

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2598 Session of
2000

INTRODUCED BY ORIE, ARGALL, CAPPABIANCA, FRANKEL, GORDNER,
ROEBUCK, BEBKO-JONES, HERMAN, SANTONI, PRESTON, KENNEY,
WOJNAROSKI, VAN HORNE, RUBLEY, TIGUE, BELARDI, STABACK,
E. Z. TAYLOR, LAUGHLIN, McILHATTAN, HUTCHINSON, YOUNGBLOOD,
TANGRETTI, M. COHEN, TRELLO, DALEY, SAYLOR, JOSEPHS,
BELFANTI, FREEMAN, RAMOS, CURRY, CORRIGAN, KAISER, HENNESSEY,
BARD, McCALL, ROBINSON, DeLUCA, WILLIAMS, WATERS, TRICH,
SCRIMENTI, STEELMAN, THOMAS, MICHLOVIC, TULLI, CLYMER, BROWNE
AND HARHAI, JUNE 7, 2000

REFERRED TO COMMITTEE ON JUDICIARY, JUNE 7, 2000

AN ACT

1 Amending the act of December 3, 1998 (P.L.925, No.115), entitled
2 "An act providing for screening of patients for symptoms of
3 domestic violence; establishing the Domestic Violence Health
4 Care Response Program in the Department of Public Welfare;
5 and providing for domestic violence medical advocacy projects
6 to assist in implementation of domestic violence policies,
7 procedures, health care worker training and hospital, health
8 center and clinic response to domestic violence victims,"
9 providing for domestic violence managed care response.

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

12 Section 1. Section 2 of the act of December 3, 1998
13 (P.L.925, No.115), known as the Domestic Violence Health Care
14 Response Act, is amended to read:

15 Section 2. Definitions.

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

1 "Adult examination questionnaire." A form utilized by a
2 managed care plan, a health care practitioner employed by a
3 managed care plan or a health care practitioner contracting with
4 a managed care plan to assess and record the status of an
5 enrollee's health during a routine or annual physical
6 evaluation.

7 "Department." The Department of Public Welfare of the
8 Commonwealth.

9 "Domestic violence program." A nonprofit organization or
10 program having a primary purpose of providing services to
11 domestic violence victims, including, but not limited to, crisis
12 hotline, safe homes or shelter, community education, counseling,
13 victim advocacy, systems intervention and information,
14 transportation, information and referral and victim assistance.

15 "Enrollee." A policyholder, subscriber, covered person or
16 other individual who is entitled to receive health care services
17 under a managed care plan.

18 "Health center." A for-profit or nonprofit health center
19 providing clinically related health services.

20 "Health clinic." A for-profit or nonprofit clinic providing
21 health services.

22 "Hospital." A for-profit or nonprofit basic, general or
23 comprehensive hospital providing clinically related health
24 services.

25 "Managed care plan." A health care plan that integrates the
26 financing and delivery of health care services to enrollees by
27 arrangements with health care providers selected to participate
28 on the basis of specific standards and provides financial
29 incentives for enrollees to use the participating health care
30 providers in accordance with procedures established by the plan.

A managed care plan includes health care arranged through an entity operating under any of the following:

(1) Section 630 of the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921.

(2) The act of December 29, 1972 (P.L.1701, No.364), known as the Health Maintenance Organization Act.

(3) The act of December 14, 1992 (P.L.835, No.134), known as the Fraternal Benefit Societies Code.

(4) 40 Pa.C.S. Ch.61 (relating to hospital plan corporations).

(5) 40 Pa.C.S. Ch.63 (relating to professional health services plan corporations).

The term includes an entity, including a municipality, whether licensed or unlicensed, that contracts with or functions as a managed care plan to provide health care services to enrollees.

The term does not include ancillary service plans or an indemnity arrangement which is primarily fee-for-service.

"Medical advocacy." The provision of education and training for the purpose of universal screening in order to identify victims of domestic violence who are seeking medical treatment for related or unrelated reasons.

"Prenatal examination guidelines." Standards or procedures developed by a managed care plan to establish the level of care to be provided to pregnant enrollees by health care practitioners.

"Universal screening." The process of asking patients seeking medical treatment at a hospital, health center or clinic during the course of medical examinations or treatment about the possibility of domestic violence within their relationships, regardless of whether they are suspected to be victims of

1 domestic violence.

2 Section 2. The act is amended by adding a section to read:

3 Section 3.1. Domestic violence managed care response.

4 (a) Purpose.--The purpose of this section is to require
5 managed care plans to establish universal screening procedures
6 to be utilized by employed or contracted health care
7 practitioners in adult and prenatal examinations of enrollees.

8 (b) Requirements.--Each managed care organization shall:

9 (1) Collaborate with local community-based domestic
10 violence programs and Statewide domestic violence
11 organizations in developing and implementing universal
12 screening methodologies, including modifications to the
13 managed care organization's prenatal examination guidelines
14 and adult examination questionnaire.

15 (2) Assist domestic violence medical advocacy projects,
16 hospitals, health centers, clinics and organized provider
17 networks in:

18 (i) Developing and implementing uniform
19 multidisciplinary domestic violence policies and
20 procedures which incorporate the roles and
21 responsibilities of all staff who provide services or
22 interact with victims of domestic violence, including the
23 identification of victims of domestic violence through
24 universal screening.

25 (ii) Developing and implementing a
26 multidisciplinary, comprehensive and ongoing domestic
27 violence education and training program for hospital,
28 health center or clinic personnel adapted to the
29 particular demographics, policies, staffing patterns and
30 resources of the hospital, health center or clinic. The

1 training program shall include, but is not limited to,
2 identifying characteristics of domestic violence,
3 screening patients for domestic violence, appropriately
4 documenting in the medical record and offering referral
5 services, including domestic violence resources available
6 in the community.

7 (3) Provide educational materials informing enrollees
8 about the services and assistance available for victims of
9 domestic violence.

10 (c) Regulations.--The Insurance Department is authorized to
11 promulgate regulations to enforce the provisions of this
12 section.

13 (d) Report.--Three years following the effective date of
14 this section, the Health Care Cost Containment Council shall
15 review the implementation efforts and cost implications of this
16 section on managed care organizations. Utilizing the information
17 gathered in this review, the council shall compile a report to
18 be submitted to the President pro tempore of the Senate and the
19 Minority Leader of the Senate and the Speaker of the House of
20 Representatives and the Minority Leader of the House of
21 Representatives.

22 Section 3. This act shall take effect in 90 days.