

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2179 Session of
2012

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FEBRUARY 7, 2012

REFERRED TO COMMITTEE ON HEALTH, FEBRUARY 7, 2012

AN ACT

1 Establishing pricing disclosures for certain health care
2 providers; and prohibiting certain discounts and kickbacks.

3 The General Assembly of the Commonwealth of Pennsylvania
4 hereby enacts as follows:

5 Section 1. Short title.

6 This act shall be known and may be cited as the Patient
7 Medical Access and Affordability Act.

8 Section 2. Definitions.

9 The following words and phrases when used in this act shall
10 have the meanings given to them in this section unless the
11 context clearly indicates otherwise:

12 "Health care provider." An entity or individual who provides
13 health care but is not licensed by a professional licensing
14 board of the Department of State. This term shall include
15 hospitals, long-term care facilities, outpatient diagnostic
16 facilities, medical equipment providers, medical practices not
17 owned by private practitioners or outpatient surgical centers.

1 This term shall not include physicians who are private
2 practitioners, private duty nurses, chiropractors, dentists,
3 podiatrists or independent psychologists.

4 "Third-party payor." An entity that pays for medical
5 treatments on behalf of the patient. This may include insurance
6 companies. The term shall not include a private individual or
7 charity that is not regularly in the business of handling
8 medical payments.

9 Section 3. Pricing disclosures.

10 (a) Health care providers.--A health care provider shall
11 establish a set price for all services, supplies and charges. A
12 health care provider will report its charges using the
13 Healthcare Common Procedure Coding System and the Diagnosis
14 Related Grouping System. The Secretary of Health may designate
15 other reporting systems as needed for implementation of this
16 act. These prices shall be posted on a publicly accessible
17 Internet website.

18 (b) Third-party payors.--A third-party payor shall establish
19 a fee schedule applicable to all covered individuals. A third-
20 party payor shall utilize the same coding system which is
21 utilized by health care providers. The fee schedule shall be
22 posted on a publicly accessible Internet website.

23 (c) Individuals.--An individual shall be responsible to pay
24 any remaining balance after the third-party payor has submitted
25 the established fee for any service, supply or charge to the
26 health care provider.

27 Section 4. Discounts.

28 (a) Individuals.--A health care provider may allow for
29 discounts to be given to individuals who prepay or provide early
30 payment based on financial need or other criteria that is

1 applied on a uniform basis to all individuals.

2 (b) Prohibited discounts.--A health care provider shall not
3 give discounts of any type to a third-party payor. These
4 prohibited discounts include rebates and kickbacks.

5 Section 5. Limitation.

6 Services provided by a health care provider for programs
7 administered, regulated or paid for by government entities are
8 exempt from the requirements of this act. The services that
9 qualify for this section shall include Medicare, Medicaid, the
10 End Stage Renal Disease Program, the Workers' Compensation
11 program and any successor programs.

12 Section 6. Effective date.

13 This act shall take effect in 60 days.