



STAT News

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STATE UPDATE: Governor Signs More Healthcare Bills

About 330 bills still require the governor's review before the end of this calendar year. In mid-August, Governor Cuomo signed several healthcare bills. These include bills that will provide some regulatory relief to dually-licensed hospitals, as well as legislation focused on more patient education and clinical education.

• **Dually-Licensed Hospitals and Accreditation:** The new law authorizes the Office of Mental Health (OMH) and the Office of Alcoholism and Substance Abuse Services (OASAS) to accept accreditation in place of duplicative state surveys for outpatient mental health and substance abuse services provided by dually-licensed hospitals. The Suburban Hospital Alliance in conjunction with the Healthcare Association of New York State advanced this bill as part of its proactive regulatory reform agenda. The law is effective immediately.

• **Maternal Depression Information:** This legislation requires the Department of Health, in consultation with the OMH, to make available to maternal healthcare providers information on maternal depression, including a summary of the professional guidelines for maternal depression screening.

• **Palliative Care Representation and Training:** The law calls for the addition of one home care and one social work representative to the New York State Palliative Care and Education Training Council. It requires the Council to examine and make recommendations regarding the need, approaches, and resources to provide palliative care education and training in schools of nursing and social work and at healthcare facilities.

• **Access to Autopsy Reports:** This law requires coroners and medical examiners to make autopsy reports available in a timely manner to hospitals for the purpose of carrying out quality assurance and performance improvement activities. It is effective immediately.

Significant healthcare-related bills awaiting delivery to and action by the governor include:

Insurance Coverage for Telemedicine and Telehealth; Standing Orders for Hep C Virus Testing; Non-profit Revitalization Act Amendments; and Physical Therapy Assistants in Home Care Settings.

FEDERAL UPDATE: Final Rule Grants IT Flexibility

The Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology released a final rule on August 29, 2014 that provides hospitals and other eligible healthcare providers with some flexibility in meeting "meaningful use" criteria under the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs in fiscal year 2014. "Meaningful use" refers to the criteria for showing that providers have successfully adopted different stages of EHR use and certification of EHR vendor-supported technology by certain deadlines. There are payment incentives and penalties tied to the implementation of "meaningful use." The final rule offers 10 different pathways for eligible hospitals and professionals to meet "meaningful use" requirements for fiscal year 2014. To take advantage of the ruling's flexibility, hospitals and other providers must attest that they could not fully implement 2014 certified EHRs due to delays in availability of technology, specifically challenges installing software patches, completing training, and implementing workflow changes. However, for reporting for fiscal year 2015, all hospitals will be required to use the 2014 edition of EHR technology and report performance for a full 365 days. The hospital industry had advocated for a more reasonable 90-day reporting period. Robust use of health IT is key to reducing healthcare costs, improving quality, and enhancing care coordination. "Meaningful use" stems from the Health Information Technology for Economic and Clinical Health (HITECH) Act enacted as part of the 2009 American Recovery and Reinvestment Act (ARRA).

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