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REferred to comMIttEE on aPPROPRIATIONS, MAY 12, 2020

an ACT

Providing for regional response health collaborations to promote health in facilities by supporting COVID-19 readiness and response and improving the quality of infection prevention.

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

Section 1. Short title.

This act shall be known and may be cited as the Regional Response Health Collaborative Act.

Section 2. Definitions.

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


"Authority." The Commonwealth Financing Authority.

"Emergency medical services agency." As defined in 35 Pa.C.S. § 8103 (relating to definitions).

"Facility." Any of the following:

(1) An assisted living residence.

(2) A long-term care nursing facility.

(3) A personal care home.


"Health collaborative." A collaboration of a local health care system that provides educational support and clinical coaching in a specific region of this Commonwealth.

"Long-term care nursing facility." As defined in section 802.1 of the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act.

"Personal care home." As defined in section 1001 of the Human Services Code.

"Region." The following areas of this Commonwealth:

(1) Northeast.

(2) Southeast.

(3) North central.

(4) South central.

(5) Northwest.

(6) Southwest.

Section 3. Regional response health collaborative.

(a) Division.--The authority shall divide this Commonwealth into regions and shall delineate all of the facilities within
the parameters of a region.

(b) Proposals.--The authority shall solicit proposals from health collaboratives to provide operations, management and administration of the purposes provided under subsection (e) in each region to protect residents in facilities from COVID-19.

(c) Contract.--The authority shall contract with at least one health collaborative in each region for the purposes provided under subsection (e).

(d) Appropriation.--The amount of $500,000,000 of the Federal funds is appropriated to the authority for the purposes of this act. The authority shall distribute the funds to each health collaborative contracted under subsection (c).

(e) Purpose.--Each health care collaborative shall:

(1) Promote health and stabilize the economy of the region by directly supporting COVID-19 readiness and response in facilities.

(2) Improve the quality of care related to infection prevention and other priority health care conditions common to facilities.

(3) Expand COVID-19 testing to include asymptomatic staff and residents in facilities to expand public health surveillance.

Section 4. Duties.

(a) Review.--Each health collaborative shall perform daily strategic review of facilities in their region.

(b) Plan.--Through collaborative review of the clinical situation within facilities identified as having unmet needs, a health collaborative shall formulate an action plan tailored to the facility, identifying specific resources or tactical actions to implement to assist facilities.
(c) Components.--A health collaborative shall provide for the following as provided under section 5:

(1) Enhanced testing capability.

(2) Infection control consultation and implementation, including contact tracing.

(3) Advanced clinical care, including remote monitoring and physician consultation.

(d) Funds.--A health collaborative shall:

(1) budget for and distribute funds provided by the authority; and

(2) track and record the expense associated with each type of testing and with implementing infection control consultation across the region.

Section 5. Components.

(a) Enhanced testing.--

(1) If a facility experiences a positive test of COVID-19, testing of facility residents and health care workers shall be conducted. Onsite testing shall be made available through mobile testing teams developed by the health collaborative. The health collaborative shall coordinate the testing response with participation from local emergency medical services agencies and regional testing laboratories to prioritize receipt of test results.

(2) A health collaborative shall deploy systematic surveillance testing on a weekly basis using a random sampling of not more than five asymptomatic residents in a facility. Results of the testing shall be shared with all stakeholders and the Commonwealth.

(b) Infection control and consultation.--A health collaborative shall deploy clinical staff to perform onsite
observation and consultation as part of the mobile testing team.

The clinical staff shall:

(1) implement infection control practices, such as cohorting, personal protective equipment use, case detection and staffing practices; and

(2) facilitate completion of exposure tracing studies.

(c) Advanced clinical management assistance.--Clinical staff shall provide onsite and telemedicine-supported clinical care for a facility.

Section 6. Effective date.

This act shall take effect immediately.