THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1824 Session of 2007

INTRODUCED BY J. EVANS, BOYD, WATSON, PICKETT, CUTLER, KILLION, MUSTIO, STERN, BAKER, BROOKS, CAPPELLI, CAUSER, CLYMER, DENLINGER, HARKINS, KENNEY, MACKERETH, NICKOL, ROSS AND RUBLEY, DECEMBER 6, 2007

REFERRED TO COMMITTEE ON HEALTH AND HUMAN SERVICES, DECEMBER 6, 2007

AN ACT

- Establishing the Community-Based Health Care Provider Assistance Program in the Department of Health; setting criteria for 2 3 eligibility for and authorizing payments to community-based health care providers to assist in providing medically 4 5 necessary care to Pennsylvanians; providing for powers and duties of the Department of Health; authorizing transfers 7 from the Medical Care Availability and Reduction of Error (Mcare) Fund; and establishing the Community-Based Health Care Provider Assistance Fund. The General Assembly of the Commonwealth of Pennsylvania
- 10
- 11 hereby enacts as follows:
- 12 Section 1. Short title.
- This act shall be known and may be cited as the Community-13
- Based Health Care Provider Assistance Act. 14
- 15 Section 2. Statement of purpose.
- 16 The General Assembly recognizes that there exists a great
- 17 need for increased access to community-based health care
- services throughout this Commonwealth in order: 18
- (1) to allow for individuals to establish medical homes 19
- 20 and obtain preventive care;

- 1 (2) to reduce the inappropriate use of emergency health
- 2 care services by providing effective alternatives to such
- 3 services;
- 4 (3) to reduce the burden of uncompensated care and the
- 5 needs of the uninsured; and
- 6 (4) to improve maternal and child health.
- 7 Therefore, the General Assembly seeks to increase the
- 8 availability of such community-based health care services by
- 9 assisting in the expansion of community-based health care
- 10 providers through the provision of additional resources and
- 11 generally promoting their use as a cost-effective supplement to
- 12 other providers of health care services.
- 13 Section 3. Definitions.
- 14 The following words and phrases when used in this act shall
- 15 have the meanings given to them in this section unless the
- 16 context clearly indicates otherwise:
- 17 "Community-based health care provider." Any of the following
- 18 nonprofit health care centers that provide primary health care
- 19 services:
- 20 (1) A federally qualified health center as defined in
- section 1905(1)(2)(B) of the Social Security Act (49 Stat.
- 22 620, 42 U.S.C. § 1396d(1)(2)(B)).
- 23 (2) A rural health clinic as defined in section
- 24 1861(aa)(2) of the Social Security Act (49 Stat. 620, 42
- U.S.C. § 1395x(aa)(2)), certified by Medicare.
- 26 (3) A freestanding hospital clinic that serves a
- 27 federally designated health care professional shortage area.
- 28 (4) A free or partial-pay health clinic that provides
- 29 services by volunteer medical providers.
- 30 "Department." The Department of Health of the Commonwealth.

- 1 "Fund." The Community-Based Health Care Provider Assistance
- 2 Fund establish under this act.
- 3 "Health care provider." A health care facility or health
- 4 care practitioner as defined in the act of July 19, 1979
- 5 (P.L.130, No.48), known as the Health Care Facilities Act, a
- 6 group practice or a community-based health care provider.
- 7 "Medical assistance." A State program of medical assistance
- 8 established under Article IV(f) of the act of June 13, 1967
- 9 (P.L.31, No.21), known as the Public Welfare Code.
- 10 "Program." The Community-Based Health Care Provider
- 11 Assistance Program established under this act.
- 12 Section 4. Community-Based Health Care Provider Assistance
- Program.
- 14 (a) Establishment.--The Community-Based Health Care Provider
- 15 Assistance Program is established within the department to
- 16 provide grants to community-based health care providers to:
- 17 (1) Improve the access to and quality of health care in
- 18 this Commonwealth.
- 19 (2) Assist in covering the reasonable costs of providing
- 20 health care services, outreach and care management
- 21 opportunities to persons eligible to receive health care
- 22 services from or through community-based health care
- 23 providers.
- 24 (3) Improve access to medically necessary preventive,
- 25 curative and palliative physical, dental and behavioral
- 26 health care services offered by and through community-based
- 27 health care providers, while reducing unnecessary or
- 28 duplicative services.
- 29 (4) Reduce the unnecessary utilization of emergency
- 30 health care services by supporting the development and

- provision of effective alternatives offered by or through community-based health care providers.
- 3 (5) Improve the availability of quality health care 4 services offered by or through community-based health care 5 providers for women who are pregnant or who have recently 6 given birth and their children.
- 7 (6) Promote the use of chronic care and disease
 8 management protocols offered by or through community-based
 9 health care providers in an effort to optimize both
 10 individual health outcomes and the use of health care
 11 resources.
- 12 (b) Administration.--The program shall be administered by
 13 the department and shall be funded by annual transfers as
 14 provided under this act to the fund to support community-based
 15 health care providers' provision of health care.
- 16 (c) Department responsibilities.--The department shall:
- 17 (1) Administer the program.
- 18 (2) Within 90 days of the effective date of this
 19 section, develop and provide an application form consistent
 20 with this act.
- (3) Determine the eligibility of community-based health 21 care providers for the assistance provided under this act, 22 23 based upon its consideration of community health needs across 24 this Commonwealth, revenue and cost data and other information provided by community-based health care providers 25 26 and such other information as the department determines to be 27 appropriate to ascertain the financial condition and needs of 28 such programs and this Commonwealth.
- 29 (4) Establish a process to allocate funding as provided 30 under this act, to determine the optimal use of funds and to

- reallocate funds if acceptable requests for funding within a particular category are not received.
- (5) Calculate and make grants to qualified communitybased health care providers from the funds deposited in the
 fund for the purposes established under this act pursuant to
 this section.
- Provide an annual report to the chairman and 7 minority chairman of the Public Health and Welfare Committee 8 9 of the Senate and the chairman and minority chairman of the Health and Human Services Committee of the House of 10 11 Representatives describing the operation of the program and 12 detailing grants made, the names and addresses of the 13 community-based health care providers receiving grants and such other information as may be determined by the department 14 15 to be necessary or desirable.
 - (7) Audit grants awarded under this act to ensure that funds have been used in accordance with this act and the terms and standards adopted by the department.
- 19 (8) Provide ongoing assessment of the benefits and costs 20 of the assistance provided under this act.
- 21 (d) Federal matching funds.--The department shall seek
 22 Federal matching funds under medical assistance, as well as
 23 grants and funding from other sources, to supplement amounts
 24 made available under this act to the extent permitted by law.
- 25 (e) Limitations on payments by department.--Payments to
 26 community-based health care providers for assistance under this
 27 act shall not exceed the amount of funds available in the fund
 28 for the program and any payment under this act shall not
 29 constitute an entitlement from the Commonwealth or a claim on
 30 any other funds of the Commonwealth.

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- 1 (f) Report.--A community-based health care provider that
- 2 receives a grant under this act shall report at least annually
- 3 to the department, which report shall include a description of:
- 4 (1) The community-based health care provider's efforts
- 5 to improve access to and the delivery and management of
- 6 health care services.
- 7 (2) The reduction of unnecessary and duplicative health
- 8 care services.
- 9 (3) Changes in overall health indicators and in
- 10 utilization of health care services among the communities and
- individuals served by the community-based health care
- 12 providers, with particular emphasis on indicators including,
- 13 but not limited to:
- 14 (i) The creation and maintenance of relationships
- between health care providers and individuals directed at
- 16 establishing a medical home for such individuals and the
- 17 provision of preventive and chronic care management
- 18 services.
- 19 (ii) Prenatal and postpartum care.
- 20 (iii) The care of newborns and infants.
- 21 (iv) Such other matters as may be specified by the
- department.
- 23 (4) An accounting of the expenditure of funds from the
- grant and all funds received from other sources.
- 25 Section 5. Grants to community-based health care providers.
- 26 (a) Allocation of funds. -- The department shall provide
- 27 grants to community-based health care providers on the basis of
- 28 the process established under this section.
- 29 (b) Grant award methodology.--
- 30 (1) The department shall develop a methodology to

determine grant amounts to be awarded under this act based
upon an assessment by the department of community need for
the services to be supported by funding available to
community-based health care providers and the needs of
community-based health care providers applying for such
assistance.

- (2) During each of the first three years of the program, the department shall use its best efforts to make grants as follows, subject to reallocation as provided under subsection (f):
 - (i) (A) Twelve million dollars for expansion of current community-based health care providers and development of new community-based health care providers.
 - (B) Amounts provided under this subparagraph, in addition to funds provided for the costs of expansion and development, may be used by the department to make planning grants to community-based health care providers not to exceed more than \$25,000 for any single community-based health care provider.
 - (C) In making grants under this subparagraph, the department shall give first priority to applications that seek to use grant proceeds for machinery, equipment and reasonably necessary renovation of existing facilities rather than new construction. All reasonable actions should be taken to optimize the use of the funding provided under this act and avoid unnecessary construction costs.
- (ii) Five million dollars for improvements in prenatal, obstetric, postpartum and newborn care provided

by or through community-based health care providers,

which amount during the initial three-year period shall

include grants for at least one new mobile clinic serving

primarily rural areas and one new mobile clinic serving

primarily urban areas.

(iii) Five million dollars for services intended to reduce unnecessary emergency room utilization and to expand capacity and services offered by or through existing community-based health care providers.

(c) Program adjustment.--

- (1) The department shall provide a report to the chairman and minority chairman of the Public Health and Welfare Committee of the Senate and the chairman and minority chairman of the Health and Human Services Committee of the House of Representatives no later than July 1, 2010, that includes an assessment of the effectiveness of the initial phase of the program and describes any changes in the allocation of funds described in subsection (b) that the department intends to make beginning in the fourth year of the program.
- (2) The Department shall develop the program changes anticipated by this subsection and included in the report required under paragraph (1) after consultation with and receiving input from community-based health care providers, consumers and others with an interest in the provision of community-based health care.
- (3) The department, after determining program changes, shall make necessary revisions in program requirements and procedures and provide notice to prospective applicants, such that grants can be awarded on a timely basis beginning in the

- 1 fourth year of the program.
- 2 (d) Additional information. -- In addition to the application,
- 3 an applicant must provide:
- 4 (1) A feasibility study of the proposed uses of funds to
- 5 be provided under the grant.
- 6 (2) A business or financial plan that describes the
- 7 long-term sustainability, financial cost to the applicant and
- 8 the proposed benefits of the work to be accomplished pursuant
- 9 to the grant.
- 10 (3) A strategic plan and schedule for the development
- and implementation of the work to be accomplished pursuant to
- 12 the grant.
- 13 (e) Limitation. -- The total amount of grants under the
- 14 program to any single community-based health care provider shall
- 15 not exceed \$2,000,000 and no grant shall be for a term in excess
- 16 of five years.
- 17 (f) Reallocation of funds. -- The department shall reallocate
- 18 funds among the categories described in subsection (b) if
- 19 sufficient requests are not received by the department that
- 20 comply with this act or the requirements of the department.
- 21 Section 6. Community-Based Health Care Provider Assistance
- 22 Fund.
- 23 (a) Establishment.--The Community-Based Health Care Provider
- 24 Assistance Fund is established in the State Treasury.
- 25 (b) Funding sources. -- The fund shall be funded by:
- 26 (1) Transfers or appropriations to the fund.
- 27 (2) Money received from the Federal Government or other
- sources.
- 29 (3) Money required to be deposited in the fund pursuant
- 30 to other provisions under this act or any other law.

- 1 (4) Investment earnings from the fund, net of investment
- 2 costs.
- 3 (c) Nonlapse. -- The money in the fund is appropriated on a
- 4 continuing basis to the department and shall not lapse at the
- 5 end of any fiscal year.
- 6 Section 7. Transfers to fund.
- 7 The sum of \$22,000,000 shall be transferred annually from the
- 8 Health Care Provider Retention Account established under section
- 9 1112 of the act of March 20, 2002 (P.L.154, No.13), known as the
- 10 Medical Care Availability and Reduction of Error (Mcare) Act, to
- 11 the Community-Based Health Care Provider Assistance Fund for the
- 12 purpose of carrying out the provisions of this act, the first
- 13 such transfer to occur within 30 days of the effective date of
- 14 this section.
- 15 Section 8. Effective date.
- 16 This act shall take effect July 1, 2008, or immediately,
- 17 whichever is later.