



STAT News

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STATE UPDATE: Legislation Continues Advancing

A variety of health care-related bills were recently signed by the governor with a generous amount still awaiting delivery and/or action by the governor. Some of these include:

Clinical Laboratory Limited License extension. The governor signed this legislation before the first extension period expired September 1, 2013. The new legislation extends the limited licensure measure until 2016. Clinical laboratory technologists can continue to work under a limited license pursuant to an agreement reached several years ago when the Clinical Laboratory Practice Act, which took effect in 2006, required new licensure and education requirements for clinical lab technologists and certification for clinical laboratory technicians.

Smoking on Health Care Facility Grounds. This legislation prohibits smoking on the ground of hospitals and nursing homes, with an exception for nursing home residents/visitors. This law takes effect October 29, 2013. In 2009, all hospitals on Long Island voluntarily agreed as a region to become tobacco-free campuses – one of the few regions in the state to take this step.

Pulse Oximetry Screening for Newborns. Effective January 27, 2014, hospitals and birthing centers are required to perform a pulse oximetry test on each newborn to screen for critical congenital heart defects. The test is now part of the list of newborn screening requirements.

Pharmacist Administer Meningococcal Vaccine. This legislation authorizes pharmacists to administer this vaccine when presented with an order from a physician or certified nurse practitioner.

Other significant health-care related bills passed by the legislature and awaiting delivery to or action by the governor include:

Observation Services Notification. This legislation requires hospitals to provide patients who are placed in observation care with oral and written notification within 24 hours of such placement that the patient is in observation status and not admitted to the hospital as an inpatient. The Department of Health will develop guidance for hospitals for the written notice, which must include a statement that observation status may impact a patient's coverage and the patient should contact their insurer for more information. The original version of this bill placed more requirements on hospitals that would have made the bill nearly impossible to implement. The Suburban Hospital Alliance, working with its state partner the Healthcare Association of New York State, was able to achieve this revision to the bill.

Managed Care Reform. Legislation that would require utilization review agents to substantiate pre-authorizations electronically, with some exceptions, and that would extend providers' timeframe to file external appeals from 45 days to 60 days is awaiting delivery to the governor. The Suburban Hospital Alliance aggressively pushed for this legislation.

FEDERAL UPDATE: Congress Returns, Faces Funding, War Issues

Deciding on a plan to fund the government's next fiscal year, which starts October 1, 2013, and agreeing on a debt ceiling limit are overshadowed at the moment by the Syrian conflict and the issue of military intervention. However, these two funding issues must be resolved to keep the government operating and to avoid economic calamity at home and abroad. As always, Medicare/Medicaid payments to hospitals are targets, as Congress looks to find revenue in exchange for its other funding priorities. This will also be the case when Congress faces the expiring Medicare payment "doc fix." On January 1, 2014, the nation's physicians will see a 24 percent cut in Medicare payments, unless Congress acts to permanently fix the flawed formula that directs physician reimbursement or initiates another stopgap measure.

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