering from acute pain (accidental or intentional pain that lasts only a short or finite period of time) to between 3 and 10 days and provides the first 30 pills to only cost one co-pay even if those 30 pills are a result of multiple prescriptions. The Senate passed this bill on June 12, 2013.

S.4414- designates Carbapenem-Resistant Enterobacteriaceae (CRE) as a communicable disease. CRE infections are spread by person to person contact and are most common in sick patients with exposure to health care settings. In March of 2013, the CDC issued a report calling for rapid action against CRE. CRE is reported to contribute to the death in up to 50% of patients that were infected, and is resistant to most available antibiotics. This bill requires physicians, hospitals or institutions to identify, track, and report CRE. The Senate passed this legislation on June 3, 2013.

S.4515- permits the use of glucagon emergency injection kits, in addition to epi-pens, by personnel trained in the use of these devices who have a collaborative agreement with a physician or a hospital. This legislation was modeled after the 1999 statute that provided authorization and good Samaritan protections for people administering epi-pens and now expands to cover glucagon emergency injection kits for people suffering from diabetes. The Senate passed this bill on June 13, 2013.

S.4926- requires all adult care facilities and assisted living residences to conduct criminal background checks on prospective direct care staff through the existing DOH system utilized for prospective employees of nursing homes and home care agencies. Currently, criminal background checks are conducted on all employees of nursing homes and home care agencies who have physical access to a resident's living quarters or provide face to face care. This legislation allows for adult care facilities and assisted living residences to utilize this existing comprehensive, cost-effective system. The Senate passed this bill on June 12, 2013.

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

FISCAL YEAR 2013-2014 HEALTH BUDGET HIGHLIGHTS

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

Medicaid

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

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

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

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

Hospitals

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

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

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

Home Care

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

Public Health

In order to provide for the needs of the public the enacted budget restored public health programs by rejecting the Governor's proposal to consolidate 89 public health programs into six competitive grant pools and restoring 4.5% of the Governor's 10% cut to the programs.

The budget continued funding for Elderly Pharmaceutical Insurance Coverage (EPIC) as restored by the Senate last year. The budget also authorized more than \$4 million for women and family health initiatives such as; maternity and early childhood programs, comprehensive care centers for eating disorders, endometriosis services, and the breast cancer network. The Senate also appropriated funds for initiatives such as Doctors Across New York, school based health clinics, the Upstate Poison Control Center, and Aidan's Law which requires newborn screening for adrenoleukodystrophy (ALD).

Health Insurance/ACA

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

Mental Hygiene

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

MEDICAID REDESIGN TEAM

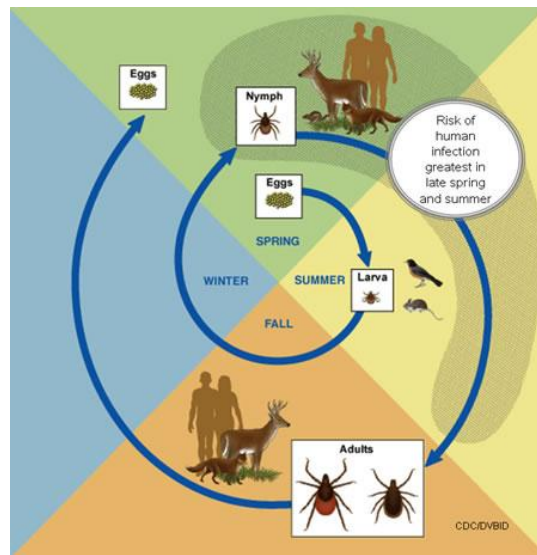
On January 5, 2011 by Executive Order #5, the Medicaid Redesign Team (MRT) was established and charged with the task of finding innovative ways to improve quality and control costs in the State's Medicaid program. The MRT sought recommendations that were approved in 2011 and formed the basis of much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

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



LYME DISEASE TASK FORCE

In October of 2013, the Senate Majority Coalition created the Senate Task Force on Lyme and Tick-Borne Diseases. The purpose of the task force is to examine state and federal efforts to combat the continued spread of Lyme and tick borne diseases and make recommendations for a State Action Plan to improve prevention, diagnosis and treatment. Lyme is the most commonly reported of all tick-borne illnesses in the United States. According to the CDC, it is estimated over 300,000 people are diagnosed with Lyme disease each year, with New York being one of the 13 states accounting for almost all of the cases. Lyme disease can become severe and in some cases lethal. In fact, over the last 13 years, a review of death records from counties outside of New York City revealed Lyme disease as the primary cause of death for 9 New Yorkers.



Members:

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

PUBLIC HEALTH AND HEALTH PLANNING COUNCIL

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

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

PUBLIC HEARINGS

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

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



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

PUBLIC HEARINGS

SUNY Downstate and Long Island College Hospital

June 4, 2013

Albany, NY

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

Participants:

H. Carl McCall, *Chairman*, State University of New York Board of Trustees

Nancy L. Zimpher, *Chancellor*, State University of New York

Dr. John Williams, *President*, SUNY Downstate Medical Center

James Clancy, *Assistant Commissioner*, NYS Department of Health

Susan Kent, *President*, New York State Public Employees Federation

Fran Turner, *Director*, Legislation and Political Action, CSEA

Steve Allinger, *Director of Legislation*, NYSUT

Fred Kowal, *President*, United University Professors

Rowena Blackman-Stroud, *Treasurer*, UUP; *President*, SUNY Downstate Chapter

Helen Schaub, *VP*, New York Director, 1199 SEIU

Michelle Green, *Associate Director*, New York State Nurses Association

Elizabeth Swain, *President; CEO*, Community Health Care Association of New York State

Grace Wong, *VP Managed Care and Clinical Business*, SUNY Downstate



CONFIRMATIONS

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

Public health and Health Planning Council

The Health Committee considered and recommended the following nominee to the Senate Finance Committee on June 20, 2013, for the Public Health and Health Planning Council (PHHPC):

Lawrence S. Brown, Jr., M.D., M.P.H., *CEO*, FASAM Addiction Research and Treatment Corporation

Minority Health Council

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

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

Administrative Review Board for Professional Medical Conduct

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

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

Council on Human Blood and Transfusion Services

Public Health Law Article 31 established the Council on Human Blood and Transfusion Services in 1973. The Council enacts and amends regulations affecting the safety of the blood supply in New York State, subject to approval by the Commissioner of Health. The Committee considered and recommended the following nominees to the Senate Finance Committee on June 20, 2013:

Alicia Elena Gomensoro, M.D., *Director*, Blood Bank Maimonides Medical Center
David M. Huskie, R.N.
Philip L. McCarthy, M.D., *Clinical Blood and Marrow Transplant Director*, Roswell Park Cancer Institute
Donna Skerrett, M.D., M.S., *Chairperson, Chief Medical Office*, Mesoblast Ltd.

COMMITTEE PRESENTATIONS

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



Robert N. Swidler, Esq.

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

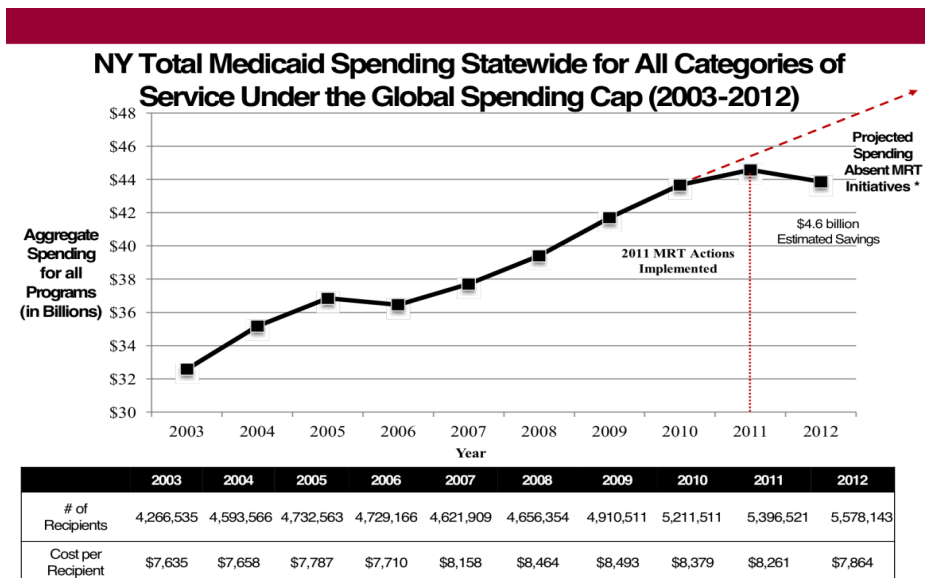
COMMITTEE PRESENTATIONS

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



Medicaid Director, Jason A. Helgerson

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



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

COMMITTEE PRESENTATIONS

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

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

Participants

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



ROUNDTABLE DISCUSSIONS

Eating Disorder Roundtable

February 13, 2013

Albany, NY

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

Participants:

Michael F. Hogan, Ph.D., *Principal*, Hogan Health Solutions; *Past Commissioner*, NYS Office of Mental Health

Barbara A. Dennison, M.D., *Director of Policy and Research Translation in the Division of Chronic Disease Prevention*, NYS Department of Health

Gregory Miller, M.D., *Medical Director*, Adult Services at NYS Office of Mental Health

Evelyn Attia, M.D., *Program Director*, New York State Metro Region Comprehensive Care Center for Eating Disorders; *Clinical Professor of Psychiatry*, Columbia University

Sharon Alger-Mayer, M.D., *Medical Director*, Northeast Comprehensive Care Center for Eating Disorders; *Associate Professor of Medicine*, Albany Medical College

Carolyn Costin, M.A., *Founder and Director*, The Eating Disorder Center of California, Monte Nido and Rain Rock Residential Treatment Centers

Paul Macielak, Esq., *President and CEO*, New York Health Plan Association

Amy Wald, *Eating disorder patient*, Metropolitan New York

Michelle and Alyssa Morales, *Eating disorder patient and parent*, Western New York

B. Timorothy Walsh, M.D., *Past President*, Eating Disorders Research Society; *Chair*, Eating Disorders Workgroup for DSM-5, *Professor of Psychiatry*, Columbia University, NYS Psychiatric Inst.

Lynn Grefer, M.A., *President and CEO*, National Eating Disorder Association

Ron Bass, *Director of the Bureau of Policy Development and Coverage within the Division of Program Development and Management*, Office of Health Insurance Programs

Richard Kreipe, M.D., *Medical Director*, Western New York Comprehensive Care Eating Disorder Center, *Professor of Pediatrics*, Golisano Children's Hospital

Mary Tantillo, Ph.D., *Director*, Western New York Comprehensive Care Eating Disorder Center; *Associate Professor of Nursing*, University of Rochester

James W. Lytle, Esq., *Partner*, Manatt, Phelps & Phillips, LLP, The Coalition of New York State Public Health Plans

Ann Grieppe, M.D., *Chief Medical Officer for Behavioral Health*, Excellus Blue Cross/Blue Shield

Mike Ruslander, *Parent of an eating disorder patient*, Northeastern New York

ROUNDTABLE DISCUSSIONS

Rural Hospitals Roundtable

June 3, 2013

Albany, NY

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

Participants:

Karen Madden, *Director*, Charles D. Cook Office of Rural Health, New York State Health Department

Jim Clancy, *Assistant Commissioner*, Office of Governmental and External Affairs, New York State Health Department

Amy Nickson, *Deputy Director*, Division of Governmental Affairs, New York State Health Department

Caleb Wistar, *Associate Director*, Division of Workforce Development, Office of Primary Care, New York State Health Department

Rae Ann Vitali, *Assistant Director*, Division of Primary Care Development, Office of Primary Care, New York State Health Department

Joan Cleary, *Director*, Division of Primary Care Development, Office of Primary Care, New York State Health Department

Fred Heigel, *Vice President*, Regulatory Affairs, Healthcare Association of New York State

Mark Webster, *FACHE, President and Chief Executive Officer*, Claxton-Hepburn Medical Center

Gary Fitzgerald, *President*, Iroquois Healthcare Alliance

Ann Abdella, *Executive Director*, Chautauqua County Health Network

Steven Kelley, *President/CEO*, Ellenville Regional Hospital

Fran Weisberg, *Executive Director*, Finger Lakes Health Systems Agency

Art Streeter, *Senior Planner*, Finger Lakes Health Systems Agency

Gail Speedy, *Executive Director*, Universal Primary Care

Dr. Don Rowe, *Chairman*, New York State Rural Health Council

Chandler Ralph, *FACHE, President and Chief Executive Officer*, Adirondack Health

Jarrold Johnson, *FACHE, Chief Operating Officer*, Brooks Memorial Hospital