

1 first, two thousand twenty-one such amounts shall be reduced by fifty
2 percent.

3 § 5. Subdivision 1 of section 4013 of the public health law, as
4 amended by section 9 of part MM of chapter 56 of the laws of 2020, is
5 amended to read as follows:

6 1. The commissioner shall, subject to the provisions of subdivision
7 two of this section, increase medical assistance rates of payment by up
8 to three percent for hospice services provided on and after December
9 first, two thousand two, for purposes of improving recruitment and
10 retention of non-supervisory workers or workers with direct patient care
11 responsibility, provided, however, for services provided in the state
12 fiscal year commencing April first, two thousand twenty-one such
13 increase shall be up to one and one-half percent.

14 § 6. This act shall take effect immediately and shall be deemed to
15 have been in full force and effect on and after April 1, 2021.

16 PART F

17 Section 1. Subdivision 3 of section 2999-cc of the public health law,
18 as amended by section 2 of subpart C of part S of chapter 57 of the laws
19 of 2018, is amended to read as follows:

20 3. "Originating site" means a site at which a patient is located at
21 the time health care services are delivered to him or her by means of
22 telehealth. [Originating sites shall be limited to: (a) facilities
23 licensed under articles twenty-eight and forty of this chapter; (b)
24 facilities as defined in subdivision six of section 1.03 of the mental
25 hygiene law; (c) certified and non-certified day and residential
26 programs funded or operated by the office for people with developmental

1 disabilities; (d) private physician's or dentist's offices located with-
2 in the state of New York; (e) any type of adult care facility licensed
3 under title two of article seven of the social services law; (f) public,
4 private and charter elementary and secondary schools, school age child
5 care programs, and child day care centers within the state of New York;
6 and (g) the patient's place of residence located within the state of New
7 York or other temporary location located within or outside the state of
8 New York.]

9 § 2. Paragraph (d) of subdivision 18-a of section 206 of the public
10 health law, as amended by section 8 of part A of chapter 57 of the laws
11 of 2015, is amended to read as follows:

12 (d) The commissioner may make such rules and regulations as may be
13 necessary to implement federal policies and disburse funds as required
14 by the American Recovery and Reinvestment Act of 2009 and to promote the
15 development of a self-sufficient SHIN-NY to enable widespread, non-du-
16 plicative interoperability among disparate health information systems,
17 including electronic health records, personal health records, health
18 care claims, payment and other administrative data, and public health
19 information systems, while protecting privacy and security. Such rules
20 and regulations shall include, but not be limited to, requirements for
21 organizations covered by 42 U.S.C. 17938 or any other organizations that
22 exchange health information through the SHIN-NY or any other statewide
23 health information system recommended by the workgroup. Such rules and
24 regulations shall require that qualified entities permit access to all
25 of a patient's information by all SHIN-NY participants or any other
26 general designation of who may access such information after consent is
27 obtained using a single statewide SHIN-NY consent form approved by the
28 department and published on the department's website. If the commission-

1 er seeks to promulgate rules and regulations prior to issuance of the
2 report identified in subparagraph (iv) of paragraph (b) of this subdivi-
3 sion, the commissioner shall submit the proposed regulations to the
4 workgroup for its input. If the commissioner seeks to promulgate rules
5 and regulations after the issuance of the report identified in such
6 subparagraph (iv) then the commissioner shall consider the report and
7 recommendations of the workgroup. If the commissioner acts in a manner
8 inconsistent with the input or recommendations of the workgroup, he or
9 she shall provide the reasons therefor.

10 § 3. Paragraphs (w) and (x) of subdivision 2 of section 2999-cc of the
11 public health law, as amended by section 1 of part HH of chapter 56 of
12 the laws of 2020, are amended to read as follows:

13 (w) a care manager employed by or under contract to a health home
14 program, patient centered medical home, office for people with develop-
15 mental disabilities Care Coordination Organization (CCO), hospice or a
16 voluntary foster care agency certified by the office of children and
17 family services certified and licensed pursuant to article twenty-nine-i
18 of this chapter; [and]

19 (x) practitioners authorized to provide services in New York pursuant
20 to the interstate licensure program set forth in regulations promulgated
21 by the commissioner of education in accordance with subdivision three of
22 section sixty-five hundred one of the education law; and

23 (y) any other provider as determined by the commissioner pursuant to
24 regulation or, in consultation with the commissioner, by the commission-
25 er of the office of mental health, the commissioner of the office of
26 addiction services and supports, or the commissioner of the office for
27 people with developmental disabilities pursuant to regulation.

1 § 4. Section 6501 of the education law is amended by adding a new
2 subdivision 3 to read as follows:

3 3. Notwithstanding any inconsistent provision of law, rule or regu-
4 lation to the contrary, the commissioner shall, in consultation with the
5 commissioners of the department of health, office of mental health,
6 office of addiction services and supports, and office for people with
7 developmental disabilities, issue regulations for the creation of an
8 interstate licensure program which authorizes practitioners licensed by
9 contiguous states or states in the Northeast region to provide tele-
10 health services, as defined by article twenty-nine-g of the public
11 health law and any implementing regulations promulgated by the commis-
12 sioners of the department of health, office of mental health, office of
13 addiction services and supports, and office for people with develop-
14 mental disabilities, to patients located in New York state, taking into
15 consideration the need for specialty practice areas with historical
16 access issues, as determined by the commissioners of the department of
17 health, office of mental health, office of addiction supports and
18 services, or office for people with developmental disabilities. Such
19 regulations may be promulgated on an emergency basis; provided, however,
20 they shall be promulgated on a final basis no later than March thirty-
21 first, two thousand twenty-two.

22 § 5. Section 3217-h of the insurance law is amended by adding a new
23 subsection (c) to read as follows:

24 (c) An insurer that provides comprehensive coverage for hospital,
25 medical, or surgical care with a network of health care providers shall
26 ensure that such network is adequate to meet the telehealth needs of
27 insured individuals for services covered under the policy when medically
28 appropriate.

1 § 6. Section 4306-g of the insurance law is amended by adding a new
2 subsection (c) to read as follows:

3 (c) A corporation that provides comprehensive coverage for hospital,
4 medical, or surgical care with a network of health care providers shall
5 ensure that such network is adequate to meet the telehealth needs of
6 insured individuals for services covered under the policy when medically
7 appropriate.

8 § 7. Subdivisions 1 and 6 of section 24 of the public health law, as
9 added by section 17 of part H of chapter 60 of the laws of 2014, are
10 amended to read as follows:

11 1. A health care professional, or a group practice of health care
12 professionals, a diagnostic and treatment center or a health center
13 defined under 42 U.S.C. § 254b on behalf of health care professionals
14 rendering services at the group practice, diagnostic and treatment
15 center or health center, shall disclose to patients or prospective
16 patients in writing or through an internet website the health care plans
17 in which the health care professional, group practice, diagnostic and
18 treatment center or health center, is a participating provider and the
19 hospitals with which the health care professional is affiliated prior to
20 the provision of non-emergency services and verbally at the time an
21 appointment is scheduled. Such disclosure shall indicate whether the
22 health care professional, group practice, diagnostic and treatment
23 center or health center offers telehealth services.

24 6. A hospital shall post on the hospital's website: (a) the health
25 care plans in which the hospital is a participating provider; (b) a
26 statement that (i) physician services provided in the hospital are not
27 included in the hospital's charges; (ii) physicians who provide services
28 in the hospital may or may not participate with the same health care

1 plans as the hospital, and; (iii) the prospective patient should check
2 with the physician arranging for the hospital services to determine the
3 health care plans in which the physician participates; (c) as applica-
4 ble, the name, mailing address and telephone number of the physician
5 groups that the hospital has contracted with to provide services includ-
6 ing anesthesiology, pathology or radiology, and instructions how to
7 contact these groups to determine the health care plan participation of
8 the physicians in these groups; [and] (d) as applicable, the name, mail-
9 ing address, and telephone number of physicians employed by the hospital
10 and whose services may be provided at the hospital, and the health care
11 plans in which they participate; and (e) disclosure as to whether the
12 hospital offers telehealth services.

13 § 8. Subdivision 8 of section 24 of the public health law is amended
14 by adding a new paragraph (d) to read as follows:

15 (d) "Telehealth services" means those services provided in accordance
16 with article twenty-nine-g of this chapter, subsection (b) of section
17 thirty-two hundred seventeen-h of the insurance law, or subsection (b)
18 of section forty-three hundred six-g of the insurance law, as applica-
19 ble.

20 § 9. This act shall take effect April 1, 2021; provided, however, if
21 this act shall have become a law after such date it shall take effect
22 immediately and shall be deemed to have been in full force and effect on
23 and after April 1, 2021; provided further, however, that the amendments
24 to paragraph (d) of subdivision 18-a of section 206 of the public health
25 law made by section two of this act shall not affect the repeal of such
26 paragraph and shall be deemed repealed therewith; and provided further,
27 that sections five and six of this act shall take effect October 1, 2021

1 and shall apply to policies and contracts issued, renewed, modified,
2 altered, or amended on and after such date.

3 PART G

4 Section 1. The public health law is amended by adding a new article
5 29-J to read as follows:

6 ARTICLE 29-J

7 MEDICAL RESPITE PROGRAM

8 Section 2999-hh. Medical respite program.

9 § 2999-hh. Medical respite program. 1. Legislative findings and
10 purpose. The legislature finds that an individual who lacks access to
11 safe housing faces an increased risk of adverse health outcomes. By
12 offering medical respite programs as a lower-intensity care setting for
13 individuals who would otherwise require a hospital stay or lack a safe
14 option for discharge and recovery, medical respite programs will reduce
15 hospital inpatient admissions and lengths of stay, hospital readmis-
16 sions, and emergency room use. The legislature finds that the estab-
17 lishment of medical respite programs will protect the public interest
18 and the interests of patients.

19 2. Definitions. As used in this article, the following terms shall
20 have the following meanings, unless the context clearly otherwise
21 requires:

22 (a) "Medical respite program" means a not-for-profit corporation
23 licensed or certified pursuant to subdivision three of this section to
24 serve recipients whose prognosis or diagnosis necessitates the receipt
25 of:

26 (i) Temporary room and board; and