

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 922 Session of
2009

INTRODUCED BY KITCHEN, WASHINGTON, TARTAGLIONE, FONTANA, HUGHES,
DINNIMAN AND WILLIAMS, JUNE 5, 2009

AS AMENDED ON THIRD CONSIDERATION, HOUSE OF REPRESENTATIVES,
OCTOBER 6, 2010

AN ACT

1 Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An
2 act to consolidate, editorially revise, and codify the public
3 welfare laws of the Commonwealth," ~~IN GENERAL POWERS AND~~ ←
4 ~~DUTIES OF THE DEPARTMENT OF PUBLIC WELFARE, PROVIDING FOR~~ ←
5 ~~DETERMINING WHETHER APPLICANTS ARE VETERANS; AND, in public~~ ←
6 ~~assistance, further providing for establishment of county~~ ←
7 ~~boards and expenses and for lifetime limit; further defining~~
8 "general acute care hospital" AND "HIGH VOLUME MEDICAID" ←
9 HOSPITAL"; ~~providing for a definition; and further providing~~ ←
10 for authorization, for administration, for no hold harmless,
11 for tax exemption and, for cessation AND FOR STATEWIDE ←
12 QUALITY CARE ASSESSMENT IMPLEMENTATION; PROVIDING FOR THE ←
13 AVAILABILITY OF AND ACCESS TO A COMPREHENSIVE TRAUMA CARE
14 SYSTEM; IMPOSING POWERS AND DUTIES UPON THE DEPARTMENT OF
15 PUBLIC WELFARE; AND MAKING A RELATED REPEAL.

16 The General Assembly of the Commonwealth of Pennsylvania
17 hereby enacts as follows:

18 ~~Section 1. Section 415 of the act of June 13, 1967 (P.L.31,~~ ←
19 ~~No.21), known as the Public Welfare Code, is amended to read:~~

20 ~~SECTION 1. THE ACT OF JUNE 13, 1967 (P.L.31, NO.21), KNOWN~~ ←
21 ~~AS THE PUBLIC WELFARE CODE, IS AMENDED BY ADDING A SECTION TO~~
22 ~~READ:~~

23 SECTION 215. DETERMINING WHETHER APPLICANTS ARE VETERANS.

1 ~~(A) THE DEPARTMENT SHALL MAKE A GOOD FAITH EFFORT TO DETERMINE~~
2 ~~WHETHER AN APPLICANT FOR CASH, MEDICAL OR ENERGY ASSISTANCE IS A~~
3 ~~VETERAN. WHILE IN THE PROCESS OF MAKING ITS DETERMINATION, THE~~
4 ~~DEPARTMENT SHALL DISPENSE BENEFITS TO THE APPLICANT, IF~~
5 ~~OTHERWISE ELIGIBLE.~~

6 ~~(B) AS A CONDITION OF ELIGIBILITY TO RECEIVE CASH, MEDICAL~~
7 ~~OR ENERGY ASSISTANCE, UNLESS THERE IS GOOD CAUSE NOT TO DO SO,~~
8 ~~AN APPLICANT WHO IS A VETERAN SHALL BE REQUIRED TO CONTACT A~~
9 ~~VETERAN SERVICE OFFICER ACCREDITED AND RECOGNIZED BY THE UNITED~~
10 ~~STATES DEPARTMENT OF VETERANS AFFAIRS, THE DEPARTMENT OF~~
11 ~~MILITARY AND VETERANS AFFAIRS OR THE COUNTY DIRECTOR OF VETERANS~~
12 ~~AFFAIRS IN WHICH THE APPLICANT RESIDES IN ORDER TO DETERMINE THE~~
13 ~~APPLICANT'S ELIGIBILITY FOR VETERAN'S BENEFITS OR TO FILE A~~
14 ~~VETERAN CLAIMS PACKET. THE DEPARTMENT SHALL DEVELOP A STANDARD~~
15 ~~FORM TO BE USED BY A VETERAN SERVICE OFFICER TO VERIFY THE~~
16 ~~APPLICANT'S ELIGIBILITY FOR VETERAN'S BENEFITS.~~

17 ~~(C) AN APPLICANT WHO IS A VETERAN SHALL PROVIDE PROOF OF~~
18 ~~COMPLIANCE WITH THIS SECTION AND THE DEPARTMENT SHALL, TO THE~~
19 ~~GREATEST EXTENT POSSIBLE, REQUIRE THE APPLICANT TO PROVIDE~~
20 ~~INFORMATION ON THE FINAL DETERMINATION OF ELIGIBILITY FOR~~
21 ~~VETERAN'S BENEFITS AND THE TYPE OF BENEFITS THE VETERAN IS~~
22 ~~ENTITLED TO RECEIVE.~~

23 ~~(D) AS USED IN THIS SECTION, THE FOLLOWING WORDS AND PHRASES~~
24 ~~SHALL HAVE THE FOLLOWING MEANINGS:~~

25 ~~"ASSISTANCE" MEANS MONEY, SERVICES AND PAYMENT FOR MEDICAL~~
26 ~~COVERAGE OR ENERGY ASSISTANCE FOR NEEDY PERSONS WHO ARE~~
27 ~~RESIDENTS OF THIS COMMONWEALTH, ARE IN NEED OF ASSISTANCE AND~~
28 ~~MEET ALL CONDITIONS OF ELIGIBILITY.~~

29 ~~"VETERAN CLAIMS PACKET" MEANS AN APPLICATION REQUESTING A~~
30 ~~DETERMINATION OR ENTITLEMENT OR EVIDENCING A BELIEF IN~~

1 ~~ENTITLEMENT TO A BENEFIT AS PROVIDED FOR IN 38 CFR (RELATING TO~~
2 ~~PENSIONS, BONUSES, AND VETERANS' RELIEF) OR 51 PA.C.S. (RELATING~~
3 ~~TO MILITARY AFFAIRS).~~

4 SECTION 2. ~~SECTION 415 OF THE ACT IS AMENDED TO READ:~~

5 ~~Section 415. Establishment of County Boards; Expenses. For~~
6 ~~each county of the Commonwealth, there is hereby established a~~
7 ~~county board of assistance, to be known as the County Board of~~
8 ~~Assistance and referred to in this Article IV as the "county~~
9 ~~board," which shall be composed of men and women, to be~~
10 ~~appointed by the Governor [with the advice and consent of two~~
11 ~~thirds of all members of the Senate]. Each appointment by the~~
12 ~~Governor shall bear the endorsement of the senator of the~~
13 ~~district in which the nominee resides. In the case of a vacancy~~
14 ~~in that senatorial district, the nominee shall be endorsed by~~
15 ~~the senator of an adjacent district. The county boards shall be~~
16 ~~composed as far as possible of persons engaged or interested in~~
17 ~~business, social welfare, labor, industry, education or public~~
18 ~~administration. The members of the county boards shall serve~~
19 ~~without compensation, but shall be reimbursed for necessary~~
20 ~~expenses. No member of a county board shall hold office in any~~
21 ~~political party. Not all of the members of a county board shall~~
22 ~~belong to the same political party.~~

23 Section 2 3. ~~Section 441.4 of the act, added July 7, 2005~~ ←
24 ~~(P.L.177, No.42), is amended to read:~~

25 ~~Section 441.4. [Lifetime Limit] Reasonable Limits on~~
26 ~~Allowable Income Deductions for Medical Expenses When~~
27 ~~Determining Payment Toward the Cost of Long Term Care~~
28 ~~Services. (a) ~~[Necessary medical or remedial care expenses~~~~
29 ~~recognized under Federal or State law but not paid for by the~~
30 ~~medical assistance program are allowable income deductions when~~

~~1 determining a recipient's payment toward the cost of long term
2 care services. An allowable income deduction for unpaid medical
3 expenses incurred prior to the authorization of medical
4 assistance eligibility and those medical expenses incurred for
5 long term care services after medical assistance is authorized
6 shall be subject to a lifetime maximum of ten thousand dollars
7 (\$10,000) unless application of the limit would result in undue
8 hardship.] When determining a recipient's payment toward the
9 cost of long term care services, long term care medical expenses
10 incurred six months or more prior to application for medical
11 assistance shall be disallowed as a deduction, and medical and
12 remedial expenses that were incurred as a result of a transfer
13 of assets penalty shall be limited to zero unless application of
14 these limits would result in undue hardship.~~

15 SECTION 1. SECTION 441.4 OF THE ACT OF JUNE 13, 1967
16 (P.L.31, NO.21), KNOWN AS THE PUBLIC WELFARE CODE, AMENDED
17 DECEMBER 17, 2009 (P.L.598, NO.54), IS REENACTED TO READ:

18 SECTION 441.4. REASONABLE LIMITS ON ALLOWABLE INCOME
19 DEDUCTIONS FOR MEDICAL EXPENSES WHEN DETERMINING PAYMENT TOWARD
20 THE COST OF LONG-TERM CARE SERVICES.-- (A) WHEN DETERMINING A
21 RECIPIENT'S PAYMENT TOWARD THE COST OF LONG-TERM CARE SERVICES,
22 LONG-TERM CARE MEDICAL EXPENSES INCURRED SIX MONTHS OR MORE
23 PRIOR TO APPLICATION FOR MEDICAL ASSISTANCE SHALL BE DISALLOWED
24 AS A DEDUCTION, AND MEDICAL AND REMEDIAL EXPENSES THAT WERE
25 INCURRED AS A RESULT OF A TRANSFER OF ASSETS PENALTY SHALL BE
26 LIMITED TO ZERO UNLESS APPLICATION OF THESE LIMITS WOULD RESULT
27 IN UNDUE HARDSHIP.

28 (b) As used in this section, the term "undue hardship" shall
29 mean that either:

30 (1) denial of medical assistance would deprive the



1 individual of medical care and endanger the individual's health
2 or life; or

3 (2) the individual or a financially dependent family member
4 would be deprived of food, shelter or the necessities of life.

5 ~~Section 3 4. The definition of "general acute care hospital"~~ ←
6 ~~in section 801 E of the act, added July 4, 2008 (P.L.557,~~
7 ~~No.44), is amended and the section is amended by adding a~~
8 ~~definition to read:~~

9 SECTION 2. THE DEFINITIONS OF "GENERAL ACUTE CARE HOSPITAL" ←
10 AND "HIGH VOLUME MEDICAID HOSPITAL" IN SECTION 801-E OF THE ACT,
11 ADDED OR AMENDED DECEMBER 17, 2009 (P.L.598, NO.54), ARE
12 REENACTED TO READ:

13 Section 801-E. Definitions.

14 The following words and phrases when used in this article
15 shall have the meanings given to them in this section unless the
16 context clearly indicates otherwise:

17 * * *

18 ~~"General acute care hospital." A hospital other than [an~~ ←
19 ~~exempt hospital.] a hospital that the Secretary of Public~~
20 ~~Welfare has determined meets one of the following:~~

21 ~~(1) Is excluded under 42 CFR 412.23(a), (b), (d), (e) and~~
22 ~~(f) (relating to excluded hospitals: Classifications) as of~~
23 ~~March 20, 2008, from reimbursement of certain Federal funds~~
24 ~~under the prospective payment system described by 42 CFR 412-~~
25 ~~(relating to prospective payment systems for inpatient hospital~~
26 ~~services).~~

27 ~~(2) Is a Federal veterans' affairs hospital.~~

28 ~~(3) Is a high volume Medicaid hospital.~~

29 ~~(4) Provides care, including inpatient hospital services, to~~
30 ~~all patients free of charge.~~

1 ~~"High volume Medicaid hospital." A hospital that the~~
2 ~~Secretary of Public Welfare has determined meets all of the~~
3 ~~following:~~

4 ~~(1) Is a nonprofit hospital subsidiary of a State related~~
5 ~~institution as that term is defined in 62 Pa.C.S. § 103~~
6 ~~(relating to definitions); and~~

7 ~~(2) Provides more than 90,000 days of care to medical~~
8 ~~assistance patients annually.~~

9 "GENERAL ACUTE CARE HOSPITAL." A HOSPITAL OTHER THAN A
10 HOSPITAL THAT THE SECRETARY OF PUBLIC WELFARE HAS DETERMINED
11 MEETS ONE OF THE FOLLOWING:

12 (1) IS EXCLUDED UNDER 42 CFR 412.23(A), (B), (D), (E) AND
13 (F) (RELATING TO EXCLUDED HOSPITALS: CLASSIFICATIONS) AS OF
14 MARCH 20, 2008, FROM REIMBURSEMENT OF CERTAIN FEDERAL FUNDS
15 UNDER THE PROSPECTIVE PAYMENT SYSTEM DESCRIBED BY 42 CFR 412
16 (RELATING TO PROSPECTIVE PAYMENT SYSTEMS FOR INPATIENT HOSPITAL
17 SERVICES).

18 (2) IS A FEDERAL VETERANS' AFFAIRS HOSPITAL.

19 (3) IS A HIGH VOLUME MEDICAID HOSPITAL.

20 (4) PROVIDES CARE, INCLUDING INPATIENT HOSPITAL SERVICES, TO
21 ALL PATIENTS FREE OF CHARGE.

22 "HIGH VOLUME MEDICAID HOSPITAL." A HOSPITAL THAT THE
23 SECRETARY OF PUBLIC WELFARE HAS DETERMINED MEETS ALL OF THE
24 FOLLOWING:

25 (1) IS A NONPROFIT HOSPITAL SUBSIDIARY OF A STATE-RELATED
26 INSTITUTION AS THAT TERM IS DEFINED IN 62 PA.C.S. § 103
27 (RELATING TO DEFINITIONS); AND

28 (2) PROVIDES MORE THAN 90,000 DAYS OF CARE TO MEDICAL
29 ASSISTANCE PATIENTS ANNUALLY.

30 * * *

1 ~~Section 4 5. Sections 802 E, 804 E, 805 E, 807 E and 808 E~~ ←
2 ~~of the act, added July 4, 2008 (P.L.557, No.44), are amended to~~
3 ~~read:~~

4 SECTION 3. SECTIONS 802-E, 804-E, 805-E, 807-E AND 808-E OF ←
5 THE ACT, AMENDED DECEMBER 17, 2009 (P.L.598, NO.54), ARE
6 REENACTED TO READ:

7 Section 802-E. Authorization.

8 ~~(a) General rule. In order to generate additional revenues~~ ←
9 ~~for the purpose of assuring that medical assistance recipients~~
10 ~~have access to hospital services and that all citizens have~~
11 ~~access to emergency department services, and subject to the~~
12 ~~conditions and requirements specified under this article, a~~
13 ~~municipality may, by ordinance, [impose] do the following:~~

14 ~~(1) Impose a monetary assessment on the net operating~~
15 ~~revenue reduced by all revenues received from Medicare of~~
16 ~~each general acute care hospital located in the municipality~~
17 ~~[subject to the conditions and requirements specified under~~
18 ~~this article].~~

19 ~~(2) Beginning on or after July 1, 2009, and subject to~~
20 ~~the advance written approval by the secretary, impose a~~
21 ~~monetary assessment on the net operating revenues reduced by~~
22 ~~all revenues received from Medicare of each high volume~~
23 ~~Medicaid hospital located in the municipality.~~

24 ~~(b) Administrative provisions. The [ordinance] ordinances~~
25 ~~adopted pursuant to subsection (a) may include appropriate~~
26 ~~administrative provisions including, without limitation,~~
27 ~~provisions for the collection of interest and penalties.~~

28 ~~(c) Maximum assessment. In each year in which the~~

29 (A) GENERAL RULE.--IN ORDER TO GENERATE ADDITIONAL REVENUES ←
30 FOR THE PURPOSE OF ASSURING THAT MEDICAL ASSISTANCE RECIPIENTS

1 HAVE ACCESS TO HOSPITAL SERVICES AND THAT ALL CITIZENS HAVE
2 ACCESS TO EMERGENCY DEPARTMENT SERVICES, AND SUBJECT TO THE
3 CONDITIONS AND REQUIREMENTS SPECIFIED UNDER THIS ARTICLE, A
4 MUNICIPALITY MAY, BY ORDINANCE, DO THE FOLLOWING:

5 (1) IMPOSE A MONETARY ASSESSMENT ON THE NET OPERATING
6 REVENUE REDUCED BY ALL REVENUES RECEIVED FROM MEDICARE OF EACH
7 GENERAL ACUTE CARE HOSPITAL LOCATED IN THE MUNICIPALITY.

8 (2) BEGINNING ON OR AFTER JULY 1, 2009, AND SUBJECT TO THE
9 ADVANCE WRITTEN APPROVAL BY THE SECRETARY, IMPOSE A MONETARY
10 ASSESSMENT ON THE NET OPERATING REVENUES REDUCED BY ALL REVENUES
11 RECEIVED FROM MEDICARE OF EACH HIGH VOLUME MEDICAID HOSPITAL
12 LOCATED IN THE MUNICIPALITY.

13 (B) ADMINISTRATIVE PROVISIONS.--THE ORDINANCES ADOPTED
14 PURSUANT TO SUBSECTION (A) MAY INCLUDE APPROPRIATE
15 ADMINISTRATIVE PROVISIONS INCLUDING, WITHOUT LIMITATION,
16 PROVISIONS FOR THE COLLECTION OF INTEREST AND PENALTIES.

17 (C) MAXIMUM ASSESSMENT.--IN EACH YEAR IN WHICH THE
18 assessment is implemented, the assessment shall be subject to
19 the maximum aggregate amount that may be assessed under 42 CFR
20 433.68(f)(3)(i) (relating to permissible health care-related
21 taxes) or any other maximum established under Federal law.
22 Section 804-E. Administration.

23 (a) Remittance.--Upon collection of the funds generated by
24 the assessment authorized under this article, the municipality
25 shall remit a portion of the funds to the Commonwealth for the
26 purposes set forth under section 802-E, except that the
27 municipality may retain funds in an amount necessary to
28 reimburse it for its reasonable costs in the administration and
29 collection of the assessment ~~and to fund a portion of its costs~~ ←
30 ~~of operating public health clinics~~ AND TO FUND A PORTION OF ITS ←

1 COSTS OF OPERATING PUBLIC HEALTH CLINICS as set forth in an
2 agreement to be entered into between the municipality and the
3 Commonwealth acting through the secretary.

4 (b) Establishment.--There is established a restricted
5 account in the General Fund for the receipt and deposit of funds
6 under subsection (a). Funds in the account are hereby
7 appropriated to the department for purposes of making
8 supplemental or increased medical assistance payments for
9 emergency department services to general acute care hospitals
10 within the municipality and to maintain or increase other
11 medical assistance payments to hospitals within the
12 municipality, as specified in the Commonwealth's approved Title
13 XIX State Plan.

14 Section 805-E. No hold harmless.

15 No general acute care hospital ~~or high volume Medicaid~~ ←
16 ~~hospital~~ OR HIGH VOLUME MEDICAID HOSPITAL shall be directly ←
17 guaranteed a repayment of its assessment in derogation of 42 CFR
18 433.68(f) (relating to permissible health care-related taxes),
19 except that, in each fiscal year in which an assessment is
20 implemented, the department shall use a portion of the funds
21 received under section 804-E(a) for the purposes outlined under
22 section 804-E(b) to the extent permissible under Federal and
23 State law or regulation and without creating an indirect
24 guarantee to hold harmless, as those terms are used under 42 CFR
25 433.68(f) (i). The secretary shall submit any State Medicaid plan
26 amendments to the United States Department of Health and Human
27 Services that are necessary to make the payments authorized
28 under section 804-E(b).

29 Section 807-E. Tax exemption.

30 Notwithstanding any exemptions granted by any other Federal,

1 State or local tax or other law, including section 204(a)(3) of
2 the act of May 22, 1933 (P.L.853, No.155), known as The General
3 County Assessment Law, no general acute care hospital ~~or high~~
4 ~~volume Medicaid hospital~~ OR HIGH VOLUME MEDICAID HOSPITAL in the
5 municipality shall be exempt from the assessment.

6 ~~Section 808 E. [Cessation] Time period.~~

7 ~~(a) Cessation. The assessment authorized under this article~~
8 ~~shall cease June 30, 2013.~~

9 ~~(b) Assessment. A municipality shall have the power to~~
10 ~~enact the assessment authorized in section 802 E(a)(2) either~~
11 ~~prior to or during its fiscal year ending June 30, 2010.~~

12 SECTION 808-E. TIME PERIOD.

13 (A) CESSATION.--THE ASSESSMENT AUTHORIZED UNDER THIS ARTICLE
14 SHALL CEASE JUNE 30, 2013.

15 (B) ASSESSMENT.--A MUNICIPALITY SHALL HAVE THE POWER TO
16 ENACT THE ASSESSMENT AUTHORIZED IN SECTION 802-E(A)(2) EITHER
17 PRIOR TO OR DURING ITS FISCAL YEAR ENDING JUNE 30, 2010.

18 SECTION 4. SECTION 803-G(C) OF THE ACT, ADDED JULY 9, 2010
19 (P.L.336, NO.49), IS AMENDED TO READ:

20 SECTION 803-G. IMPLEMENTATION.

21 * * *

22 (C) ADJUSTMENTS TO ASSESSMENT PERCENTAGE.--THE SECRETARY MAY
23 ADJUST THE ASSESSMENT PERCENTAGE SPECIFIED IN SUBSECTION [(B)
24 (2)] (B), SUBJECT TO THE FOLLOWING:

25 (1) BEFORE ADJUSTING, THE SECRETARY SHALL PUBLISH A
26 NOTICE IN THE PENNSYLVANIA BULLETIN THAT SPECIFIES THE
27 PROPOSED ASSESSMENT PERCENTAGE AND IDENTIFIES THE AGGREGATE
28 IMPACT ON COVERED HOSPITALS SUBJECT TO THE ASSESSMENT.
29 INTERESTED PARTIES SHALL HAVE 30 DAYS IN WHICH TO SUBMIT
30 COMMENTS TO THE SECRETARY. UPON EXPIRATION OF THE 30-DAY

1 COMMENT PERIOD, THE SECRETARY, AFTER CONSIDERATION OF THE
2 COMMENTS, SHALL PUBLISH A SECOND NOTICE IN THE PENNSYLVANIA
3 BULLETIN ANNOUNCING THE ASSESSMENT PERCENTAGE.

4 (2) THE SECRETARY MAY NOT ADJUST THE ASSESSMENT
5 PERCENTAGES TO EXCEED 2.95% OF THE NET INPATIENT REVENUE OF
6 COVERED HOSPITALS.

7 (3) AN ADJUSTMENT IN THE ASSESSMENT PERCENTAGE SHALL BE
8 APPROVED BY THE GOVERNOR.

9 * * *

10 SECTION 6 5. THE ACT IS AMENDED BY ADDING AN ARTICLE TO
11 READ:

12 ARTICLE VIII-H

13 PENNSYLVANIA TRAUMA SYSTEMS STABILIZATION

14 SECTION 801-H. SCOPE OF ARTICLE.

15 THIS ARTICLE RELATES TO PENNSYLVANIA TRAUMA SYSTEMS
16 STABILIZATION.

17 SECTION 802-H. DEFINITIONS.

18 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS ARTICLE
19 SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE
20 CONTEXT CLEARLY INDICATES OTHERWISE:

21 "COMPREHENSIVE EMERGENCY SERVICES." THE CAPACITY OF A
22 HOSPITAL EMERGENCY DEPARTMENT TO MAINTAIN STAFF AND PROVIDE
23 IMMEDIATE AND ADVANCED CARE FOR PENNSYLVANIA PATIENTS WHO
24 REQUIRE TRAUMA CARE TREATMENT 24 HOURS PER DAY AND SEVEN DAYS
25 PER WEEK BASED ON THE AVAILABILITY OF THE FOLLOWING SERVICES:

26 (1) AT LEAST TWO QUALIFIED PHYSICIANS TO STAFF THE
27 EMERGENCY DEPARTMENT DURING PERIODS OF PEAK UTILIZATION.

28 (2) AT LEAST ONE REGISTERED NURSE OR TECHNICIAN WITH
29 SPECIALIZED TRAINING IN ADVANCED LIFE SUPPORT TECHNIQUES.

30 (3) ANESTHESIA SERVICES AT ALL TIMES.

1 (4) PHYSICIAN SPECIALISTS WHO CAN IMMEDIATELY CONSULT BY
2 TELEPHONE OR RADIO AND CAN REPORT IMMEDIATELY TO THE HOSPITAL
3 EMERGENCY DEPARTMENT AS NEEDED.

4 (5) ANCILLARY SERVICES, SUCH AS LABORATORY, RADIOLOGY,
5 PHARMACY AND RESPIRATORY THERAPY, AT ALL TIMES, WITH
6 APPROPRIATE PERSONNEL WHO CAN REPORT IMMEDIATELY TO THE
7 HOSPITAL EMERGENCY DEPARTMENT AS NEEDED.

8 "FOUNDATION." THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION AS
9 DEFINED IN 35 PA.C.S. § 8103 (RELATING TO DEFINITIONS).

10 "HOSPITAL." AN ENTITY LOCATED IN THIS COMMONWEALTH THAT IS
11 LICENSED AS A HOSPITAL UNDER THE ACT OF JULY 19, 1979 (P.L.130,
12 NO.48), KNOWN AS THE HEALTH CARE FACILITIES ACT, OR AN OUT-OF-
13 STATE HOSPITAL LICENSED BY ITS HOME STATE.

14 "TRAUMA CARE." MEDICAL SERVICES PROVIDED TO AN INDIVIDUAL
15 WITH A SEVERE, LIFE-THREATENING INJURY WHICH IS LIKELY TO
16 PRODUCE MORTALITY OR PERMANENT DISABILITY.

17 "TRAUMA CENTER." INCLUDES:

18 (1) A HOSPITAL ACCREDITED AS A LEVEL I, LEVEL II OR
19 LEVEL III TRAUMA CENTER BY THE PENNSYLVANIA TRAUMA SYSTEMS
20 FOUNDATION IN ACCORDANCE WITH THIS ARTICLE AND 35 PA.C.S.
21 § 8107 (RELATING TO PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION).

22 (2) AN OUT-OF-STATE HOSPITAL THAT QUALIFIES AS A TRAUMA
23 CENTER UNDER THE STATE PLAN FOR MEDICAL ASSISTANCE AND:

24 (I) HAS PAID TO THE FOUNDATION THE ANNUAL
25 PARTICIPATION FEES THAT WOULD BE DUE IF IT WERE TO OBTAIN
26 ACCREDITATION FROM THE FOUNDATION; AND

27 (II) HAS SUBMITTED TO THE FOUNDATION ON AN ANNUAL
28 BASIS:

29 (A) THE CLINICAL PATIENT DATA THAT THE HOSPITAL
30 SUBMITS TO THE NATIONAL TRAUMA DATABASE REGARDING

1 PENNSYLVANIA RESIDENTS WHO RECEIVE TRAUMA SERVICES
2 FROM THE HOSPITAL; AND

3 (B) THE INFORMATION NECESSARY TO CALCULATE THE
4 SUPPLEMENTAL PAYMENT REFERENCED IN SECTION 805-H AS
5 PROVIDED IN THE STATE PLAN FOR MEDICAL ASSISTANCE.

6 "TRAVEL DISTANCE." THE DISTANCE TRAVELED BY A MOTOR VEHICLE
7 ON PAVED PUBLIC ROADS HAVING AT LEAST TWO DRIVING LANES OF WIDTH
8 AND ON WHICH A MOTOR VEHICLE WOULD REASONABLY TRAVEL IN THE
9 TRANSPORT OF PATIENTS.

10 SECTION 803-H. ACCREDITATION OF LEVEL III TRAUMA CENTERS.

11 (A) STANDARDS.--THE FOUNDATION SHALL ACCREDIT LEVEL III
12 TRAUMA CENTERS IN ACCORDANCE WITH ESTABLISHED STANDARDS, WHICH
13 SHALL BE BASED UPON THE CURRENT GUIDELINES FOR TRAUMA CENTERS AS
14 DEFINED BY THE AMERICAN COLLEGE OF SURGEONS FOR LEVEL III TRAUMA
15 CENTERS. THE ACCREDITATION PROCESS SHALL BE CONDUCTED IN
16 COMPLIANCE WITH 35 PA.C.S. § 8107 (RELATING TO PENNSYLVANIA
17 TRAUMA SYSTEMS FOUNDATION).

18 (B) ADDITIONAL REQUIREMENTS.--IN ADDITION TO THE LEVEL III
19 STANDARDS ESTABLISHED BY THE FOUNDATION UNDER SUBSECTION (A), A
20 HOSPITAL MUST MEET ALL OF THE FOLLOWING CRITERIA TO QUALIFY FOR
21 LEVEL III ACCREDITATION:

22 (1) PROVIDE COMPREHENSIVE EMERGENCY SERVICES.

23 (2) TOTAL ON AN ANNUAL BASIS AT LEAST 4,000 INPATIENT
24 ADMISSIONS FROM ITS EMERGENCY DEPARTMENT.

25 (3) BE LOCATED IN A THIRD TO EIGHTH CLASS COUNTY.

26 (4) BE LOCATED MORE THAN 25 MILES OF TRAVEL DISTANCE
27 ESTABLISHED BY ROADWAYS FROM A LEVEL I, LEVEL II OR LEVEL III
28 TRAUMA CENTER.

29 THE REQUIREMENTS OF PARAGRAPH (3) AND (4) SHALL NOT APPLY TO
30 LEVEL III TRAUMA CENTERS ACCREDITED OR SEEKING ACCREDITATION AS

1 OF THE EFFECTIVE DATE OF THIS SUBSECTION.

2 (C) SUBMISSION OF APPLICATION REQUIRED.--TO BE ELIGIBLE FOR
3 ACCREDITATION AS A LEVEL III TRAUMA CENTER AND TO QUALIFY FOR
4 FUNDS UNDER THIS ARTICLE, A HOSPITAL MUST SUBMIT AN APPLICATION
5 TO THE FOUNDATION FOR THE PURPOSE OF DETERMINING COMPLIANCE WITH
6 THE CRITERIA UNDER SUBSECTION (B).

7 (D) REVIEW OF APPLICATION.--WITHIN 120 DAYS OF THE RECEIPT
8 OF AN APPLICATION, THE FOUNDATION SHALL COMPLETE ITS REVIEW OF
9 THE APPLICATION TO DETERMINE COMPLIANCE WITH THE CRITERIA UNDER
10 SUBSECTION (B). NO LATER THAN 240 DAYS FROM THE COMPLETION OF A
11 SITE SURVEY, THE FOUNDATION SHALL GRANT OR DENY A CERTIFICATE TO
12 THOSE HOSPITALS SEEKING TO BE ACCREDITED AS LEVEL III TRAUMA
13 CENTERS.

14 (E) OTHER TRAUMA CENTER REFERENCES.--A LEVEL III TRAUMA
15 CENTER ACCREDITED UNDER THIS ARTICLE SHALL NOT BE CONSIDERED AN
16 ACCREDITED TRAUMA CENTER FOR PURPOSES OF ANY OTHER ACT.
17 SECTION 804-H. SUBMISSION OF LIST.

18 (A) LEVEL I AND LEVEL II TRAUMA CENTERS.--THE FOUNDATION
19 SHALL ANNUALLY SUBMIT TO THE DEPARTMENT ITS LIST OF ACCREDITED
20 LEVEL I AND LEVEL II TRAUMA CENTERS WITH UPDATES AS NECESSARY.
21 THE LIST SHALL INCLUDE ALL LEVEL I AND LEVEL II TRAUMA CENTERS
22 AS DEFINED UNDER THIS ARTICLE.

23 (B) LEVEL III TRAUMA CENTERS.--WITHIN 15 DAYS OF THE INITIAL
24 APPROVAL OF AN ACCREDITED LEVEL III TRAUMA CENTER UNDER SECTION
25 803-H(D), THE FOUNDATION SHALL SUBMIT THAT INFORMATION TO THE
26 DEPARTMENT. THE FOUNDATION SHALL MAINTAIN A COMPLETE LIST OF ALL
27 ACCREDITED LEVEL III TRAUMA CENTERS AND PROVIDE THE LIST TO THE
28 DEPARTMENT ON AN ANNUAL BASIS WITH UPDATES AS NECESSARY.

29 SECTION 805-H. FUNDING.

30 (A) DISTRIBUTION.--EFFECTIVE FOR FISCAL YEAR 2008-2009 AND

1 EACH YEAR THEREAFTER, THE DEPARTMENT SHALL DISTRIBUTE ANNUALLY
2 FROM AVAILABLE FUNDS APPROPRIATED FOR THIS PURPOSE A
3 SUPPLEMENTAL PAYMENT TO EACH ACCREDITED LEVEL I OR LEVEL II
4 TRAUMA CENTER OR EACH LEVEL III TRAUMA CENTER OR HOSPITAL
5 SEEKING LEVEL III ACCREDITATION AS PROVIDED IN SECTION 803-H(B)
6 FOR THE PURPOSE OF IMPROVING ACCESS TO READILY AVAILABLE AND
7 COORDINATED TRAUMA CARE FOR THE CITIZENS OF THIS COMMONWEALTH.

8 (B) FUNDING.--THE DEPARTMENT SHALL SEEK TO MAXIMIZE ANY
9 FEDERAL FUNDS, INCLUDING FUNDS OBTAINED PURSUANT TO TITLE XIX OF
10 THE SOCIAL SECURITY ACT (49 STAT. 620, 42 U.S.C. § 1396 ET SEQ.)
11 AVAILABLE FOR TRAUMA CARE STABILIZATION.

12 (C) PAYMENT CALCULATION.--

13 (1) PAYMENT SHALL BE ALLOCATED AS FOLLOWS:

14 (I) NINETY PERCENT OF AVAILABLE FUNDS SHALL BE
15 ALLOCATED TO ACCREDITED LEVEL I AND LEVEL II TRAUMA
16 CENTERS.

17 (II) THE REMAINING 10% SHALL BE ALLOCATED TO
18 HOSPITALS ACCREDITED AS LEVEL III TRAUMA CENTERS AND
19 HOSPITALS SEEKING LEVEL III ACCREDITATION FOR UP TO FOUR
20 YEARS WITH DOCUMENTED EVIDENCE OF PROGRESSION TOWARD
21 ACCREDITATION AND ACHIEVEMENT OF BENCHMARKS AS VERIFIED
22 AND ESTABLISHED BY THE FOUNDATION IN COLLABORATION WITH
23 THE DEPARTMENT.

24 (2) PAYMENT TO EACH QUALIFYING LEVEL I OR LEVEL II
25 TRAUMA CENTER SHALL BE CALCULATED USING DATA PROVIDED BY THE
26 FOUNDATION AS FOLLOWS:

27 (I) FIFTY PERCENT OF THE TOTAL AMOUNT AVAILABLE FOR
28 LEVEL I AND LEVEL II TRAUMA CENTERS SHALL BE ALLOCATED
29 EQUALLY AMONG LEVEL I AND LEVEL II TRAUMA CENTERS.

30 (II) FIFTY PERCENT OF THE TOTAL AMOUNT AVAILABLE FOR

1 LEVEL I AND LEVEL II TRAUMA CENTERS SHALL BE ALLOCATED ON
2 THE BASIS OF EACH TRAUMA CENTER'S PERCENTAGE OF MEDICAL
3 ASSISTANCE AND UNINSURED TRAUMA CASES AND PATIENT DAYS
4 COMPARED TO THE STATEWIDE TOTAL NUMBER OF MEDICAL
5 ASSISTANCE AND UNINSURED TRAUMA CASES AND PATIENT DAYS
6 FOR ALL LEVEL I AND LEVEL II TRAUMA CENTERS.

7 (3) SUBJECT TO PARAGRAPH (4), PAYMENT TO EACH QUALIFYING
8 HOSPITAL ACCREDITED OR SEEKING ACCREDITATION AS A LEVEL III
9 TRAUMA CENTER SHALL BE CALCULATED USING THE INFORMATION AND
10 DATA PROVIDED BY THE FOUNDATION AS FOLLOWS:

11 (I) FIFTY PERCENT OF THE TOTAL AMOUNT AVAILABLE FOR
12 LEVEL III TRAUMA CENTERS SHALL BE ALLOCATED EQUALLY AMONG
13 ALL LEVEL III TRAUMA CENTERS.

14 (II) FIFTY PERCENT OF THE TOTAL AMOUNT AVAILABLE FOR
15 LEVEL III TRAUMA CENTERS SHALL BE ALLOCATED ON THE BASIS
16 OF EACH TRAUMA CENTER'S PERCENTAGE OF MEDICAL ASSISTANCE
17 AND UNINSURED TRAUMA CASES AND PATIENT DAYS COMPARED TO
18 THE STATEWIDE TOTAL NUMBER OF MEDICAL ASSISTANCE AND
19 UNINSURED TRAUMA CASES AND PATIENT DAYS FOR ALL LEVEL III
20 TRAUMA CENTERS.

21 (4) PAYMENT TO EACH QUALIFYING HOSPITAL ACCREDITED AS A
22 LEVEL III MAY NOT BE GREATER THAN 50% OF THE AVERAGE
23 STATEWIDE ANNUAL PAYMENT TO A LEVEL II TRAUMA CENTER AS
24 DETERMINED IN THE METHODOLOGY DESCRIBED IN PARAGRAPH (2).

25 (D) OUT-OF-STATE TRAUMA CENTERS.--ANY HOSPITAL WITH A LEVEL
26 I OR LEVEL II TRAUMA CENTER NOT LICENSED IN THIS COMMONWEALTH
27 SHALL BE ELIGIBLE FOR PAYMENT UNDER THIS ARTICLE IF IT MEETS THE
28 DEFINITION OF "TRAUMA CENTER" IN SECTION 802-H.

29 SECTION 806-H. NOTIFICATION OF TRAUMA CENTER CLOSURE.

30 A HOSPITAL THAT RECEIVES FUNDS PURSUANT TO THIS ARTICLE SHALL

1 NOTIFY THE DEPARTMENT, THE FOUNDATION AND THE DEPARTMENT OF
2 HEALTH OF ITS INTENT TO CEASE OPERATION OF ITS TRAUMA CENTER NO
3 LATER THAN 60 DAYS PRIOR TO CLOSURE OF THAT TRAUMA CENTER.

4 SECTION 807-H. REPORTING.

5 (A) GENERAL RULE.--ON MARCH 1, 2011, AND ANNUALLY
6 THEREAFTER, THE DEPARTMENT SHALL REPORT TO THE PUBLIC HEALTH AND
7 WELFARE COMMITTEE OF THE SENATE AND THE HEALTH AND HUMAN
8 SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES ON THE TRAUMA
9 CENTERS FUNDED UNDER THIS ARTICLE.

10 (B) CONTENTS OF REPORT.--THE REPORT SHALL DO ALL OF THE
11 FOLLOWING:

12 (1) IDENTIFY THE TRAUMA CENTERS RECEIVING FUNDS.

13 (2) STATE THE AMOUNT RECEIVED AND THE NUMBER OF
14 INDIVIDUALS SERVED.

15 (3) MAKE ANY RECOMMENDATIONS FOR IMPROVEMENTS IN THIS
16 ARTICLE WHICH FURTHER PROMOTE THE AVAILABILITY OF TRAUMA CARE
17 SERVICES TO THE CITIZENS OF THIS COMMONWEALTH.

18 SECTION 808-H. CERTIFICATION AND FINANCIAL REPORT.

19 (A) CERTIFICATION.--BEFORE FUNDS ARE PROVIDED, A TRAUMA
20 CENTER QUALIFYING FOR FUNDS UNDER THIS ARTICLE SHALL CERTIFY
21 THAT THE FUNDS ARE INTENDED TO BE USED FOR DEVELOPING AND
22 PROVIDING FOR THE AVAILABILITY OF AND ACCESS TO TRAUMA CARE FOR
23 PENNSYLVANIA RESIDENTS.

24 (B) REPORT.--EACH TRAUMA CENTER WHICH RECEIVES FUNDS UNDER
25 THIS ARTICLE SHALL REPORT TO THE DEPARTMENT THE FOLLOWING:

26 (1) AN EXPENDITURE REPORT SIX MONTHS AFTER THE END OF
27 THE FISCAL YEAR ACCOUNTING FOR HOW THE FUNDS WERE SPENT.

28 (2) THE AMOUNT RECEIVED AND THE NUMBER OF INDIVIDUALS
29 SERVED.

30 (3) HOW FUNDS RECEIVED THROUGH THIS ARTICLE IMPROVED

1 ACCESS TO TRAUMA CARE FOR PENNSYLVANIA RESIDENTS.

2 SECTION 7 6. THE ADDITION OF ARTICLE VIII-H OF THE ACT IS A ←
3 CONTINUATION OF THE ACT OF MARCH 24, 2004 (P.L.148, NO.15),
4 KNOWN AS THE PENNSYLVANIA TRAUMA SYSTEMS STABILIZATION ACT. THE
5 FOLLOWING APPLY:

6 (1) EXCEPT AS OTHERWISE PROVIDED IN ARTICLE VIII-H OF
7 THE ACT, ALL ACTIVITIES INITIATED UNDER THE PENNSYLVANIA
8 TRAUMA SYSTEMS STABILIZATION ACT SHALL CONTINUE AND REMAIN IN
9 FULL FORCE AND EFFECT AND MAY BE COMPLETED UNDER ARTICLE
10 VIII-H OF THE ACT. RESOLUTIONS, ORDERS, REGULATIONS, RULES
11 AND DECISIONS WHICH WERE MADE UNDER THE PENNSYLVANIA TRAUMA
12 SYSTEMS STABILIZATION ACT AND WHICH ARE IN EFFECT ON THE
13 EFFECTIVE DATE OF THIS SECTION SHALL REMAIN IN FULL FORCE AND
14 EFFECT UNTIL REVOKED, VACATED OR MODIFIED UNDER ARTICLE VIII-
15 H OF THE ACT. CONTRACTS, OBLIGATIONS AND AGREEMENTS ENTERED
16 INTO UNDER THE PENNSYLVANIA TRAUMA SYSTEMS STABILIZATION ACT
17 ARE NOT AFFECTED NOR IMPAIRED BY THE REPEAL OF THE
18 PENNSYLVANIA TRAUMA SYSTEMS STABILIZATION ACT.

19 (2) EXCEPT AS SET FORTH IN PARAGRAPH (3), ANY DIFFERENCE
20 IN LANGUAGE BETWEEN ARTICLE VIII-H OF THE ACT AND THE
21 PENNSYLVANIA TRAUMA SYSTEMS STABILIZATION ACT IS INTENDED
22 ONLY TO CONFORM TO THE STYLE OF THE ACT OF JUNE 13, 1967
23 (P.L.31, NO.21), KNOWN AS THE PUBLIC WELFARE CODE, AND IS NOT
24 INTENDED TO CHANGE OR AFFECT THE LEGISLATIVE INTENT, JUDICIAL
25 CONSTRUCTION OR ADMINISTRATIVE INTERPRETATION AND
26 IMPLEMENTATION OF THE PENNSYLVANIA TRAUMA SYSTEMS
27 STABILIZATION ACT.

28 (3) PARAGRAPH (2) DOES NOT APPLY TO THE FOLLOWING:

29 (I) THE ADDITION OF THE DEFINITIONS OF

30 "COMPREHENSIVE EMERGENCY SERVICES," "HOSPITAL," "TRAUMA

1 CENTER" AND "TRAVEL DISTANCE" IN SECTION 802-H OF THE
2 ACT.

3 (II) THE ADDITION OF SECTIONS 803-H(B), (C) AND (D),
4 804-H(A), 805-H(A), (C) AND (D) AND 808-H OF THE ACT.

5 SECTION ~~6~~ 7. REPEALS ARE AS FOLLOWS: ←

6 (1) THE GENERAL ASSEMBLY DECLARES THAT THE REPEAL UNDER
7 PARAGRAPH (2) IS NECESSARY TO EFFECTUATE THE ADDITION OF
8 ARTICLE VIII-H OF THE ACT.

9 (2) THE ACT OF MARCH 24, 2004 (P.L.148, NO.15), KNOWN AS
10 THE PENNSYLVANIA TRAUMA SYSTEMS STABILIZATION ACT, IS
11 REPEALED.

12 Section ~~5~~ ~~6~~ ~~9~~ 8. This act shall take effect immediately. ←