



Healthcare Policy Roundup

September 18, 2018

Catch the Highlights!

- *New York City adds third non-binary gender option to birth certificates*
- *Hospital sepsis reporting mandate may reduce sepsis-related mortality*
- *Senate approves sweeping package of bills focused on opioid epidemic*

Questions? Comments?

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Third gender designation added to NYC birth certificates:

Beginning January 2019, New York City will become the fifth jurisdiction in the United States to allow adults to change the gender marker on their birth certificate. The new legislation, which was introduced in June 2018, will add a nonbinary “X” in place of the current “intersex” designation. The bill will also waive a requirement that New Yorkers receive a provider affidavit prior to changing their gender designation.

Many transgender and gender non-conforming (TG/GNC) New Yorkers encounter bureaucratic challenges and frustrations when their identifying documents differ from their lived gender identity. In many cases, the gender listed on one’s driver’s license or other official ID is based on one’s birth certificate. “When you don’t have something as basic and essential as a birth certificate that identifies you as who you really are, it’s a problem,” noted City Council Speaker and bill sponsor Corey Johnson.

New York City joins Oregon, California, Washington, and New Jersey in allowing individuals to select a non-binary gender option on their birth certificate. The bill initially received strong support during a City Council hearing where Dr. Freddy Molano – CHN’s VP of Infectious Diseases & LGBTQ Programs – noted: “Discrepancies between sex designation and gender identity exacerbate efforts in navigating critical services, leaving many individuals without amenities such as housing or healthcare.”

Statewide sepsis reporting mandate linked to positive outcomes:

A New York State regulation requiring hospitals to report compliance with sepsis treatment protocols has shown positive outcomes in patient care and mortality rates. According to a [report](#) published in the *American Journal of Respiratory and Critical Care Medicine*, patients treated with three- and six-hour sepsis “bundles” – a group of interventions designed for early diagnosis and treatment of sepsis – were 15% less likely to die than those treated under other protocol.

Sepsis occurs when the body responds to an infection with an overwhelming inflammatory response. Untreated, sepsis and septic shock can lead to organ failure and death. The condition received extensive media coverage in 2012 when an otherwise healthy boy from Queens died from an undiagnosed case of sepsis. In 2014, New York became the first state to require hospitals to report adherence to sepsis protocols. During the first 27 months of the new mandate, sepsis protocols were initiated in 81.3% of patients, primarily in the emergency room.

While researchers cannot conclude a causal relationship between sepsis protocol and reduced mortality rate, “the New York State initiative provides strong evidence that compliance with sepsis performance measures is associated with improved survival in critically-ill patients.” Since 2014, the U.S. Centers for Medicare and Medicaid Services (CMS) and other states have implemented similar reporting requirements.

U.S. Senate approves extensive opioid legislation:

Congress is set to pass sweeping legislation after the U.S. Senate approved an \$8.4 billion package of bills aimed at addressing the nation’s opioid epidemic. The legislative package, which includes 70 Senate bills, creates and expands opioid programs across multiple agencies. The bill gained bipartisan support in a time of political conflict, passing the Senate in a 99-1 vote.

The Senate package focuses on a wide range of issues, including monitoring of overseas shipments of synthetic opioids (e.g. fentanyl); expansion of naloxone programs, and repayment programs for behavioral health providers in mental health professional shortage areas. The package also includes legislation that would require drug manufacturers to create “blister packs” limiting opioid prescription supplies for up to seven days. The House passed a similar package in June.



The legislation’s passage coincides with reports that, while prevalence of opioid addiction declines, the number of overdoses continue to rise. This in large part due to the growing use of synthetic opioids to cut heroin product. Recently, the Centers for Disease Control and Prevention estimated that of the 72,000 overdose-related deaths reported throughout the country in 2017, nearly 30,000 were caused by synthetic opioids. In New York City, drug overdoses increased by two percent in the last year.



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