



Legislation Text

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Int. No. 1668

By Council Members Levine, the Speaker (Council Member Johnson), Rivera, Kallos, Chin, Eugene, Lander, Powers and Louis

A Local Law to amend the administrative code of the city of New York, in relation to establishing a health access program

Be it enacted by the Council as follows:

Section 1. Title 17 of the administrative code of the city of New York is amended by adding a new chapter 19 to read as follows:

CHAPTER 19

Health Access Program

§ 17-1901 Definitions. For purposes of this chapter, the following terms have the following meanings:

Covered health care services. The term “covered health care services” means professional medical services by primary care practitioners, including preventive, primary, diagnostic, and specialty services; inpatient and outpatient hospital services, including acute inpatient mental health services; diagnostic and laboratory services, including therapeutic radiological services; prescription drugs, excluding drugs for uncovered services; and any other services determined by the department.

Department. The term “department” means the department of health and mental hygiene or such other agency or entity as the mayor may designate.

Health access program. The term “health access program” means a public program to provide access to health care.

Medical Home. The term “medical home” means a model of providing medical services, in which

participants shall have a primary care physician or primary care practitioner, as such terms are defined in section 901 of the public health law, to help develop, direct, and coordinate their plan and course of care and health management, including referrals for testing and specialty services, and management of chronic conditions and diseases.

Patient navigator. The term “patient navigator” means an individual who assists participants in the health access program to access and move through the program.

Telemedicine service. The term “telemedicine service” means a system that allows health care professionals to evaluate, diagnose, and treat patients using telecommunications technology.

§ 17-1902 Health Access Program. a. The department shall, consistent with any applicable federal, state or local laws, develop, and administer a health access program. No individual shall be excluded from the health access program due to his or her immigration status, employment status, or a preexisting medical condition.

b. 1. The health access program shall offer individuals a medical home and shall assign each participant a patient navigator.

2. Medical homes shall be operated by medical service providers, which shall include facilities operated by New York city health and hospitals corporation and federally qualified health centers, as such term is defined in section 1395x(aa) of title 42 of the United States code, and may include other not-for-profit and private medical service providers, selected by the department in accordance with quality and other criteria established by the department. The department shall ensure that providers offer culturally responsive care that meets the primary cultural and language needs of those they serve. In selecting medical homes, the department shall prioritize providers of family medicine.

3. The department shall ensure that a medical home is provided in each community district and that at least one participating acute care hospital providing specialty services is provided in each borough. The department, one year after the effective date of the local law that added this section, shall issue a report to the Speaker of the City Council and post on the department website listing any community districts in which the

department failed to establish a medical home as well as any borough in which the department failed to provide an acute care hospital and the reasons for such failure.

c. The department shall maintain a telemedicine service providing access for participants 24 hours per day, seven day per week.

d. Providers shall be required to connect to a regional health information organization for the electronic exchange of clinical information.

e. The health access program may impose a sliding scale fee schedule based on an individual's ability to pay for medical services provided but may not charge a participation fee.

f. The department shall maintain a website accessible to the public with information about enrollment, covered services, and applicable costs.

g. The department may enter into contracts or agreements with third parties to implement the provisions of this chapter, including administering the health access program and managing communication with participants.

§ 2. This local law takes effect 180 days after it becomes law.

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