

HANYS' SUMMARY OF 2019 STATE LEGISLATION OF SIGNIFICANT INTEREST

| ASSEMBLY BILL | SENATE BILL | BILL SUMMARY | HANYS' POSITION | ASSEMBLY STATUS | SENATE STATUS |
|-------------------------------|---------------------|--|-----------------|---|---------------|
| MANAGED CARE/INSURANCE | | | | | |
| A.264-B Cahill | S.3171-A Krueger | <p>Independent dispute resolution. Would extend the state's dispute resolution process to include disputes between payers and hospitals over charges for out-of-network emergency services and inpatient services following an emergency department visit.</p> <p>This legislation would not provide any additional consumer protections and would instead shift contract negotiating leverage in favor of health plans and could incentivize opportunistic health plans to go out of network, leading to significant disruptions and potential costs to consumers.</p> | Oppose | Signed into law; Chapter 375 | |
| A.8404 Cahill | S.6544-A Krueger | <p>IDR chapter amendment. Would amend the provisions of A.264-B/S.3171-A to ensure health plans provide reimbursement for out-of-network emergency services directly to the non-participating hospital when an individual has assigned his or her benefits to such hospital.</p> <p>The bill would also require a health plan to reimburse a non-participating hospital for out-of-network emergency services at an amount that is at least 25% greater than the most recent contractual in-network rate. The rate would be further adjusted if the contract expired more than 12 months prior to the claim submission.</p> <p>The provisions would not preclude either party from submitting a dispute to the dispute resolution entity following such payment. The bill would also require the parties to use a nonbinding mediation process at least 60 days prior to the termination of the contract.</p> | No position | Signed into law; Chapter 377 | |

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| A.2880-B Hunter | S.5328-A Breslin | <p>Prior authorization exception expansion. Would prohibit an insurer from denying payment for claims due to a lack of pre-authorization in instances where the healthcare provider determines during the course of treatment that an additional or related service or procedure is necessary and it is not medically advisable to interrupt the provision of care to obtain prior authorization for such service or procedure.</p> <p>The bill would also apply in instances where the Current Procedural Terminology code for the additional or related service or procedure is different from the CPT code for the initial procedure or treatment for which prior authorization was obtained.</p> <p>This bill would close an existing loophole that allows unnecessary administrative denials and would help to ensure coverage and the timely provision of medically needed services.</p> | <p>Support</p> <p>Part of HANYS' managed care package</p> | Signed into law; Chapter 640 | |
| A.3059 Gottfried | S.1810 Rivera | <p>Utilization review determinations for nursing home care. Would require health plans to complete a utilization review of a request for nursing home care after an inpatient hospital admission within 24 hours of the request.</p> <p>This legislation would decrease unnecessary and prolonged hospitalizations by decreasing delays in obtaining authorizations from insurers for more appropriate post-acute care.</p> | <p>Support</p> <p>Part of HANYS' managed care package</p> | Vetoed; Veto No. 256 | |
| A.8084 Buttenschon | S.6318 Rivera | <p>"Cooling off" period extender. Extends until June 30, 2021 provisions requiring a hospital and a plan to continue to abide by the terms of their contract for a period of two months ("cooling off" period) in the event the contract between the parties is not renewed or is terminated by either party.</p> | No position | Signed into law; Chapter 85 | |

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| A.2787 Gottfried | S.3960 Rivera | Alignment of fee for service/Medicaid managed care behavioral health rate changes. Would require MMC plans to implement required changes in rates, coverage or payments for behavioral health providers on the same date as the change takes effect for Medicaid FFS or to make updated payments retroactively to such date. | Support | Signed into law; Chapter 451 | |
| A.7246-B Rosenthal | S.5935-A Harckham | Removal of prior authorization requirements for medication-assisted treatment – MMC. Would require MMC plans to provide coverage, without any prior authorization requirements, for all buprenorphine products, methadone or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder. | Support | Vetoed; Veto No. 292 | |
| A.2904 Quart | S.4808 Harckham | Removal of prior authorization requirements for MAT – commercial insurance. Would require commercial health insurers to provide immediate coverage, without prior authorization requirements, for all buprenorphine products, methadone or long-acting injectable naltrexone for the detoxification or maintenance treatment of a substance use disorder. | Support | Signed into law; Chapter 748 | |
| A.585-A Cahill | S.659-A Salazar | Comprehensive Contraceptive Coverage Act. Mandates insurance coverage for all Food and Drug Administration-approved contraceptive drugs, devices and products. | No position | Signed Into Law; Chapter 25 | |
| A.1619 Rozić | S.3101 Biaggi | Eating disorder coverage. Would require commercial insurers to provide coverage for inpatient hospital care and physician services for eating disorders. | Support | Vetoed; Veto No. 241 | |

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| No Assembly sponsor | S.6341 Breslin | Notification of health plan product. Would require insurers to inform healthcare providers of the type of coverage a policyholder or covered person has when liability for a claim is not clear. The insurer would be required to inform the provider if the plan or product is either a Medicaid plan, Child Health Plus plan, an Essential Plan or any other product fully insured by the state. This would ensure plans provide healthcare providers with pertinent information at the time the plan makes a payment determination. | Support Part of HANYS' managed care package | N/A | Passed Senate |
| A.3077 Gottfried | S.4335 Salazar | Universal credentialing form. Would establish a process for creating a standardized credentialing and renewal form for physicians and other healthcare professionals to use for the purpose of being accepted into and retained by a health plan's network, as well as for obtaining staff privileges at a hospital or other healthcare facility. | No position | Passed Assembly | Advanced to Third Reading |
| A.2835 Lavine | S.3463 Rivera | Healthcare professional applications and terminations. Would extend due process protections, currently applicable to provider-insurance contract terminations, to contract non-renewals for healthcare professionals. | No position | Advanced to Third Reading | Advanced to Third Reading |
| BEHAVIORAL HEALTH | | | | | |
| A.4915 Jean-Pierre | S.1668 Brooks | Opioid overdose. Would require a certificate of death to include the specific opioid responsible for the death when the cause is related to an opioid overdose. This requirement would not apply if the person completing the death certificate is uncertain of the specific opioid that caused the death. | No position | Signed into law; Chapter 443 | |
| A.6186-A Gunther | S.4356 Ortt | Mental health parity reports. Would require insurers to submit certain data to the Departments of Health and Financial Services as a means of measuring compliance with federal and state mental health and | Support | Signed into law; Chapter 207 | |

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| | | substance use parity laws. The bill would also require DFS to publish such data every two years. | | | |
| A.8104 Bronson | S.5960 Savino | Direct Medicaid billing for licensed clinical social workers. Would provide that care and services provided by licensed clinical social workers are eligible for coverage under Medicaid, thus authorizing LCSWs to bill Medicaid directly for their services. | Support | Vetoed; Veto No. 149 | |
| A.7347 Rosenthal | S.6591 Harckham | Renaming OASAS. Would rename the Office of Alcoholism and Substance Abuse Services as the Office of Addiction Services and Supports. | No position | Signed into law; Chapter 281 | |
| A.576 Glick | S.1046 Hoylman | Sexual orientation change efforts. Prohibits mental health professionals from engaging in sexual orientation change efforts upon any patient under the age of 18. | No position | Signed into law; Chapter 7 | |
| A.1068 Rosenthal | S.4650 Sanders | Quarterly reports on heroin and opioid-related initiatives. Would require OASAS to provide quarterly reports to the legislature on the status and outcomes of various initiatives addressing the heroin and opioid epidemic. | Support | Signed into law; Chapter 493 | |
| A.670-A Bronson | S.6212-A Young | Outpatient mental health services. Would expand the types of mental health services for which commercial insurers must provide coverage to include outpatient care provided by a mental health counselor, marriage and family therapist, creative arts therapist or a psychoanalyst. | Support | Vetoed; Veto No. 171 | |
| A.2802 Gottfried | S.1821 Rivera | Medicaid coverage for applied behavior analysis. Would expand Medicaid coverage to include ABA services provided by certain licensed or certified professionals for the treatment of autism spectrum disorder. ABA for the treatment of ASD was added to New York commercial insurance coverage requirements in 2011. | No position | Reported to Ways & Means Committee | Passed Senate |

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| A.8166 Ortiz | S.4741-A Harckham | <p>Notification of parties after signs of relapse (“Stephen’s Law”). Would require medical providers to alert certain individuals who have a patient’s consent to access medical information when that patient demonstrates warning signs of relapse. Such requirement would apply to patients who are being treated or who have been treated in the last seven days in a treatment program.</p> <p>Warning signs of relapse include behavior or conditions that the program believes may cause life-threatening harm to such patient, such as missing a scheduled appointment or testing positive for a controlled substance.</p> | Concerns | Referred to Alcohol and Drug Abuse Committee | Passed Senate |
| A.3119 Ortiz | S.4599 Parker | <p>Chemical dependence treatment bill of rights. Would create the chemical dependence treatment bill of rights and require it to be posted in a conspicuous place in all treatment facilities.</p> | No position | Referred to Alcohol and Drug Abuse Committee | Passed Senate |
| MEDICAL MALPRACTICE | | | | | |
| A.568 Paulin | S.3158 Ramos | <p>Premium reduction for courses on obstetric risk management. Would require DOH to approve professional education courses for eligible physicians and licensed midwives that cover risk management strategies in obstetrics, including information on potential risks and strategies to fully inform patients of risks associated with their decisions.</p> <p>The bill would also authorize the Department of Financial Services to approve an actuarially appropriate premium reduction for an insured physician or licensed midwife who successfully completes such risk management course or a course authorized by the commissioner of health.</p> | Support | | Vetoed; Veto No. 238 |

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| A.2372 Dinowitz | S.6081 Hoylman | <p>Pretrial liability determination. If one or more co-defendants in a tort case settles with the plaintiff, would require the remaining defendants to choose the method by which the settlement reduces their liability before the case goes to trial.</p> <p>This bill could lead to defendants paying more than the jury awards to the plaintiff, increasing liability costs and furthering the unpredictability of New York's tort system.</p> | Oppose | Vetoed; Veto No. 282 | |
| A.2373 Dinowitz | S.6552 Skoufis | <p>Third-party defendant recovery. Would authorize a plaintiff, when a judgment against a defendant remains unsatisfied after 30 days, to sue and collect the unsatisfied judgment from a third-party defendant.</p> <p>This legislation is premised on the misperception that by virtue of their presence in a lawsuit, a third-party defendant owes a duty to the plaintiff and has breached that duty. This legislation effectively allows a plaintiff to recover from a party it chose not to sue, exacerbating the current medical liability crisis in New York.</p> | Oppose | Vetoed; Veto No. 287 | |
| A.157 Cahill | S.1603 Breslin | <p>Excess line brokers. Would repeal the requirement that excess line brokers must obtain a declination from the medical malpractice insurance pool before the broker can place primary malpractice insurance in the excess line market.</p> | No position | Referred to Insurance Committee | Passed Senate |
| A.7885 Stern | S.4759-A Kaminsky | <p>Grand jury subpoena of medical records. Would authorize a grand jury to inspect medical records pursuant to subpoena <i>duces tecum</i> powers and without a patient's written authorization. The bill would degrade the physician-patient privilege by allowing access to sensitive and confidential information without the patient's consent.</p> | Oppose | Referred to Judiciary Committee | Passed Senate |

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| A.7599 Dinowitz | S.6335 Hoylman | Permitting hearsay. Would relax the common law exclusion of the hearsay statement of a party's agent or employee, provided that the statement was on a matter within the scope of that employment or agency relationship and made during the existence of the relationship. | Oppose | Advanced to third reading | Advanced to third reading |
| A.1164 Gottfried | S.1801 Rivera | Physician group practices. Would extend confidentiality protections to a physician group practice engaging in peer review activities associated with its medical malpractice prevention program. | Support | Reported to Codes Committee | Advanced to third reading |
| A.2370 Dinowitz | S.6194 Parker | Reversal of Arons decision (i.e., Patient Privacy Protection Act). Would prohibit the defendant in a personal injury, medical, dental or podiatric malpractice or wrongful death action from conducting <i>ex parte</i> interviews with the plaintiff's non-party treating physicians. This bill would codify a deviation from current practice and is a clear attempt to institutionalize a basic litigation inequity. | Oppose | Advanced to third reading | Referred to Judiciary Committee |
| A.5612 Weinstein | S.4006 Hoylman | Wrongful death damages. Would authorize families of a decedent in a wrongful death lawsuit to recover noneconomic damages (e.g., pain and suffering). Current law already provides several legal avenues for the decedent's family to recover both economic and noneconomic damages associated with an untimely death of a loved one. | Oppose | Reported to Rules Committee | Reported to Finance Committee |
| A.5620 Weinstein | S.4238 Hoylman | Accrual of interest. Would permit interest to accrue when there is a delay in a proposed settlement of claims in cases involving an infant, a person deemed incompetent, or wrongful death, caused by the need for court approval. | Oppose | Referred to Judiciary Committee | Referred to Judiciary Committee |

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| A.6903 Titus | S.4501 Parker | Failure to file incident reports. Would extend the statute of limitations in medical, dental or podiatric malpractice actions against a hospital when the hospital fails to file an incident report. The bill would also provide a private right of action against a hospital for injuries suffered as a result of a hospital acquired infection; and would establish strict liability against hospitals for medication errors. | Oppose | Reported to Codes Committee | Referred to Judiciary Committee |
| WORKFORCE AND SCOPE OF PRACTICE | | | | | |
| A.8319 Romeo | S.6517 Stavisky | Registered pharmacy technicians. Would recognize the profession of registered pharmacy technician and authorize them to continue to assist licensed pharmacists in hospitals with the compounding and preparation of drugs. | Support | Signed into law; Chapter 414 | |
| A.364-B Paulin | S.3344-B Ramos | Doula certification. Would establish the title of certified doula and establish the requirements for professional certification. | Support | Vetoed; Veto No. 195 | |
| A.1162-A Gottfried | S.4841 Rivera | Physician assistants and orders not to resuscitate. Would add physician assistants to the list of healthcare professionals authorized to act in relation to orders pertaining to life-sustaining treatment and orders not to resuscitate and to make capacity determinations for purposes of witnessing and implementing healthcare proxies. | No position | Signed into law; Chapter 708 | |
| A.3822-D McDonald | S.4469-B Stavisky | Dilating eye drops. Would authorize trained personnel, under the supervision of ophthalmologists and optometrists, to instill dilating eye drops to the surface of patients' eyes. | Support | Signed into law; Chapter 517 | |

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| A.5425 Gottfried | S.4269 Rivera | <p>Doctors Across New York and Grants Gateway workgroup. Would require DOH to appoint a workgroup, including associations representing physicians, general hospitals and other healthcare facilities, to evaluate the current DANY grant application process.</p> <p>The workgroup would assess the impact of switching the administration of DANY grants from DOH to the New York State Grants Gateway, and would be required to report its findings by March 31, 2020.</p> | No position | Vetoed; Veto No. 218 | |
| A 5308-B Crespo | S.6549 Carlucci | <p>Requesting salary history. Would prohibit employers from relying on the wage or salary history of an applicant when determining whether to offer employment to such individual or in determining the wages or salary for such individual.</p> <p>The bill would also prohibit employers from refusing to interview, promote, employ, or otherwise retaliate against an applicant or current employee based upon prior wage or salary history, and would establish a private right of action for any violations of the provisions.</p> | Concerns | Signed into law; Chapter 94 | |
| A.3705-A Gunther | S.5186-A Metzger | <p>Infection preventionists. Would require individuals employed in general hospitals as “infection preventionists” to be certified by a nationally accredited organization, and would further provide certain exemptions to these provisions.</p> | Oppose | Passed Assembly | Advanced to third reading |
| A.7213 Fahy | S.5093 Stavisky | <p>Allied workforce reporting. Would require all healthcare professionals to complete a brief survey regarding their respective demographics, education and practice characteristics as part of the required triennial registration process. The provisions would not apply to physicians, who already report similar information via the <i>New York State Physician Profile</i>.</p> | Support | Referred to Higher Education Committee | Passed Senate |

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| A.5777 Dinowitz | S.3754 Hoylman | Mandatory arbitration agreements. Would prohibit any employer from requiring an employee or person seeking employment to waive, arbitrate or otherwise diminish any existing or future claim, right or benefit to which the employee or person seeking employment would otherwise be entitled to under any provision of New York State or federal law. The bill would exempt any contracts or agreements negotiated with any labor union through collective bargaining. | No position | Advanced to third reading | Advanced to third reading |
| A.2954 Gunther | S.1032 Rivera | Nurse staffing ratios. Would mandate specific, statewide staffing nurse staffing ratios in all hospitals and nursing homes. HANYS strongly opposes mandated nurse-to-patient ratios and continues to support reasonable, evidenced-based approaches to improving patient care. | Oppose | Reported to Ways and Means Committee | Referred to Health Committee |
| A.5140 Schimminger | S.5280 Rivera | Maintaining board certification. Would prohibit hospitals and health insurers from refusing to act upon an application or to deny or withhold staff membership or professional privileges of a physician solely because such physician did not maintain board certification. | Oppose | Referred to Health Committee | Advanced to third reading |
| No Assembly sponsor | S.1808 Rivera | Clinical lab technician. Would establish in statute the supervision requirements for a clinical laboratory and the required qualifications of a clinical laboratory supervisor to provide alignment with the requirements of the federal Clinical Laboratory Improvement Amendments. | Support | N/A | Referred to Health Committee |

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| FINANCING AND CAPITAL | | | | | |
| A.8434 Weinstein | S.6616 Krueger | Capital grants – award deadline extended. Would amend provisions enacted as part of the state fiscal year 2019-2020 budget to extend the deadline for DOH to award up to \$300 million from phase III of the Statewide Health Care Facility Transformation Program from May 1, 2019 to Sept. 1, 2019. | Concerns | Signed into law; Chapter 314 | |
| A.1261 Bronson | S.1947 Ramos | Prevailing wage. Would subject construction projects financed in whole or in part through certain public entities to prevailing wage requirements and would provide narrow exemptions to the provisions. | Oppose | Advanced to third reading | Referred to Labor Committee |
| A.7977-A Gottfried | S.6376 Rivera | Health Care Transformation Fund – community-based providers. Would direct at least 25% of the funds deposited into the state Health Care Transformation Fund to community-based healthcare providers. | No position | Reported to Ways and Means Committee | Referred to Rules |
| A.5248 Gottfried | S.3577 Rivera | Single payer system (New York Health Act). Would create the New York Health program to provide a universal, government-administered single payer health plan. HANYS supports the goals of universal coverage but has underlying concerns regarding how a state-based single payer system would be funded in the short and long term, how providers would be paid for the care they provide and the effect such a system would have on healthcare innovation. | Oppose | Reported to Codes Committee | Referred to Health Committee |

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| REGULATORY AND OVERSIGHT | | | | | |
| A.4071 Gottfried | S.870 Hoylman | <p>PHHPC composition. Would increase the number of members serving on the Public Health and Health Planning Council from 24 to 36 members.</p> <p>The bill would also authorize the legislature to make recommendations regarding appointees for six of the 36 seats and would broaden the membership of the board to require a specified number of appointees to be representatives of healthcare, consumer and labor organizations.</p> | Oppose | Vetoed; Veto No. 139 | |
| A.1148 Gottfried | S.1856 Hoylman | <p>Community advisory board. Would require the governing board of a voluntary nonprofit general hospital to establish a community advisory board.</p> <p>Such CAB would have the authority to consider and advise the hospital upon matters concerning the development of any plans or programs of the hospital, including the development of its Community Service Plan.</p> <p>The bill would also require public hospitals to implement CSPs; current law only requires voluntary nonprofit hospitals to implement CSPs.</p> | Oppose | Passed Assembly | Advanced to third reading |
| A.6254 Gottfried | S.1728 Skoufis | <p>Part-time emergency department. Would require a full certificate of need review for the downgrading of a full-time emergency department to part-time status.</p> | Oppose | Referred to Health Committee | Advanced to third reading |
| A.1147 Gottfried | No Senate sponsor | <p>PHHPC approval and corporate arrangements. Would expand the types of hospital/network corporate arrangements that must receive establishment approval by PHHPC.</p> | Oppose | Advanced to third reading | N/A |

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| PUBLIC HEALTH | | | | | |
| A.7800-A Gottfried | S.6000-A Rivera | Uniform Anatomical Gift Act. Would codify the most recent version of the Uniform Anatomical Gift Act. This legislation would expand the members of classes eligible to make or amend anatomical gifts; authorize a simple majority of decision makers in a single class to make a gift; allow for interpretation of advance directives, which are also documents of a gift; and provide additional time to exchange information among various parties, including the prospective donor's family and medical professionals. | Support | Signed into law; Chapter 742 | |
| A.558-A Rosenthal | S.2833 Savino | Raising the age to purchase tobacco products. Would increase the age to purchase tobacco products from 18 years old to 21 years old. | Support | Signed into law; Chapter 100 | |
| A.481-A Rosenthal | S.301-A Hoylman | Electronic cigarettes and liquid nicotine. Would include electronic cigarettes and liquid nicotine within the tobacco use and prevention program. | Support | Signed into law; Chapter 256 | |
| A.7915-A Magnarelli | S.4471-A Antonacci | Donate Life Registry – hunting license. Would expand the methods of enrollment in the <i>NYS Donate Life Registry</i> to include an opportunity for individuals to register when applying for or renewing a hunting, fishing or trapping license. | Support | Passed Assembly | Advanced to third reading |
| A.5785-A Ortiz | S.1491-A Jacobs | Donate Life Registry – college application. Would expand the methods of enrollment in the <i>NYS Donate Life Registry</i> to include an opportunity for individuals to register when completing an application for a state university (SUNY) college, city university (CUNY) college or public library card. | Support | Referred to Higher Education Committee | Reported to Finance Committee |
| A.1129 Gottfried | S.1339 Rivera | NYS Living Donor Support Act. Would incentivize living organ donation through financial support and educational initiatives. | Support | Reported to Ways and Means Committee | Referred to Health Committee |

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| POST-ACUTE AND CONTINUING CARE | | | | | |
| A.1034-A Gottfried | S.4183 Rivera | E-prescribing mandate exemption for nursing homes. Would extend until Oct. 31, 2021 the exemption of oral prescriptions for nursing home and residential healthcare facilities from electronic prescribing requirements. | Support | | Vetoed; Veto No. 135 |
| A.407 Cahill | S.4583 Sanders | Nursing home patient rights and responsibilities. Would require nursing homes to provide potential residents with their policy on granting physician privileges prior to the execution of a residency agreement. | No position | | Signed into law; Chapter 492 |
| A.1078 Gottfried | S.4582 Sanders | Palliative care definition. Would amend the definition of palliative care to include “life-limiting conditions and illnesses” in order to permit hospices to provide palliative care to patients not at end-of-life. | No position | | Signed into law; Chapter 494 |
| A.3839 McDonald | S.1817 Rivera | Home care and community-based sepsis prevention. Would authorize DOH to provide financial support for certain objectives and activities related to promoting community-based sepsis prevention, screening, intervention, provider-collaboration and education in the state. Such support may include using existing funding, grants or supplementation of reimbursement rates to providers. | No position | | Vetoed; Veto No. 257 |
| A.4757-A Gottfried | S.5908 Rivera | Abuse in nursing homes. Would expand reportable offenses in nursing homes to include non-physical abuse and misappropriation of property. Additionally, the bill would require DOH to develop forms that could be used for reporting any potentially criminal activity to appropriate law enforcement entities and authorize DOH to appoint independent quality monitors in certain situations. | No position | | Signed into law; Chapter 677 |

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| A.4482 Cusick | S.3766 Parker | Mental hygiene legal services. Would provide MHLS with authority to provide legal assistance to patients or residents of residential healthcare facilities who have been admitted directly from a psychiatric facility or a psychiatric ward of a hospital and who have a serious mental illness for which they are receiving services related to such illness. | No position | Signed into law; Chapter 658 | |
| A.1084 Gottfried | S.874 Rivera | Adult care facility resident rights. Would require residents of an adult care facility to be fully informed of their healthcare services, to consent or refuse such services and be authorized to choose their own healthcare providers for services not covered by the facility contract. The bill would also indemnify the facility for complying with the refusal of care, provided the operator is acting in good faith. | No position | Signed into law; Chapter 646 | |
| A.976 Gottfried | S.1820 Rivera | Licensed home care services agency moratorium. Would provide the commissioner of health with discretion to place applications for LHCSA licensure before PHHPC, provided the commissioner deems the application to be consistent with the goals of consolidation and improving care delivery. | Support | Vetoed; Veto No. 239 | |
| A.710-A Niou | S.4861-A Kavanagh | Closure of nursing homes. Would require nursing homes to provide written notice of anticipated closure to the local governing body to provide it an opportunity to respond and make recommendations. | Oppose | Advanced to third reading | Referred to Health Committee |

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| WOMEN'S HEALTH | | | | | |
| A.3276 Joyner | S.1819 Rivera | Maternal Mortality Review Board. Would establish a statewide MMRB for the purposes of studying maternal mortality and morbidity and would authorize New York City to establish its own review board. | Support | Signed into law; Chapter 140 | |
| A.6962-A Joyner | S.4498-A Rivera | Obstetric hemorrhage protocols. Would direct the commissioner of health, in conjunction with clinical experts, to provide guidance and develop or identify management protocols and strategies related to obstetric hemorrhages to be used by hospitals. The bill would require hospitals to adopt, implement, and regularly update their obstetric hemorrhage protocols, including a response plan for emergency transfers to facilities that can provide a higher level of care. Additionally, the bill would direct DOH to submit a biannual report to the legislature on such protocols and the strategies developed and implemented. | Concerns | Signed into law; Chapter 662 | |
| A.2957-A Richardson | S.4637-A Montgomery | Information for maternity patients. Would require information on possible complications from pregnancy that can lead to death to be included on the already required leaflet for post-discharge maternity patients. | No position | Signed into law; Chapter 718 | |
| A.5502-A Jean-Pierre | S.3852-A Martinez | Coverage for mammograms (Shannon's Law). Would require coverage for mammograms for insureds ages 35 to 39 in large group policies. | Support | Signed into law; Chapter 143 | |
| A.318-A Paulin | S.2888-A Salazar | Written communication prior to cesarean section. Would require DOH to establish a written communication that maternal health providers must provide to each pregnant woman for whom a cesarean section delivery is planned and to each patient following an unplanned cesarean delivery. | Concerns | Passed Assembly | Advanced to third reading |

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| OTHER BILLS OF INTEREST | | | | | |
| A.212 Galef | S.474 Carlucci | <p>Discharging patients with central venous lines. Would require hospitals to consult with the caregiver of a patient with a central venous line within 24 hours of discharge regarding his or her capability of providing appropriate care for such patient.</p> <p>The bill would also authorize the hospital to order appropriate care, including home care services, when the caregiver cannot confidently provide proper care of the central venous line.</p> | No position | Signed into law; Chapter 617 | |
| A.1204-A Peoples-Stokes | S.2279-A Hoylman | <p>Full regimen of HIV post-exposure prophylaxis. Would require hospitals to provide the full regimen of HIV post-exposure prophylaxis in cases where it has been determined a significant exposure to HIV has occurred. Existing law requires a “seven day starter pack.”</p> <p>The bill would also require healthcare providers to bill the Office of Victim Services directly for any follow-up HIV PEP costs and require OVS to annually review and determine if a reimbursement rate higher than the existing statutory maximum rate of \$800 is feasible and appropriate and to adjust accordingly.</p> | Concerns | Signed into law; Chapter 681 | |
| A.1239 Jaffee | S.3248 Salazar | <p>Child custody medical decisions. Would include non-parents with lawful orders of custody as persons who may make medical decisions for minors in their care and clarify that such persons’ consent is not required for emergency care.</p> | Support | Signed into law; Chapter 623 | |

| ASSEMBLY BILL | SENATE BILL | BILL SUMMARY | HANYS' POSITION | ASSEMBLY STATUS | SENATE STATUS |
|-----------------------|---------------------|--|-----------------|---------------------------------|---------------|
| A.2850-A Lavine | S.3962-A Salazar | <p>Hospital domestic violence policies and procedures. Would require every general hospital to develop, maintain and disseminate written policies and procedures regarding confirmed or suspected cases of domestic violence, and further require hospitals to train all current and new employees on such policies and procedures.</p> <p>Additionally, the bill would require every hospital to designate a staff person to coordinate services to victims of domestic violence and to work with the domestic violence organization providing victim assistance in the geographic area served by such hospital.</p> | Concerns | Signed into law; Chapter 733 | |
| A.4072-A Gottfried | S.1471-A Hoylman | <p>Plant-based food options in hospitals. Would require hospitals to offer patients a plant-based food option as an alternative to every meal or snack offered in food service. The provisions of the bill would not apply to patient nutritional support products, such as infant formula.</p> | No position | Signed into law; Chapter 588 | |
| A.5635-B DenDekker | S.5575-B Thomas | <p>Notification of a security breach. Among other provisions, would require covered entities that are required to provide notification of a security breach to the Secretary of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act or the Health Information Technology for Economic and Clinical Health Act to also provide such notification to the state attorney general within five business days of notifying the secretary.</p> | Concerns | Signed into law; Chapter 117 | |
| A.5775-A Lentol | S.3966-A Salazar | <p>Transportation for sexual assault victim (Safe Way Home Act). Would entitle sexual assault victims to free transportation from any medical facility in the state after receiving the initial medical services. The bill would also entitle a crime victim advocate assisting the victim to free transportation to and from the treating medical facility.</p> | No position | Signed into law; Chapter 737 | |
| A.6325-C Solages | S.1092-E Persuad | <p>Consent prior to pelvic examinations. Would require informed consent to perform a pelvic examination on an anesthetized or unconscious person and would expand the definition of professional misconduct to include unauthorized pelvic examinations.</p> | Support | Signed into law; Chapter 360 | |

| ASSEMBLY BILL | SENATE BILL | BILL SUMMARY | HANYS' POSITION | ASSEMBLY STATUS | SENATE STATUS |
|----------------------------|---------------------|---|-----------------|---------------------------------|---------------|
| A.4988 Paulin | S.3353 Ramos | Informed consent during training procedures. Would extend informed consent requirements to medical procedures and examinations performed during the course of education or training. | Support | Signed into law; Chapter 660 | |
| A.2349 Perry | S.5367 Comrie | Transferring medical record upon closure. When a healthcare provider has possession of patient information and has decided to permanently cease to do business in New York, would require such provider to make a good faith effort within 30 days prior to closing to notify his or her current patients of the impending closure. | No position | Signed into law; Chapter 426 | |
| A.6832 DenDekker | S.4699 Ramos | DOH study on number of emergency room beds. Would require DOH to study the number of emergency room beds in the state and determine the minimum number of emergency room beds needed to adequately meet the needs of patients. The study would also assess the distance patients need to travel to access emergency room services. The bill would require DOH to issue recommendations by Dec. 31, 2019 regarding the number of emergency room beds required per capita and the maximum distance patients are expected to travel to access emergency services. | No position | Vetoed; Veto No. 220 | |
| A.8125 Gottfried | S.6448 Rivera | Human research. Would provide that upon attestation satisfactory to the commissioner of health, human subject research conducted in compliance with federal law may be deemed to be in compliance with Public Health Law, Article 24-A. | Support | Signed into law; Chapter 309 | |
| A.2969-A Peoples-Stokes | S.2849-A Breslin | Mid-year drug formulary changes. Would prohibit health plans from making changes to their prescription drug formularies during a contract year. The bill would further provide that the provisions would not supersede the terms of a collective bargaining agreement or the rights of unions to collectively bargain changes to the formularies. | No position | Vetoed; Veto No. 245 | |
| A.2836-A Gottfried | S.6531 Breslin | Pharmacy benefit managers. Would require licensure and registration of PBMs, specify their duties and obligations as service providers and establish a third-party right of action against PBMs. | No position | Vetoed; Veto No. 286 | |

| ASSEMBLY BILL | SENATE BILL | BILL SUMMARY | HANYS' POSITION | ASSEMBLY STATUS | SENATE STATUS |
|-----------------------|----------------------|--|-----------------|---------------------------------|-------------------------------|
| A.2785-A Gottfried | S.3118-A Hoylman | Prescription synchronization. Would require Medicaid fee-for-service and managed care organizations to establish a program to allow synchronized dispensing of medications when it is agreed among the patient, the prescriber and the pharmacist, under certain conditions. For the purposes of synchronization, it would allow a pharmacy to override denial codes indicating that a prescription is being refilled too soon. | Support | Vetoed; Veto No. 243 | |
| A 4781-B Rosenthal | S5091-B Comrie | Notification of drug recall. Would require pharmacies to make a reasonable attempt to notify all patients who have been prescribed and who are currently taking a prescription drug that has dispensed by such pharmacy and is subject to a class I recall issued by the FDA. | Concerns | Signed into law; Chapter 379 | |
| A.7285-A Rosenthal | S.4277-A Harckham | Discussing risks associated with pain medication. Would require health practitioners to discuss with patients the risks associated with certain pain medications before prescribing such medications. | No position | Referred to Health Committee | Passed Senate |
| A.420-B Braunstein | S.1693-B Krueger | Broadcasting patient receiving medical treatment. Would require medical facilities, such as hospitals and nursing homes, and other third parties to obtain express prior written consent before making and/or broadcasting the recognizable image or speech of a patient receiving medical treatment. The bill would also exempt a healthcare facility from any liability for the broadcasting by a third party of a patient involved in a healthcare facility when such image was obtained by a third-party without the knowledge or consent of the facility or its staff. | No position | Advanced to third reading | Advanced to third reading |
| A.2986-A Simon | S.5144-A Kavanagh | Hospital closures. Would require a facility to submit an application to DOH for approval to close a general hospital or an emergency or maternity department. The bill would require the application to include specified information and would establish a process and timeframe within which DOH must provide notification of the facility's application to the public and local, state and federal officials. Additionally, the bill would preclude the approval of any application if the commissioner of health fails to comply with the provisions. | No position | Referred to Health Committee | Reported to Finance Committee |

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