



Legislation Text

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Int. No. 1668-A

By Council Members Levine, the Speaker (Council Member Johnson), Rivera, Kallos, Chin, Eugene, Lander, Powers, Louis, Levin, Barron, Rose, Gennaro and Yeger

A Local Law to amend the administrative code of the city of New York, in relation to establishing a primary care services and patient navigation 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 20 to read as follows:

CHAPTER 20

Primary Care Services and Patient Navigation Program

§ 17-2001 Definitions. For purposes of this chapter, the following terms have the following meanings:

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

Epic care link. The term “epic care link” means a web based application that connects organizations to their community affiliates and allows for referrals into the city’s public health care system.

Primary care services. The term “primary care services” means medical services for 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 program. The term “patient navigator program” means a program which assists patients in accessing primary care and specialty services and in coordinating such care.

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

§ 17-2002 Primary care services and patient navigation program. a. The department shall, consistent with any applicable federal, state or local laws, develop and manage a primary care services and patient navigation program (PCSPNP). No individual shall be excluded from PCSPNP due to their immigration status, employment status or a preexisting medical condition.

b.1. PCSPNP shall offer individuals primary care services and applicable patient navigator services.

2. Primary care services shall be offered by medical service providers, which shall include facilities operated by the 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. The department shall ensure that providers offer culturally responsive care that meets the primary language and cultural needs of those they serve.

3. The department shall ensure that primary care services are provided in each community district and that at least one participating acute care hospital providing specialty services is provided in each borough. In the event that the department, after making significant efforts, is unable to ensure primary care services in each district, the department shall issue a report to the speaker of the city council and post such report on the department’s website listing any community districts in which the department failed to ensure primary care services as well as any borough in which the department failed to ensure an acute care hospital and the reasons for such failure. Such report shall be issued within one year of the effective date of the local law that added this section.

4. The department shall ensure that any provider that opts in to participate in PCSPNP will have access to EPIC care link and training on its use.

c. The department shall offer a telemedicine service providing access for patients 24 hours per day, seven days per week.

d. PCSPNP participating providers shall be offered the ability to connect to a regional health information organization for the electronic exchange of clinical information.

e. PCSPNP 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. Such sliding scale fee schedule may correspond with the schedule set by federally qualified health centers, as such term is defined in section 1395x(aa) of title 42 of the United States code.

f. The department shall maintain a website accessible to the public with information about how providers and patients can opt in to PCSPNP.

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

§ 2. This local law takes effect 1 year after it becomes law.