

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1846 Session of
2009

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SWANGER AND YOUNGBLOOD, JULY 10, 2009

REFERRED TO COMMITTEE ON HEALTH AND HUMAN SERVICES, JULY 10,
2009

AN ACT

1 Establishing the Community-Based Health Care (CHC) Program in
2 the Department of Health; providing for hospital health
3 clinics; and establishing the Community-Based Health Care
4 Fund.

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18 The General Assembly of the Commonwealth of Pennsylvania

1 hereby enacts as follows:

2 CHAPTER 1

3 HEALTH CARE ASSISTANCE

4 SUBCHAPTER A

5 PRELIMINARY PROVISIONS

6 Section 101. Short title.

7 This act shall be known and may be cited as the Community-
8 Based Health Care (CHC) Act.

9 Section 102. Definitions.

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

13 "Chronic care and disease management." A model of care that
14 includes the following:

15 (1) The provision of effective health management through
16 support and information that also promotes patient self-care
17 for patients with chronic conditions.

18 (2) The use of evidence-based medicine to ensure
19 appropriate treatment decisions by health care providers.

20 (3) The coordination of care and use of reasonably
21 accessible and updated patient information that encourages
22 follow-up care as a standard procedure.

23 (4) The tracking of clinical information for individual
24 and general patient populations to guide treatment and
25 effectively anticipate community health care problems.

26 "Community-based health care clinic." A nonprofit health
27 care center located in this Commonwealth that provides
28 comprehensive health care services without regard for a
29 patient's ability to pay and that:

30 (1) meets either of the following criteria:

1 (i) serves a federally designated medically
2 underserved area, a medically underserved population or a
3 health professional shortage area; or

4 (ii) serves a patient population with a majority of
5 that population having an income less than 200% of the
6 Federal poverty income guidelines; and

7 (2) includes any of the following:

8 (i) A federally qualified health center as defined
9 in section 1905(1)(2)(B) of the Social Security Act (49
10 Stat. 620, 42 U.S.C. § 1396d(1)(2)(B)) or a federally
11 qualified health center look-alike.

12 (ii) A rural health clinic as defined in section
13 1861(aa)(2) of the Social Security Act (49 Stat. 620, 42
14 U.S.C. § 1395x(aa)(2)), certified by Medicare.

15 (iii) A hospital outpatient clinic.

16 (iv) A free or partial-pay health clinic that
17 provides medical home and primary care services by
18 volunteer and nonvolunteer health care providers.

19 (v) A nurse-managed health care clinic that is
20 managed by advanced practice nurses, a federally
21 qualified health center or an independent nonprofit
22 health or social services agency.

23 "Department." The Department of Health of the Commonwealth.

24 "Fund." The Community-Based Health Care (CHC) Fund.

25 "Health care provider." A health care provider licensed to
26 practice a component of the healing arts by a licensing board
27 within the Department of State who provides health care services
28 at a community-based health care clinic.

29 "Hospital." An entity located in this Commonwealth that is
30 licensed as a hospital under the act of July 19, 1979 (P.L.130,

1 No.48), known as the Health Care Facilities Act.

2 "Hospital outpatient clinic." A hospital-operated facility
3 that provides primary nonemergency health care on an outpatient
4 basis pursuant to 55 Pa. Code Ch. 1221 (relating to clinic and
5 emergency room services).

6 "Medical assistance." A State program of medical assistance
7 established under Article IV(f) of the act of June 13, 1967
8 (P.L.31, No.21), known as the Public Welfare Code.

9 "Medical home." A community-based health care clinic that
10 provides, at a minimum:

11 (1) A health care provider or team of health care
12 providers at the practice level to provide first contact,
13 continuous, ongoing and comprehensive health care.

14 (2) Arranging care or taking responsibility for the
15 arrangement of care that meets the patient's health care
16 needs with other qualified professionals in areas including,
17 but not limited to, chronic care, acute care, preventive care
18 and end-of-life care.

19 (3) The coordination and integration of a patient's
20 health care needs across the health care system in areas such
21 as subspecialty care, hospital care, home health care,
22 nursing home care and community-based services.

23 "Patient." A natural person receiving health care from a
24 health care provider at a community-based health care clinic.

25 "Program." The Community-Based Health Care (CHC) Program.

26 "Rural hospital." A hospital that is located in a geographic
27 area not located in a Core-Based Statistical Area (CBSAs)
28 established by the United States Office of Management and
29 Budget.

30 SUBCHAPTER B

1 COMMUNITY-BASED HEALTH CARE (CHC)

2 Section 111. Community-Based Health Care (CHC) Program.

3 (a) Establishment.--The Community-Based Health Care (CHC)
4 Program is established within the department to provide grants
5 to community-based health care clinics to:

6 (1) Expand and improve health care access and services,
7 such as preventive care, chronic care and disease management,
8 prenatal, obstetric, postpartum and newborn care, dental
9 treatment, behavioral health and pharmacy services.

10 (2) Reduce unnecessary utilization of hospital emergency
11 services by providing an effective alternative health care
12 delivery system.

13 (3) Encourage collaborative relationships among
14 community-based health care clinics, hospitals and other
15 health care providers.

16 (b) Grant applications.--When considering an application for
17 a grant for the expansion of an existing or new community-based
18 health care clinic, the department shall consider, at a minimum,
19 the following factors:

20 (1) The health care needs and demographics of the area
21 covered under the application that includes, but is not
22 limited to, the following:

23 (i) The population of the uninsured in certain
24 areas, such as a county or health service area.

25 (ii) The number of federally qualified health
26 centers or federally qualified health center look-alikes,
27 rural health clinics and hospital outpatient clinics.

28 (iv) The number of primary care physicians
29 practicing in the health service area.

30 (v) Whether the clinic will serve a medically

underserved area, a medically underserved population or a health professional shortage area.

(2) The request in the application for the addition or expansion of direct or ancillary health care services that includes, but is not limited to, the following:

(i) Prenatal care, obstetric, postpartum or newborn care.

(ii) Comprehensive specialty care.

(iii) Dental services.

(iv) Behavioral health.

(v) Pharmacy.

(vi) Transportation.

(3) The expansion or increase in services that are intended to reduce unnecessary emergency room utilization.

(4) The establishment of collaborative relationships among community-based health care clinics, hospitals and other health care providers.

(c) Distribution.--Funds shall be distributed in a manner that improves access and expands services in all geographic areas of this Commonwealth.

(d) Reallocation.--The department shall reallocate funds among the categories described in subsection (b) if sufficient grant requests are not received to use all the funds available in a specific category.

(e) Amount of grants.--A grant under this subsection shall not exceed \$500,000 and shall require a matching commitment of 25% of the grant, which can be in the form of cash or equivalent in-kind services.

(f) Federal funds.--The department shall seek any available Federal funds, as well as any available grants and funding from

1 other sources, to supplement amounts made available under this
2 subchapter to the extent permitted by law.

3 Section 112. Powers and duties of department.

4 The department shall have the following powers and duties:

5 (1) To administer the program.

6 (2) To develop an allocation methodology applicable to
7 grant applications submitted pursuant to section 111(b).

8 (3) Within 90 days of the effective date of this
9 section, to develop and provide a grant application form
10 consistent with this act. The department shall provide
11 applications for grants under this section to all known
12 community-based health care clinics. A grant under this
13 section may be extended over two State fiscal years at the
14 request of the community-based health care clinic.

15 (4) To calculate and make grants to qualified community-
16 based health care clinics.

17 (5) To provide an annual report no later than November
18 30 to the chair and minority chair of the Public Health and
19 Welfare Committee of the Senate and the chair and minority
20 chair of the Health and Human Services Committee of the House
21 of Representatives. The report shall include accountability
22 measures for all of the following:

23 (i) The total dollar amount for each grant awarded,
24 listing the type of community-based health care clinic
25 and the name of the grantee.

26 (ii) A summary of the use of the grant by each
27 grantee.

28 (iii) A summary of how each grant expanded access
29 and services in accordance with the criteria set forth in
30 section 111(a) and (b), including a specific

documentation of low-income and uninsured patients served, and the total amount of funds allocated in each distribution category under section 111(b).

(iv) The impact of the grant on improving the delivery and quality of health care in the community.

(v) An accountability assessment of the benefits of the assistance provided under this subchapter and any recommendations for changes to the program.

The report shall be made available for public inspection and posted on the department's publicly accessible Internet website.

(6) To audit grants awarded under this subchapter to ensure that funds have been used in accordance with this subchapter and the terms and standards adopted by the department.

(7) To establish and maintain an online database of community-based health care clinics.

(8) To establish a toll-free telephone number for individuals to obtain information about community-based health care clinics.

Section 113. Hospital outpatient clinics.

(a) Establishment.--The Hospital Outpatient Program is established within the Community-Based Health Care Program to provide payments by the Department of Public Welfare for hospital outpatient clinics.

(b) Purpose.--The Hospital Outpatient Program shall assist hospital outpatient clinics to:

(1) Expand and improve health care access and services, such as preventive care, chronic care and disease management, prenatal, obstetric, postpartum and newborn care, dental

1 treatment, behavioral health and pharmacy services.

2 (2) Reduce unnecessary utilization of hospital emergency
3 services by providing an effective alternative health care
4 delivery system.

5 (3) Encourage collaborative relationships among
6 community-based health care clinics, hospitals and other
7 health care providers.

8 (c) Funding.--

9 (1) Upon Federal approval of an amendment to the
10 Medicaid State plan, the Department of Public Welfare shall
11 annually distribute any available funds obtained under this
12 act for hospital outpatient clinics through disproportionate
13 share payments to hospitals to provide financial assistance
14 that will assure readily available and coordinated
15 comprehensive health care to the citizens of this
16 Commonwealth.

17 (2) The Secretary of Public Welfare shall determine the
18 funds available and make appropriate adjustments based on the
19 number of qualifying hospitals with hospital health clinics.

20 (d) Maximization.--The Department of Public Welfare shall
21 seek to maximize any Federal funds, including funds obtained
22 under Title XIX of the Social Security Act (49 Stat. 620, 42
23 U.S.C. § 1396 et seq.).

24 (e) Payment calculation.--

25 (1) Fifteen percent of the total amount available shall
26 be allocated to rural hospitals located in this Commonwealth
27 as follows:

28 (i) Twenty-five percent of the total amount
29 available for rural hospitals shall be allocated equally
30 among each rural hospital.

1 (ii) Seventy-five percent of the total amount
2 available for rural hospitals shall be allocated on the
3 basis of each hospital's percentage of medical assistance
4 hospital outpatient clinic service visits compared to the
5 Statewide total number of medical assistance hospital
6 outpatient clinic service visits for all rural hospitals.

7 (2) Eighty-five percent of the total amount available
8 shall be allocated to qualified nonrural hospitals located in
9 this Commonwealth as follows:

10 (i) Twenty-five percent of the total amount
11 available for nonrural hospitals shall be allocated
12 equally among nonrural hospitals.

13 (ii) Seventy-five percent of the total amount
14 available for nonrural hospitals shall be allocated on
15 the basis of each hospital's percentage of medical
16 assistance hospital outpatient clinic service visits
17 compared to the Statewide total number of medical
18 assistance hospital outpatient clinic visits for all
19 nonrural hospitals.

20 (f) Attestation.--Before receiving any payment under this
21 section, a hospital shall complete an attestation form approved
22 by the department that contains, at a minimum, the following:

23 (1) The payment shall be used for the purposes under
24 section 111(a).

25 (2) The payment shall be used to enhance the
26 availability of outpatient service visits within the year the
27 funds were requested.

28 (3) The hospital will continue to provide outpatient
29 service visits during the calendar year that the moneys were
30 requested and will do so without restriction by reason of

sex, race, color, national origin, age, income or handicap or disability.

(4) If the hospital closes a hospital outpatient clinic, then any payment received under this section shall be returned to the department.

(g) Reporting.--After receiving a payment under this section a hospital shall provide to the department, on an expenditure reporting form approved by the department, an accounting of how the payment was used by the hospital.

(h) Audit.--The department may audit the expenditure of a payment received under this section.

Section 114. Community-Based Health Care (CHC) Fund.

(a) Establishment.--The Community-Based Health Care (CHC) Fund is established in the State Treasury.

(b) Funding sources.--Funding sources for the fund shall include all of the following:

(1) Transfers or appropriations to the fund.

(2) Money received from the Federal Government or other sources.

(3) Money required to be deposited in the fund under other provisions of this act or any other law.

(4) Investment earnings from the fund, net of investment costs.

(c) Use.--The department and the Department of Public Welfare shall utilize the fund to carry out the program.

CHAPTER 51

MISCELLANEOUS PROVISIONS

Section 5101. Transfers.

(a) Transfer from fund.--The Secretary of the Budget shall annually transfer moneys from the fund necessary for:

1 (1) The department to carry out the provisions of
2 section 111.

3 (2) The Department of Public Welfare to carry out the
4 provisions of section 113.

5 (b) Limitations on payments.--Payments to either community-
6 based health care clinics or hospital outpatient clinics for
7 assistance under this act shall not exceed the amount of funds
8 available for the program, and any payment under this act shall
9 not constitute an entitlement from the Commonwealth or a claim
10 on any other funds of the Commonwealth.

11 Section 5102. Effective date.

12 This act shall take effect in 90 days.