



COMMISSION ON HEALTH CARE FACILITIES IN THE 21ST CENTURY

ORIGIN & MISSION

The Commission was originally proposed by Governor George E. Pataki, and established as part of the 2005–06 New York State Budget. Its mission is to recommend to the Governor and the State Legislature which hospitals and nursing homes should be restructured, downsized, converted to other uses, consolidated with other institutions, or, possibly, closed.

CONSIDERATIONS

Using data provided by the NYS Department of Health, the Commission will consider the need for inpatient and nursing home services in each region of the State, the impact of restructuring and potential closures on the health care services and economy in each region, the costs associated with closing, the indebtedness of affected facilities, and other factors.

ASSOCIATED FUNDING

Capital grant funding of \$250 million annually for the next four years, through the Health Care Efficiency and Affordability Law for New Yorkers (HEAL-NY), will be available for restructuring initiatives and information technology. In addition, a Medicaid waiver known as the Federal-State Health Reform Partnership waiver, which is currently being negotiated, may provide the State with \$500 million annually for the next three years to be used in part for facility restructuring, conversion, and closing costs.

IMPLEMENTATION

Once the Commission's recommendations take effect, the State Commissioner of Health must implement them in a reasonable, cost-efficient manner, coordinating with local health officials, unions, and others. The Commissioner is given the authority to rescind operating certificates and establishment approvals, and is required to expedite certificate of need applications for consolidations, conversions, and restructuring projects.

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STRUCTURE

18 Statewide Commissioners: 12 Governor appointees, 2 Speaker of the Assembly appointees, 2 Senate Majority Leader appointees, 1 Senate Minority Leader appointee, 1 Assembly Minority Leader appointee. Statewide Commissioners may vote on all matters that come before them, unless a conflict of interest is declared.

36 Regional Commissioners: To be appointed in equal numbers by the Governor, Speaker of the Assembly, and Senate Majority Leader, and comprising 6 commissioners from each of 6 regions – Long Island, New York City, Hudson Valley, Northern NYS, Central NYS, Western NYS – who will vote only on Commission recommendations affecting facilities in their respective regions.

Regional Advisory Councils: Members of independent, regional advisory councils to be appointed by the Governor, Speaker of the Assembly, and Senate Majority leader in equal numbers will vote on and make independent recommendations to the Commission, but will not vote on Commission recommendations. The size of each region's advisory council will be determined by the Commission. No details on the regional advisory councils have yet been released.

TIMETABLE

July 13, 2005: Commission holds first meeting.

September 21, 2005: Commission holds second meeting.

November 10, 2005: Commission will hold third meeting.

November 15, 2006: Regional advisory councils transmit recommendations to the Commission.

December 1, 2006: Commission submits report to the Governor.

December 5, 2006: Governor submits recommendations to State Legislature.

December 31, 2006: Deadline for Legislature to reject recommendations in their entirety. If the Legislature does not reject the recommendations, they will automatically go into effect.

June 30, 2008: Expiration of Health Commissioner's authority to implement the recommendations.

USEFUL WEB SITES

www.gnyha.org/pubinfo/chcf/ GNYHA's Web site contains detailed information about the Commission, including a link to the NYS Department of Health Web site noted below and detailed member letters regarding the activities of the Commission as well as GNYHA's efforts to keep its members up-to-date on the Commission's deliberations.

www.health.state.ny.us/facilities/rightsizing/ Data books that were distributed to Commission members at their first meeting are available at this Web site. The data cover hospital and nursing home capacity, utilization, and profitability; capital debt; other health care providers; Medicaid and uninsured populations; and related matters.