



Health Budget Briefing

Part A

Friday, February 7, 2014

10:00 am – 12:00 pm

Office of Public Health



General Public Health Work

HIV testing

Cancer Services

Spinal Cord Injury Research Board

Consolidated Appropriations

General Public Health Work (GPHW)

Provides for General Public Health Work reimbursement to Local Health Departments (LHDs) for prenatal care clinical services when LHDs make a good faith effort to access insurance and only until coverage becomes effective.



HIV/AIDS

Simplifies consent for HIV testing consistent with CDC guidelines:

- NY and NE only states not conforming

Expands authorization for data sharing with providers for the purposes of patient linkage and retention in care.

Health Research Science Board

The Executive Budget proposal:

- Revises the Board member requirements, including elimination of rotating regional appointments;
 - Removes prostate and testicular cancer from the list of cancer types on which the Board may advise;
 - Removes the requirement for one voting member who has or has survived prostate or testicular cancer; and
 - Changes meeting requirements from “at least four times per year” to “as needed”.
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Cancer Detection and Education Program Advisory Council

The Executive Budget proposal:

- Renames the “Breast, Cervical and Ovarian Cancer Detection and Education Program Advisory Council” to the “Cancer Detection and Education Advisory Council”;
- Adds prostate and testicular to the list of cancer types on which the Board may advise;
- Adds a voting member that has or has survived prostate or testicular cancer; and
- Adds prostate and testicular cancer to the expertise of members to be appointed.

Prostate Cancer Research

Amends requirements for the Prostate Cancer Research Detection and Education Fund to remove references to the New York State Coalition to Cure Prostate Cancer as the sole entity which may be supported by the Fund.

Spinal Cord Injury Research Board

The Executive Budget includes \$2M appropriation:

- Contains re-appropriation authority for any unspent 2013-2014 enacted budget funds

Consolidated Appropriations

The Executive Budget includes combining 36 appropriations into 10 program areas:

- Appropriations are grouped for better service to contractors, easier administration and flexibility.

Office of Primary Care and Health Systems Management

- » Capital Access
- CON Redesign
- Ambulatory Care
- Organ Donation
- ACF & ALP
- LTHHCP
- Resident Working Hour Audits

Capital Access – Capital Restructuring

The Executive Budget establishes a Capital Restructuring Financing Program for the purpose of enhancing the quality, financial viability and efficiency of the State's health care delivery system:

- The program will allow the Department of Health to use up to \$1.2 billion in bond proceeds over a period of seven years;
- Awards will be made to provide facilities with capital needs for restructuring initiatives; and
- Applications will be closely aligned with applications under MRT Waiver/Delivery System Reform Incentive Program (DSRIP) Plan.

Capital Access – Health Facility Restructuring

The existing Health Facility Restructuring Loan Pool (\$19.6 million appropriation) permits the State to assist general hospitals to restructure their operations and finances.

The Executive Budget proposal expands the availability of health facility restructuring pool loans to not-for-profit nursing homes and diagnostic and treatment centers:

- Expanding eligibility for the program will give the Department more flexibility to assist these additional health care providers.

Private Equity Pilot Program

The Executive Budget authorizes the Commissioner to establish a pilot program to allow for the investment of capital by private equity firms in health care facilities:

- Up to five business corporations established under the Business Corporation Law, would be eligible to be established as an owner and/or operator of a new or existing hospital with the approval of the Public Health and Health Planning Council (PPHPC);
- Publicly traded entities would not be permitted to participate;
- The corporations would be required to take into account the impact of the corporation's actions not only on shareholders, but also on patients, employees and the community; and
- The pilot program would make private capital available to struggling health care facilities.

Certificate of Need (CON) Redesign

This proposal implements recommendations of the Public Health and Health Planning Council (“PHHPC”) that will:

- Allow for the approval of primary care clinic applications for establishment or construction without a review of the public need for the facility and the applicant’s financial position;
- Shorten and rationalize the character and competence review of experienced applicants for establishment under Article 28; and
- Increase transparency in regard to the transfer of ownership interests in operators of facilities licensed under Article 28 and agencies licensed under Article 36.

Organ/Tissue Donation

The Executive Budget allows the Department to engage in a public/private partnership to more effectively promote organ/tissue donation by contracting out the operation and marketing of the New York Donate Life Organ and Tissue Donor Registry:

- New York has one of the lowest organ/tissue consent rates in the nation. Enrollment in New York's Registry is well below the national goal of an enrollment rate of 50% of the state eligible population and lags behind the majority of the country with an enrollment rate of 22% opposed to the 45% rate reported by other states; and
- In 2012, over 10,000 New Yorkers were waiting for organs and 612 died waiting for an organ.

Streamline Application Process for Adult Care Facilities & Assisted Living Residences

The Executive Budget implements recommendations of an adult care facility and assisted living licensure streamlining workgroup that was created by the Department consistent with Social Services Law § 461-b (2)(b), as amended by Chapter 414 of the Laws of 2013:

- Increase from six weeks to 120 days the maximum time period for which an operator of an adult home, residence for adults, or enriched housing program may provide temporary residential care to non-residents;
- Require the Department to create an expedited review process for the approval of the addition of up to nine additional beds in existing assisted living residences (ALRs), enhanced assisted living residences (EALRs) and special needs assisted living residences (SNALRs);
- Allow for a prior notice provision and expedited approval process for transfers of ownership interest of less than ten percent in, and for conversions of business organization type of, operators of facilities licensed under Article 7 of the Social Services Law; and
- Shorten the character and competence review of experienced applicants for establishment under Article 7.

Long Term Home Health Care Plan

The Executive Budget updates the language authorizing Long Term Home Health Care Programs (LTHHCPs), which were created to provide long term care services to qualified home and community based Medicaid recipients:

- While Medicaid recipients with long term care needs have been transitioned, or will transition, to managed care organizations and Managed Long Term Care Plans (MLTCPs) are part of the MRT Care Management for All Initiative, the authorizing language must be updated so that Article 28 providers of LTHHCPs can continue under Medicare.

Authorize Limited Services Clinics

The Executive Budget reflects recommendations of the Public Health and Health Planning Council and will allow New York to define retail clinics and the scope of services they can provide:

- Such entities would refer to themselves as “Limited Services Clinics,” which will assist in customer recognition.

Standardize Urgent Care Centers

The Executive Budget reflects recommendations of the Public Health and Health Planning Council and will restrict the use of the name “Urgent Care” to only those providers that meet specified criteria, including minimum scope of services requirements, as defined by the Department.

Accreditation will be a requirement for both Article 28 and non-Article 28 urgent care providers.



Enhance Oversight of Office-Based Surgery

Currently, the office-based surgery (OBS) statute require physicians, physician assistants and specialists assistants performing invasive or surgical procedures involving more than minimal sedation (moderate sedation, deep sedation and general anesthesia) or liposuction of greater than 500cc in non-Article 28 settings (i.e. private practices), to become accredited and report select adverse events identified in the law. The budget will:

- Expand OBS to include all podiatrists performing OBS;
- Expand requirement for accreditation and adverse event reporting to Office-Based Anesthesia (OBA) practices;
- Limit procedure and recovery time in OBS and OBA settings;
- Broaden the definition of an adverse event;
- Extend licensee's time to report adverse events;
- Require registration of and data submission by OBS and OBA practices; and
- Strengthen accreditation requirements

These changes will enhance patient safety and give the Department more information about OBS and OBA.

Upgraded Diagnostic and Treatment Center

The Executive Budget repeals the existing statutory authorization for Upgraded Diagnostic and Treatment Centers (UD&TCs).

When UD&TCs were established, they were intended to provide limited emergency services to rural communities. Given new models of care, there is no further need for this model.

Resident Working Audits

The Executive Budget repeals Public Health Law § 2803(9), which requires annual audits of teaching hospitals to determine compliance with resident working hour regulations:

- The audits currently conducted are duplicative of the process used by the Accreditation Council for Graduate Medical Education (ACGME) and are extremely resource intensive.