

CHCANYS End of 2015 Legislative Session Recap

While the Legislature's scheduled last day of session was June 17, non-health issues such as rent control and mayoral control of schools kept the legislators in Albany as they tried to hammer out a deal. These efforts kept the houses in until around midnight on June 23, at which point they gaveled out and gratefully headed home.

By all accounts, this session was odd. We ended session with a different Speaker of the Assembly and Majority Leader of the Senate than we started with. Change in leadership in one house can slow the wheels in Albany, but everyone had to adjust to two significant changes. The mechanics of the session — process and negotiation — which might have been predictable, were not.

The fact that those changes in leadership came as a result of corruption indictments handed down by Assistant US Attorney Preet Bharara, further slowed the wheels. The new legislative leaders and the Governor became much more cautious about engaging in the normal legislative horse trading that greases the wheels in legislatures across the country, including Albany.

While most legislation involving health issues is addressed during the budget process, there were a number of "rest of session" health bills. The following summarizes the disposition of bills CHCANYS was tracking.

Billing. S.5883 (Robach)/A.8172 (Morelle)-- **PASSED BOTH HOUSES.** Would allow providers who are unable to submit timely claims for Medicaid payment due to unforeseeable technical issues or computer systems malfunctions to be able to receive payment for their services, instead of having to forfeit the reimbursement regardless of the amount, which occurs today.

Clinic Siting. Senator Klein and Assemblyman Benedetto had introduced a "not in my backyard" bill (A.2553-A/S.4542-A) to require community forums before siting a facility that provided certain services – which could have adversely impacted FQHCs. While this bill passed the Senate, and was reported out of Assembly Cities, it did not pass out of Assembly Rules.

Collective bargaining – A.336-A(Gottfried)/S.1157-A(Hannon). While this bill – which would allow provider collective bargaining with insurance companies -- was amended to include all types of providers, including D&TCs, it passed neither house.

Continuing Medical Education Regarding Opiate Prescribing. This bill (A.355(Rosenthal)/S.4348 (Hannon)) – which would have required that CME requirements include education on opiate prescribing -- passed the Senate, but failed to come to a vote on the floor, despite being calendared. The reason the bill

stalled was apparently due to opposition from MSSNY.

Credentialing

- *Universal Credentialing Form* – A.443-A(Gottfried)/No same as. While this bill passed the Assembly, there was no “same as” bill in the Senate.
- *Expedited Review of Credentialing for Professionals Joining Group Practice* -- S.2546(Lanza)/A. 501(Cusick). This bill would have required payers to expedite the review of applications of professionals joining a group practice. While this bill got calendared in both houses, it never got to a floor vote.

Health insurance

- *Pregnancy as qualifying event* -- S.5972 (Seward)/A.6780-B (Simotas). **PASSED BOTH HOUSES.** Would allow a pregnant individual to enroll in a health insurance plan at any time (not just during open enrollment).
- *Child Health Plus* – S.4745-B (Funke)/A.7155-B (Gottfried). **PASSED BOTH HOUSES.** Would establish the date of enrollment in CHP as the date of the child's birth, if the applicant for insurance applies prior to the child's birth, or on the date the applicant for insurance applies for coverage if the application is made after the child's birth.

Prescribing. S.4893 (Hannon)/A.7208 (Gottfried) – **PASSED BOTH HOUSES.** This bill would make prescriber's determination final (prescriber prevails) for Medicaid beneficiaries. (NOTE: This bill has a significant fiscal for the State, which may be cause for a veto.)

Public Health

- *Meningococcal vaccinations* – S.4324-A (Hannon)/A. 791-C(Gunther). **PASSED BOTH HOUSES.** Would require meningococcal vaccinations for school aged children.
- *Vaccinations by pharmacists* -- S.4739-A(Hannon)/A.123-B(Paulin). **PASSED BOTH HOUSES.** Would authorize pharmacists to administer immunizations to prevent acute herpes zoster pursuant to a non-patient specific regimen; authorize pharmacists to administer immunizations to prevent tetanus, diphtheria and pertussis pursuant to a patient specific or non-patient specific order; amend the county restriction that applies to the physician or nurse practitioner issuing patient-specific or non-patient specific order to a licensed pharmacist certified to immunize; and extend the sunset provisions by 3 years.
- *Tuberculosis screening* – A.7034 (Glick)/S. 103(Hoylman). **PASSED BOTH HOUSES.** Would allow registered nurses to administer purified protein derivative (PPD) tests or other tests to detect or screen for tuberculosis infections.
- *Access to reproductive services* – A.6221 (Glick)/S.4432 (Stewart-Cousins). This bill, which advanced part of the Governor's women's agenda to ensure

access to all reproductive services consistent with *Roe v. Wade*, passed the Assembly, but remained in Senate Health.

Retail clinics. There were two separate bills (A.1411-A(Paulin) and S.5458-A (Hannon)) that would regulate retail clinics; however, the Assembly and Senate could not agree on a compromise. The Senate passed its bill, but the Assembly bill did not advance in that house.

Telehealth

- *Definition of telehealth provider* – A. 7488 (Gottfried)/S.5733 (Young). **PASSED BOTH HOUSES.** Would expand the definition of telehealth provider to include occupational therapist and physical therapists.
- *Originating site of dental services* – S.4182-A (Young)/A. 7369 (Russell). **PASSED BOTH HOUSES.** Provides that dentists' offices shall be originating sites for the purposes of telehealth delivery of services.

Workplace Violence – A.7721(People-Stokes)/S. 5130(Martins). **PASSED BOTH HOUSES.** Current law requires certain employers to ensure employee safety through the development and implementation of workforce violence prevention programs. This bill adds to the definition of covered employer non-profit corporations that have received during the preceding fiscal year at least fifty percent of their budget through a municipal, state or federal government sources, including Medicaid or Medicare.