



Legislation Details (With Text)

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Title:	A Local Law to amend the New York city charter, in relation to creating an office of the patient advocate within the New York city department of health and mental hygiene				
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Attachments:	1. Summary of Int. No. 69, 2. Int. No. 69, 3. February 24, 2022 - Stated Meeting Agenda, 4. Hearing Transcript - Stated Meeting 2-24-22, 5. Minutes of the Stated Meeting - February 24, 2022				

Date	Ver.	Action By	Action	Result
2/24/2022	*	City Council	Introduced by Council	
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12/31/2023	*	City Council	Filed (End of Session)	

Int. No. 69

By Council Members Rivera, Schulman, Won, Louis, Restler, Bottcher and De La Rosa

A Local Law to amend the New York city charter, in relation to creating an office of the patient advocate within the New York city department of health and mental hygiene

Be it enacted by the Council as follows:

Section 1. Chapter 22 of the New York city charter is amended by adding a new section 570 to read as follows:

§ 570 Office of the Patient Advocate. a. Definitions. As used in this section, the following terms have the following meanings:

Health care facility. The term “health care facility” means any building, structure or place, or any portion thereof, located in the city, at which health care providers provide medical services, including any hospital, clinic, psychiatric facility, residential health care facility, physical therapy facility or convalescent

home.

Health care provider. The term “health care provider” means any person operating within the city who is licensed or certified under federal or New York state law to provide medical services, including but not limited to doctors, nurses and emergency personnel.

Office. The term “office” means the office of the patient advocate.

b. There shall be in the department an office of the patient advocate. Such office shall have the power and duty to:

1. Establish a system to receive comments, questions and complaints regarding medical services and coverage, including health care providers, health care facilities and health insurance;

2. Determine and carry out the appropriate response to each such question, comment and complaint, including:

(a) Referral to an appropriate federal, state or local agency or nongovernment organization for resolution, including the state of New York’s designated independent consumer assistance programs or ombuds programs;

(b) Coordination with other agencies or nongovernmental organizations, including the state of New York’s designated independent consumer assistance programs or ombuds programs, for resolution; and

(c) Inquire into and work to resolve such question, comment or complaint with relevant parties;

3. Collect, track and analyze data on such comments, questions and complaints for the purpose of identifying and providing information about problems faced and information needed by the public in obtaining medical care;

4. Analyze whether the behavior described in complaints appears to violate the New York city human rights law, the New York state human rights law or the New York state hospital patients’ bill of rights;

5. Make recommendations to address obstacles to, and problems with, accessing medical care and issues with the quality of medical care provided; and

6. Monitor the certificate of need applications filed with the New York state department of health that relate to health care facilities or services in the city, review the publicly available summaries of such applications, provide notification to the community board of any applications that relate to their community district, compile and analyze comments received from the community on such applications and submit to the New York state department of health such compiled comments.

c. Within 18 months of the effective date of the local law that added this section, and annually thereafter, the office shall prepare and post on its website and submit to the mayor and the council a report containing, at a minimum:

1. The number of complaints received by the office and a description of such complains, disaggregated by health care facility and health care provider;

2. The average time taken by the office to respond to complains, disaggregated by health care facility and health care provider;

3. A description of actions taken by the office in response to comments, questions and complaints received in the prior year, disaggregated by health care facility and health care provider;

4. The analysis required by paragraphs 3, 4 and 5 of subdivision b of this section, including recommendations and potential solutions to issues identified; and

5. An analysis of larger medical trends, access to health care facilities, and their impact on patients and surrounding communities.

d. The office may prepare any additional reports it deems appropriate.

§ 2. This local law takes effect 120 days after it becomes law, except that the commissioner of health and mental hygiene shall take such measures as are necessary for the implementation of this local law, including the promulgation of rules, prior to such date.

Session 11

NAB

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