

Matter underlined is new law being added. Matter in brackets and strike-out is existing law being repealed.

Accountable Care Organizations Demonstration Program

A. 4009-D, Part H, § 66, page 162

15 § 66. The public health law is amended by adding a new article 29-E to
16 read as follows:

17 **ARTICLE 29-E**

18 **ACCOUNTABLE CARE ORGANIZATIONS DEMONSTRATION PROGRAM**

19 **Section 2999-n. Accountable care organizations; findings; purpose.**

20 **2999-o. Definitions.**

21 **2999-p. Establishment of ACO demonstration program.**

22 **2999-q. Accountable care organizations; requirements.**

23 **2999-r. Other laws.**

24 **§ 2999-n. Accountable care organizations; findings; purpose. The**
25 **legislature intends to test the ability of accountable care organiza-**
26 **tions to assume a role in delivering an array of health care services,**
27 **from primary and preventive care through acute inpatient hospital and**
28 **post-hospital care. The legislature finds that the formation and opera-**
29 **tion of accountable care organizations under this article, and subject**
30 **to appropriate regulation, can be consistent with the purposes of feder-**
31 **al and state anti-trust, anti-referral, and other statutes, including**
32 **reducing over-utilization and expenditures. The legislature finds that**
33 **the development of accountable care organizations under this article**
34 **will reduce health care costs, promote effective allocation of health**
35 **care resources, and enhance the quality and accessibility of health**
36 **care. The legislature finds that this article is necessary to promote**
37 **the formation of accountable care organizations and protect the public**
38 **interest and the interests of patients and health care providers.**

39 **§ 2999-o. Definitions. As used in this article, the following terms**
40 **shall have the following meanings, unless the context clearly requires**
41 **otherwise:**

42 **1. "Accountable care organization" or "ACO" means an organization of**
43 **clinically integrated health care providers certified by the commission-**
44 **er under this article.**

45 **2. "Certificate of authority" or "certificate" means a certificate of**
46 **authority issued by the commissioner under this article.**

47 **3. "Health care provider" includes but is not limited to an entity**
48 **licensed or certified under article twenty-eight or thirty-six of this**
49 **chapter; an entity licensed or certified under article sixteen, thirty-**
50 **one or thirty-two of the mental hygiene law; or a health care practi-**
51 **tioner licensed or certified under title eight of the education law or a**
52 **lawful combination of such health care practitioners; and may also**
53 **include, to the extent provided by regulation of the commissioner, other**
54 **entities that provide technical assistance, information systems and**
55 **services, care coordination and other services to health care providers**
56 **and patients participating in an ACO.**

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1 **4. "Primary care" means the health care fields of family practice,**
2 **general pediatrics, primary care internal medicine, primary care obstet-**
3 **rics, or primary care gynecology, without regard to board certification,**
4 **provided by a health care provider acting within his, her, or its lawful**
5 **scope of practice.**

6 5. "Third-party health care payer" has its ordinary meanings and may
7 include any entities provided for by regulation of the commissioner,
8 which may include an entity such as a pharmacy benefits manager, fiscal
9 administrator, or administrative services provider that participates in
10 the administration of a third-party health care payer system.

11 6. Any references to the "department of financial services" and the
12 "superintendent of financial services" in this article shall mean, prior
13 to October third, two thousand eleven, respectively, the "department of
14 insurance" and the "superintendent of insurance."

15 § 2999-p. Establishment of ACO demonstration program. 1. An account-
16 able care organization: (a) is an organization of clinically integrated
17 health care providers that work together to provide, manage, and coordi-
18 nate health care (including primary care) for a defined population; with
19 a mechanism for shared governance; the ability to negotiate, receive,
20 and distribute payments; and accountability for the quality, cost, and
21 delivery of health care to the ACO's patients; in accordance with this
22 article; and (b) has been issued a certificate of authority by the
23 commissioner under this article.

24 2. The commissioner shall establish a demonstration program within the
25 department to test the ability of ACOs to deliver an array of health
26 care services for the purpose of improving the quality, coordination and
27 accountability of services provided to patients in New York.

28 3. The commissioner may issue a certificate of authority to an entity
29 that meets conditions for ACO certification as set forth in regulations
30 promulgated by the commissioner pursuant to section twenty-nine hundred
31 ninety-nine-q of this article. The commissioner shall not issue more
32 than seven certificates under this article, and shall not issue any new
33 certificate under this article after December thirty-first, two thousand
34 fifteen.

35 4. The commissioner may limit, suspend, or terminate a certificate of
36 authority if an ACO is not operating in accordance with this article.

37 5. The commissioner is authorized to seek federal approvals and waiv-
38 ers to implement this article, including but not limited to those
39 approvals or waivers necessary to obtain federal financial partic-
40 ipation.

41 § 2999-q. Accountable care organizations; requirements. 1. The commis-
42 sioner shall promulgate regulations establishing criteria for certif-
43 icates of authority, quality standards for ACOs, reporting requirements
44 and other matters deemed to be appropriate and necessary in the opera-
45 tion and evaluation of the demonstration program. In promulgating such
46 regulations, the commissioner shall consult with the superintendent of
47 financial services, health care providers, third-party health care
48 payers, advocates representing patients, and other appropriate parties.

49 2. Such regulations may, and shall as necessary for purposes of this
50 article, address matters including but not limited to:

51 (a) The governance, leadership and management structure of the ACO,
52 including the manner in which clinical and administrative systems and
53 clinical participation will be managed;

54 (b) Definition of the population proposed to be served by the ACO,
55 which may include reference to a geographical area and patient charac-
56 teristics;

1 (c) The character, competence and fiscal responsibility and soundness
2 of an ACO and its principals, if and to the extent deemed appropriate by

3 the commissioner;
4 (d) The adequacy of an ACO's network of participating health care
5 providers, including primary care health care providers;
6 (e) Mechanisms by which an ACO will provide, manage, and coordinate
7 quality health care for its patients and provide access to health care
8 providers that are not participants in the ACO;
9 (f) Mechanisms by which the ACO shall receive and distribute payments
10 to its participating health care providers, which may include incentive
11 payments or mechanisms for pooling payments received by participating
12 health care providers from third-party payers and patients;
13 (g) Mechanisms and criteria for accepting health care providers to
14 participate in the ACO that are related to the needs of the patient
15 population to be served and needs and purposes of the ACO, and prevent-
16 ing unreasonable discrimination;
17 (h) Mechanisms for quality assurance and grievance procedures for
18 patients or health care providers where appropriate;
19 (i) Mechanisms that promote evidence-based health care, patient
20 engagement, coordination of care, electronic health records, including
21 participation in health information exchanges, and other enabling tech-
22 nologies;
23 (j) Performance standards for, and measures to assess, the quality and
24 utilization of care provided by an ACO;
25 (k) Appropriate requirements for ACOs to promote compliance with the
26 purposes of this article;
27 (l) Posting on the department's website information about ACOs that
28 would be useful to health care providers and patients;
29 (m) Requirements for the submission of information and data by ACOs
30 and their participating and affiliated health care providers as neces-
31 sary for the evaluation of the success of the demonstration program;
32 (n) Protection of patient rights as appropriate;
33 (o) The impact of the establishment and operation of an ACO on access
34 to any health care service in the area served; and
35 (p) Establishment of standards, as appropriate, to promote the ability
36 of an ACO to participate in applicable federal programs for ACOs.
37 3. (a) Subject to regulations of the commissioner: (i) an ACO may
38 enter into arrangements with one or more third-party health care payers
39 to establish payment methodologies for health care services for the
40 third-party health care payer's enrollees provided by the ACO or for
41 which the ACO is responsible, such as full or partial capitation or
42 other arrangements; (ii) such arrangements may include provision for the
43 ACO to receive and distribute payments to the ACO's participating health
44 care providers, including incentive payments and payments for health
45 care services from third-party health care payers and patients; and
46 (iii) an ACO may include mechanisms for pooling payments received by
47 participating health care providers from third-party payers and
48 patients.
49 (b) Subject to regulations of the commissioner, the commissioner, in
50 consultation with the superintendent of financial services, may author-
51 ize a third-party health care payer to participate in payment methodol-
52 ogies with an ACO under this subdivision, notwithstanding any contrary
53 provision of this chapter, the insurance law, the social services law,
54 or the elder law, on finding that the payment methodology is consistent
55 with the purposes of this article.

1 4. The provision of health care services directly or indirectly by an
2 ACO through health care providers shall not be considered the practice
3 of a profession under title eight of the education law by the ACO.
4 § 2999-r. Other laws. 1. (a) It is the policy of the state to permit
5 and encourage cooperative, collaborative and integrative arrangements
6 among third-party health care payers and health care providers who might
7 otherwise be competitors under the active supervision of the commission-
8 er. To the extent that it is necessary to accomplish the purposes of
9 this article, competition may be supplanted and the state may provide
10 state action immunity under state and federal antitrust laws to payors
11 and health care providers.
12 (b) The commissioner may engage in state supervision to promote state
13 action immunity under state and federal antitrust laws and may inspect,
14 require, or request additional documentation and take other actions
15 under this article to verify and make sure that this article is imple-
16 mented in accordance with its intent and purpose.
17 2. With respect to the planning, implementation, and operation of
18 ACOs, the commissioner, by regulation, may specifically delineate safe
19 harbors that exempt ACOs from the application of the following statutes:
20 (a) article twenty-two of the general business law relating to
21 arrangements and agreements in restraint of trade;
22 (b) article one hundred thirty-one-A of the education law relating to
23 fee-splitting arrangements; and
24 (c) title two-D of article two of this chapter relating to health care
25 practitioner referrals.
26 3. For the purposes of this article, an ACO shall be deemed to be a
27 hospital for purposes of sections twenty-eight hundred five-j, twenty-
28 eight hundred five-k, twenty-eight hundred five-l and twenty-eight
29 hundred five-m of this chapter and subdivisions three and five of
30 section sixty-five hundred twenty-seven of the education law.

Statewide Patient-Centered Medical Homes

A. 4009-D, Part H, § 35, page 127

13 § 35. The public health law is amended by adding a new article 29-AA
14 to read as follows:

15 ARTICLE 29-AA

16 PATIENT CENTERED MEDICAL HOMES

17 Section 2959-a. Multipayor patient centered medical home program.

18 § 2959-a. Multipayor patient centered medical home program. 1. (a)
19 The commissioner is authorized to establish medical home multipayor
20 programs (referred to in this section as a "program") whereby enhanced
21 payments are made to primary care clinicians and clinics statewide that
22 are certified as medical homes for the purpose of improving health care
23 outcomes and efficiency through improved access, patient care continuity
24 and coordination of health services.

25 (b) As used in this section:

26 (i) "clinic" means a general hospital providing outpatient care or
27 diagnostic and treatment center, licensed under article twenty-eight of
28 this chapter; and

29 (ii) "primary care clinician" means a physician, nurse practitioner,
30 or midwife acting within his or her lawful scope of practice under title
31 eight of the education law and who is practicing in a primary care
32 specialty.

33 (iii) "primary care medical home collaborative" means an entity
34 approved by the commissioner which shall include but not be limited to
35 health care providers, which may include but not be limited to hospi-
36 tals, diagnostic and treatment centers, private practices and independ-
37 ent practice associations, and payors of health care services, which may
38 include but not be limited to employers, health plans and insurers.

39 2. (a) In order to promote improved quality of, and access to, health
40 care services and promote improved clinical outcomes, it is the policy
41 of the state to encourage cooperative, collaborative and integrative
42 arrangements among payors of health care services and health care
43 services providers who might otherwise be competitors, under the active
44 supervision of the commissioner. It is the intent of the state to
45 supplant competition with such arrangements and regulation only to the
46 extent necessary to accomplish the purposes of this article, and to
47 provide state action immunity under the state and federal antitrust laws
48 to payors of health care services and health care services providers
49 with respect to the planning, implementation and operation of the multi-
50 payor patient centered medical home program.

51 (b) The commissioner or his or her duly authorized representative may
52 engage in appropriate state supervision necessary to promote state
53 action immunity under the state and federal antitrust laws, and may
54 inspect or request additional documentation from payors of health care
55 services and health care services providers to verify that medical homes

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1 certified pursuant to this section operate in accordance with its intent
2 and purpose.

3 3. The commissioner is authorized to participate in, actively super-
4 vise, facilitate and approve a primary care medical home collaborative
5 for each program around the state to establish: (a) the boundaries of
6 each program and the providers eligible to participate, provided that
7 the boundaries of programs may overlap; (b) practice standards for each

8 medical home program adopted with consideration of existing standards
9 developed by the National Committee for Quality Assurance ("NCQA"), the
10 Joint Commission of Accreditation of Healthcare Organizations ("JCAHCO"
11 or the "Joint Commission"), American Accreditation Healthcare Commission
12 ("URAC"), American College of Physicians, the American Academy of Family
13 Physicians, the American Academy of Pediatrics, and the American Osteo-
14 pathic Association; the American Academy of Nurse Practitioners, and the
15 American College of Nurse Practitioners; (c) standards for implementa-
16 tion and use of health information technology, including participation
17 in health information exchanges through the statewide health information
18 network; (d) methodologies by which payors will provide enhanced rates
19 of payment to certified medical homes; (e) requirements for collecting
20 data relating to the providing and paying for health care services under
21 the program and providing of data to the commissioner, payors and health
22 care providers under the program, to promote the effective operation and
23 evaluation of the program, consistent with protection of the confiden-
24 tiality of individual patient information; and (f) provisions under
25 which the commissioner may terminate the program.

26 3-a. The commissioner may develop or approve (a) methodologies to pay
27 additional amounts for medical homes that meet specific process or
28 outcome standards established by each multipayor patient centered
29 medical home collaborative; (b) alternative methodologies for payors of
30 health care services to health care providers under the program; (c)
31 provisions for payments to providers that may vary by size or form of
32 organization of the provider, or patient case mix, to accommodate
33 different levels of resources and difficulty to meet the standards of
34 the program; (d) provisions for payments to entities that provide
35 services to health care providers to assist them in meeting medical home
36 standards under the program such as the services of community health
37 workers.

38 4. The commissioner is authorized to establish an advisory group of
39 state agencies and stakeholders, such as professional organizations and
40 associations, and consumers, to identify legal and/or administrative
41 barriers to the sharing of care management and care coordination
42 services among participating health care services providers and to make
43 recommendations for statutory and/or regulatory changes to address such
44 barriers.

45 5. Patient, payor and health care services provider participation in
46 the multipayor patient centered medical home program shall be on a
47 voluntary basis.

48 6. Clinics and primary care clinicians participating in a program are
49 not eligible for additional enhancements or bonuses under the statewide
50 patient centered medical home program established pursuant to section
51 three hundred sixty-four-m of the social services law. The commissioner
52 shall develop or approve a method for determining payment under a
53 program where a provider participates, or a patient is served, in an
54 area where program boundaries overlap.

55 7. Subject to the availability of funding and federal financial
56 participation, the commissioner is authorized:

1 (a) To pay enhanced rates of payment under Medicaid fee-for-service,
2 Medicaid managed care, family health plus and child health plus to clin-
3 ics and clinicians that are certified as patient centered medical homes
4 under this title;

5 (b) To pay additional amounts for medical homes that meet specific
6 process or outcome standards specified by the commissioner in consulta-
7 tion with each multipayor patient centered medical home collaborative;

8 (c) To authorize alternative payment methodologies under Medicaid
9 fee-for-service, Medicaid managed care, family health plus and child
10 health plus for health care providers and to serve the purposes of the
11 program, including payments to entities under paragraph (g) of subdivi-
12 sion three of this section; and

13 (d) To test new models of payment to high volume Medicaid primary care
14 medical home practices that incorporate risk adjusted global payments
15 combined with care management and pay for performance adjustments.

16 8. (a) The commissioner is authorized to contract with one or more
17 entities to assist the state in implementing the provisions of this
18 section. Such entity or entities shall be the same entity or entities
19 chosen to assist in the implementation of the health home provisions of
20 section three hundred sixty-five-1 of the social services law. Respon-
21 sibilities of the contractor shall include but not be limited to: devel-
22 oping recommendations with respect to program policy, reimbursement,
23 system requirements, reporting requirements, evaluation protocols, and
24 provider and patient enrollment; providing technical assistance to
25 potential medical home and health home providers; data collection; data
26 sharing; program evaluation, and preparation of reports.

27 (b) Notwithstanding any inconsistent provision of sections one hundred
28 twelve and one hundred sixty-three of the state finance law, or section
29 one hundred forty-two of the economic development law, or any other law,
30 the commissioner is authorized to enter into a contract or contracts
31 under paragraph (a) of this subdivision without a request for proposal
32 process, provided, however, that:

33 (i) The department shall post on its website, for a period of no less
34 than thirty days:

35 (1) A description of the proposed services to be provided pursuant to
36 the contract or contracts;

37 (2) The criteria for selection of a contractor or contractors;

38 (3) The period of time during which a prospective contractor may seek
39 selection, which shall be no less than thirty days after such informa-
40 tion is first posted on the website; and

41 (4) The manner by which a prospective contractor may seek such
42 selection, which may include submission by electronic means;

43 (ii) All reasonable and responsive submissions that are received from
44 prospective contractors in timely fashion shall be reviewed by the
45 commissioner; and

46 (iii) The commissioner shall select such contractor or contractors
47 that, in his or her discretion, are best suited to serve the purposes of
48 this section.

49 9. The commissioner may directly, or by contract, provide:

50 (a) technical assistance to a primary care medical home collaborative
51 in relation to establishing and operating a program;

52 (b) consumer assistance to patients participating in a program as to
53 matters relating to the program;

54 (c) technical and other assistance to health care providers partic-
55 ipating in a program as to matters relating to the program, including
56 achieving medical home standards;

1 (d) care coordination provider technical and other assistance to indi-

2 viduals and entities providing care coordination services to health care
3 providers under a program; and
4 (e) information sharing and other assistance among programs to improve
5 the operation of programs, consistent with applicable laws relating to
6 patient confidentiality.
7 10. The commissioner shall, to the extent necessary for the purpose of
8 this section, submit the appropriate waivers and other applications,
9 including, but not limited to, those authorized pursuant to sections
10 eleven hundred fifteen and nineteen hundred fifteen of the federal
11 social security act, or successor provisions, and any other waivers or
12 applications necessary to achieve the purposes of high quality, inte-
13 grated, and cost effective care and integrated financial eligibility
14 policies under Medicaid, family health plus and child health plus or
15 Medicare. Copies of such original waiver and other applications shall be
16 provided to the chairman of the senate finance committee and the chair-
17 man of the assembly ways and means committee simultaneously with their
18 submission to the federal government.
19 11. The Adirondack medical home multipayor demonstration program
20 (including the Adirondack medical home collaborative) previously estab-
21 lished under section twenty-nine hundred fifty-nine of this chapter is
22 continued and shall be deemed to be a program under this section.
23 12. The commissioner shall annually report to the governor and the
24 legislature on the operation of the programs and their effectiveness in
25 achieving the purposes of this section, with particular reference to the
26 quality, cost, and outcomes for enrollees in Medicaid fee-for-service,
27 Medicaid managed care, family health plus and child health plus.

All-Payer Claims Database

A.4009-D, Part H, § 38 and 38-a, page 133

15 § 38. Section 2816 of the public health law, as added by chapter 225
16 of the laws of 2001, paragraph (a) of subdivision 2 as amended by
17 section 19 of part D of chapter 57 of the laws of 2006, is amended to
18 read as follows:

19 § 2816. Statewide planning and research cooperative system. 1. (a)
20 The statewide planning and research cooperative system in the department
21 is continued, as provided in and subject to this section, within amounts
22 appropriated for that purpose. The [~~statewide planning and research~~
23 ~~cooperative~~] system shall be developed and operated by the commissioner
24 in consultation with the council, [~~and shall be comprised of such data~~
25 ~~elements~~] as may be specified by regulation of the commissioner. Any
26 component or components of the system may be operated under a different
27 name or names, and may be structured as separate systems. In making
28 regulations under this section, subsequent to April first, two thousand
29 eleven, the commissioner shall consult with the superintendent of insur-
30 ance or the head of any agency that succeeds the insurance department,
31 health care providers, third-party health care payers, and advocates
32 representing patients; protect the confidentiality of patient-identifiable
33 information; promote the accuracy and completeness of reporting; and
34 minimize the burden on institutional and non-institutional health care
35 providers and third-party health care payers.

36 (b) As used in this section, unless the context clearly requires
37 otherwise:

38 (i) "Health care" means any services, supplies, equipment, or
39 prescription drugs referred to in subdivision two of this section.

40 (ii) "Health care provider" includes, in addition to its common mean-
41 ings, a clinical laboratory, a pharmacy, an entity that is an integrated
42 organization of health care providers, and an accountable care organiza-
43 tion of health care providers.

44 (iii) "System" means the statewide planning and research cooperative
45 system under this section, and any separate system under this subdivi-
46 sion.

47 (iv) "Third-party health care payer" includes, but is not limited to,
48 an insurer, organization or corporation licensed or certified pursuant
49 to article thirty-two, forty-three or forty-seven of the insurance law,
50 or article forty-four of the public health law; or an entity such as a
51 pharmacy benefits manager, fiscal administrator, or administrative
52 services provider that participates in the administration of a third-
53 party health care payer system.

54 (v) "Covered person" is a person covered under a third-party health
55 care payer contract, agreement, or arrangement.

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1 2. [~~Regulations~~] Notwithstanding any provision of law to the contrary,
2 regulations governing the [~~statewide planning and research cooperative~~]
3 system shall include, but not be limited to, the following:

4 (a) Specification of patient, covered person, claims, and other data
5 elements and format [~~to~~] which shall be reported including data related
6 to:

7 (i) inpatient hospitalization data from general hospitals;

8 (ii) ambulatory surgery data from hospital-based ambulatory surgery
9 services and all other ambulatory surgery facilities licensed under this

10 article;

11 (iii) emergency department data from general hospitals;

12 (iv) outpatient ~~[clinic]~~, clinical laboratory, and prescription data,
13 including but not limited to data from or relating to services,
14 supplies, equipment, and prescription drugs provided or ordered by
15 general hospitals and diagnostic and treatment centers licensed under
16 this article, ~~[provided, however, that notwithstanding subdivision one~~
17 ~~of this section the commissioner, in consultation with the health care~~
18 ~~industry, is authorized to promulgate or adopt any rules or regulations~~
19 ~~necessary to implement the collection of data pursuant to this subpara-~~
20 ~~graph] pharmacies, clinical laboratories, and other health care provid-~~
21 ~~ers;~~

22 (v) covered person and claims data; and

23 (vi) the data specified in this paragraph shall include the identifi-
24 cation of patients transferred, admitted or treated subsequent to a
25 medical, surgical or diagnostic procedure by a licensed health care
26 professional or at a health care site or facility ~~[other than those~~
27 ~~specified in subparagraph (i), (ii), (iii) or (iv) of this paragraph].~~

28 (b) Standards to assure the protection of patient privacy in data
29 collected ~~[and], published, released [under this section], used and~~
30 accessed under this section, including compliance with applicable feder-
31 al law.

32 (c) Standards for the publication ~~[and], release, and use of and~~
33 access to data reported in accordance with this section, including fees
34 to be charged.

35 (d) Provisions requiring specified health care providers and third-
36 party health care payers to report data to the system, with specifica-
37 tions of the data, circumstances, format, time and method of reporting.

38 (e) Provisions to acquire data relating to health care provided (i) to
39 patients for whom there is no third-party health care payer and (ii)
40 under arrangements that do not involve fee-for-service payment.

41 (f) Phased-in implementation of the system.

42 3. The commissioner may provide that the system may participate in or
43 cooperate with a similar system operated by, or receive information from
44 or provide information to, a regional or national entity or another
45 jurisdiction, including making appropriate agreements and applying for
46 approvals, provided that the protections for health care providers,
47 patients, and third-party health care payers in this section are
48 preserved and comparable provisions are included in the other system.

49 4. The commissioner may provide for access to data in the system by a
50 health care provider relating to a patient being treated by the health
51 care provider, subject to this section and applicable state and federal
52 law.

53 5. In operating the system, the commissioner shall consider national
54 standards, including but not limited to those approved by the National
55 Uniform Billing Committee (NUBC) or required under national electronic
56 data interchange (EDI) standards for health care transactions. The

1 commissioner shall also consider the use of the Statewide Health Infor-
2 mation Network for New York in relation to the system.

3 6. Notwithstanding any inconsistent provision of law to the contrary,
4 including but not limited to section one hundred two of the executive
5 law, such rules and regulations may describe data elements by reference
6 to information reasonably available to regulated parties, as such mate-

7 rial may be amended in the future, even though such material cannot be
8 precisely identified to the extent that it is amended in the future;
9 provided, however, that the commissioner shall precisely identify and
10 publish such data elements.

11 7. The commissioner may contract with one or more entities to operate
12 any part of the system subject to this section.

13 8. The commissioner may accept grants and enter into contracts as may
14 be necessary to provide funding for the system.

15 9. The commissioner shall publish an annual report relating to health
16 care utilization, cost, quality, and safety, including data on health
17 disparities.

18 § 38-a. Paragraph (b) of subdivision 18-a of section 206 of the public
19 health law, as added by section 11 of part A of chapter 58 of the laws
20 of 2010, is amended to read as follows:

21 (b) The commissioner shall make such rules and regulations as may be
22 necessary to implement federal policies and disburse funds as required
23 by the American Recovery and Reinvestment Act of 2009 and to promote the
24 development of a statewide health information network of New York
25 (SHIN-NY) to enable widespread interoperability among disparate health
26 information systems, including electronic health records, personal
27 health records, health care claims and other administrative data, and
28 public health information systems, while protecting privacy and securi-
29 ty. Such rules and regulations shall include, but not be limited to,
30 requirements for organizations covered by 42 U.S.C. 17938 or any other
31 organizations that exchange health information through the SHIN-NY.