

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2689 Session of
2000

INTRODUCED BY DAILEY, ARGALL, BARRAR, BELFANTI, BROWNE,
CAPPABIANCA, DeLUCA, HALUSKA, HARHAI, LEH, MANDERINO,
PETRARCA, ROSS, SAYLOR, SOLOBAY, E. Z. TAYLOR, TRELLO, TRICH,
TRUE, VANCE AND WILT, AUGUST 9, 2000

REFERRED TO COMMITTEE ON HEALTH AND HUMAN SERVICES,
AUGUST 9, 2000

AN ACT

1 Amending the act of July 8, 1986 (P.L.408, No.89), entitled, as
2 reenacted and amended, "An act providing for the creation of
3 the Health Care Cost Containment Council, for its powers and
4 duties, for health care cost containment through the
5 collection and dissemination of data, for public
6 accountability of health care costs and for health care for
7 the indigent; and making an appropriation," further providing
8 for the powers and duties of the Health Care Cost Containment
9 Council.

10 The General Assembly of the Commonwealth of Pennsylvania
11 hereby enacts as follows:

12 Section 1. Section 3 of the act of July 8, 1986 (P.L.408,
13 No.89), known as the Health Care Cost Containment Act, reenacted
14 and amended June 28, 1993 (P.L.146, No.34), is amended by adding
15 a definition to read:

16 Section 3. Definitions.

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

20 "Agency nurse." A registered nurse or a licensed practical

nurse who is employed by a nurse staffing agency and is
subcontracted by the hospital to provide health care services to
supplement in-house nurse staffing pools in times of shortages.

* * *

Section 2. Section 4(b) of the act is amended to read:

Section 4. Health Care Cost Containment Council.

* * *

(b) Composition.--The council shall consist of [21] 22
voting members, composed of and appointed in accordance with the
following:

(1) The Secretary of Health.

(2) The Secretary of Public Welfare.

(3) The Insurance Commissioner.

(4) Six representatives of the business community, at
least one of whom represents small business, who are
purchasers of health care as defined in section 3, none of
which is primarily involved in the provision of health care
or health insurance, three of which shall be appointed by the
President pro tempore of the Senate and three of which shall
be appointed by the Speaker of the House of Representatives
from a list of twelve qualified persons recommended by the
Pennsylvania Chamber of Business and Industry. Three nominees
shall be representatives of small business.

(5) Six representatives of organized labor, three of
which shall be appointed by the President pro tempore of the
Senate and three of which shall be appointed by the Speaker
of the House of Representatives from a list of twelve
qualified persons recommended by the Pennsylvania AFL-CIO.

(6) One representative of consumers who is not primarily
involved in the provision of health care or health care

1 insurance, appointed by the Governor from a list of three
2 qualified persons recommended jointly by the Speaker of the
3 House of Representatives and the President pro tempore of the
4 Senate.

5 (7) One representative of hospitals, appointed by the
6 Governor from a list of three qualified hospital
7 representatives recommended by the Hospital Association of
8 Pennsylvania. The representative under this paragraph may
9 appoint two additional delegates to act for the
10 representative only at meetings of committees, as provided
11 for in subsection (f).

12 (8) One representative of physicians, appointed by the
13 Governor from a list of three qualified physician
14 representatives recommended jointly by the Pennsylvania
15 Medical Society and the Pennsylvania Osteopathic Medical
16 Society. The representative under this paragraph may appoint
17 two additional delegates to act for the representative only
18 at meetings of committees, as provided for in subsection (f).

19 (9) One representative of the Blue Cross and Blue Shield
20 plans in Pennsylvania, appointed by the Governor from a list
21 of three qualified persons recommended jointly by the Blue
22 Cross and Blue Shield plans of Pennsylvania.

23 (10) One representative of commercial insurance
24 carriers, appointed by the Governor from a list of three
25 qualified persons recommended by the Insurance Federation of
26 Pennsylvania, Inc.

27 (11) One representative of health maintenance
28 organizations, appointed by the Governor from a list of three
29 qualified persons recommended by the Pennsylvania Association
30 of Health Maintenance Organizations.

1 (11.1) One representative of advance practice nurses,
2 specifically a nurse researcher, appointed by the Governor
3 from a list of three qualified nurse representatives
4 recommended by the Pennsylvania Board of Nursing. The
5 representative under this paragraph may appoint two
6 additional delegates to act for the representative only at
7 meetings of committees, as provided for in subsection (f).

8 (12) In the case of each appointment to be made from a
9 list supplied by a specified organization, it is incumbent
10 upon that organization to consult with and provide a list
11 which reflects the input of other equivalent organizations
12 representing similar interests. Each appointing authority
13 will have the discretion to request additions to the list
14 originally submitted. Additional names will be provided not
15 later than 15 days after such request. Appointments shall be
16 made by the appointing authority no later than 90 days after
17 receipt of the original list. If, for any reason, any
18 specified organization supplying a list should cease to
19 exist, then the respective appointing authority shall specify
20 a new equivalent organization to fulfill the responsibilities
21 of this act.

22 * * *

23 Section 3. Section 5(d) of the act is amended by adding a
24 paragraph to read:

25 Section 5. Powers and duties of the council.

26 * * *

27 (d) General duties and functions.--The council is hereby
28 authorized to and shall perform the following duties and
29 functions:

30 * * *

1 (14) (i) Maintain and disseminate data on the level of
2 patient safety and the quality of health care in this
3 Commonwealth based upon data collected under section 6.

4 (ii) Make an annual report with the facilities
5 arranged by the following categories: 500 or more acute
6 care beds, 350-499 acute care beds, 200-349 acute care
7 beds, 150-199 acute care beds, 100-149 acute care beds,
8 50-99 acute care beds, 49 or below acute care beds. The
9 report will include the current year's data as well as
10 the four previous years' data.

11 Section 4. Section 6(f)(3) of the act is amended to read:

12 Section 6. Data submission and collection.

13 * * *

14 (f) Other data required to be submitted.--Providers are
15 hereby required to submit and the council is hereby authorized
16 to collect, in accordance with submission dates and schedules
17 established by the council, the following additional data,
18 provided such data is not available to the council from public
19 records:

20 * * *

21 (3) Additional data, including, but not limited to, data
22 which can be used to provide at least the following
23 information:

24 (i) the incidence of medical and surgical procedures
25 in the population for individual providers;

26 (ii) physicians who provide covered services and
27 accept medical assistance patients;

28 (iii) physicians who provide covered services and
29 accept Medicare assignment as full payment;

30 (v) mortality rates for specified diagnoses and

treatments, grouped by severity, for individual
providers;

(vi) rates of infection for specified diagnoses and
treatments, grouped by severity, for individual
providers;

(vii) morbidity rates for specified diagnoses and
treatments, grouped by severity, for individual
providers;

(viii) readmission rates for specified diagnoses and
treatments, grouped by severity, for individual
providers; [and]

(ix) rate of incidence of postdischarge professional
care for selected diagnoses and procedures, grouped by
severity, for individual providers[.]; and

(x) level of patient safety and quality of health
care:

(A) Patient data by unit level:

(I) medication errors;

(II) injury rate, such as, but not limited
to, falls;

(III) nosocomial infections (e.g. those
infections acquired in a hospital or ambulatory
surgical facility);

(IV) pressure ulcers incurred during
hospitalization; and

(V) patient's perception of satisfaction
with care regarding pain management, educational
information pertaining to their condition and
care requirements for discharge and overall care
provided.

1 (B) Health care employee data:

2 (I) Annual average of facility staffing mix
3 between certified registered nurse practitioners,
4 registered nurses, licensed practical nurses,
5 agency nurses, certified nursing assistants
6 (CNAs) and unlicensed assisting staff.

7 (II) Annual average of inpatient care per
8 unit (e.g. intensive care units, emergency rooms,
9 cardiac care units, neurology units, surgical
10 units) staffing mix between certified registered
11 nurse practitioners, registered nurses, licensed
12 practical nurses, agency nurses, certified
13 nursing assistants (CNAs) and unlicensed
14 assisting staff.

15 (C) Total registered nurses' hours provided per
16 patient day.

17 * * *

18 Section 5. The sum of \$128,000 is hereby appropriated to the
19 Health Care Cost Containment Council for the purpose of
20 administering the provisions of this act.

21 Section 6. This act shall take effect in 90 days.