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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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HOUSE BILL

No. 2119 Session of  
2014

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INTRODUCED BY READSHAW, KORTZ, YOUNGBLOOD, CALTAGIRONE, HARKINS,  
V. BROWN, MAHONEY, HESS, FARINA, FABRIZIO, PASHINSKI, MOUL,  
DEASY, COHEN AND MATZIE, MARCH 19, 2014

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REFERRED TO COMMITTEE ON HEALTH, MARCH 19, 2014

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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.