

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

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SAINATO AND FRANKEL, JUNE 13, 2008

REFERRED TO COMMITTEE ON INSURANCE, JUNE 13, 2008

AN ACT

1 Establishing the Access to Community-based Care and Extended  
2 Safety-net Services (ACCESS) Program in the Department of  
3 Health; setting criteria for eligibility for counties and  
4 community-based health care providers; developing plans to  
5 assure people and families with low income access to a  
6 continuum of health care services on a county basis; and  
7 providing for powers and duties of the Department of Public  
8 Welfare and the Department of Health.

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

11 Section 1. Short title.

12 This act shall be known and may be cited as the Access to  
13 Community-based Care and Extended Safety-net Services (ACCESS)  
14 Program Act.

15 Section 2. Statement of purpose.

16 The purpose of the ACCESS Program is to provide access to  
17 support services to improve the health status of residents of a  
18 county regardless of whether or not they can afford health  
19 insurance.

20 Section 3. Definitions.

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

4 "ACCESS Program." The Access to Community-based Care and  
5 Extended Safety-net Services Program established under section  
6 4.

7 "Chronic care model." A model that includes the following  
8 elements:

9 (1) Providing patients with chronic conditions support  
10 and information so they can effectively manage their health.

11 (2) Ensuring that treatment decisions by health care  
12 providers are based on evidence-based medicine.

13 (3) Ensuring that patients get the care they need by  
14 clarifying roles and tasks of health care providers and  
15 ensuring that all who take care of patients have centralized,  
16 up-to-date information about the patient and that follow-up  
17 care is provided as a standard procedure.

18 (4) Tracking clinical information of individual patients  
19 and a population of patients to help guide the course of  
20 treatment, anticipate and track problems.

21 (5) Engaging the entire organization in the chronic care  
22 improvement effort.

23 (6) Forming powerful alliances and partnerships with  
24 State, local, business, religious and other organizations to  
25 support or expand care for those with chronic disease.

26 "Community-based care provider." Any of the following  
27 nonprofit health care centers that provide primary health care  
28 services:

29 (1) A federally qualified health center as defined under  
30 section 1905(1)(2)(B) of the Social Security Act (49 Stat.

620, 42 U.S.C. § 1396d(1)(2)(B)).

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

(3) A nurse-managed health center.

(4) A freestanding hospital-run or hospital-affiliated clinic that serves a federally designated health care professional shortage area.

(5) A free or partial-pay health clinic that provides services by volunteer medical providers.

"Community-based health improvement partnership." A partnership that is considered a State Health Improvement Plan-affiliated partnership under the State Health Improvement Program.

"Community health needs assessment." An assessment for a particular county where a community-based health improvement partnership is based that contains revenue and cost data or other information the Department of Public Welfare determines to be appropriate to ascertain the financial condition and needs of families with low income to access a continuum of health care services on a county-specific basis.

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

"Health care provider." Any of the following:

(1) A primary care physician or a community-based health care provider.

(2) A health care facility or a health care practitioner as defined under section 103 of the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act.

"Medical assistance." A State program of medical

1 assistance established under Article IV(f) of the act of June  
2 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.

3 "Nurse-managed health center." A nurse practice arrangement,  
4 managed by advanced practice nurses, that provides health care  
5 services to vulnerable populations and is associated with any of  
6 the following:

7 (1) A school, college or department of nursing.

8 (2) A federally qualified health center.

9 (3) An independent nonprofit health or social services  
10 agency.

11 "Patient." A natural person receiving health care in or from  
12 a health care provider.

13 "Primary care physician." A licensed physician, including an  
14 osteopathic physician, who supervises, coordinates and provides  
15 initial and basic care to an enrollee on the basis of a  
16 contractual relationship with the enrollee's managed care plan.

17 "State Health Improvement Plan." A health plan project  
18 established by the Department of Health which has the following  
19 main components:

20 (1) A health plan that places emphasis on improving the  
21 health status of populations through planning that addresses  
22 the root or underlying causes of premature disease, death and  
23 disability.

24 (2) A plan submitted to the Department of Health that  
25 lists ways that the Commonwealth can work with organized  
26 community-based health improvement partnerships to coordinate  
27 resources in meaningful ways and address local health  
28 improvement issues and priorities.

29 (3) A commitment to increase access to relevant data and  
30 information necessary for communities to assess local health

status and to develop local health improvement priorities.

"Support services." Services that include preventative care, inpatient care, outpatient care, pharmacy, drug and alcohol treatment, behavioral health and transportation.

Section 4. Access to Community-based Care and Extended Safety-net Services (ACCESS) Program.

(a) Establishment.--The Access to Community-based Care and Extended Safety-net Services (ACCESS) Program is established within the department to provide grants to community-based health improvement partnerships to work with county governments, the health care provider community and networks within the county and the community at large to develop a plan for a system that does all of the following:

(1) Provides outreach into the community to identify people who would qualify for the program and integrates them into the program.

(2) Provides for the establishment of a case manager system for each eligible person that will assist an individual in meeting the person's health care needs.

(3) Provides a continuous examination of reimbursement systems with recommendations that focus on aligning the interests of the patients and health care providers while guaranteeing that a continuum of care is available for all residents.

(4) Contains a method approved by the department for measuring changes in health status of the low-income residents in the community.

(5) Improves access to medically necessary preventive, curative and palliative physical, dental and behavioral health care services offered by and through community-based

1 health care providers, while reducing unnecessary or  
2 duplicative services.

3 (6) Contains a plan to implement a chronic care model  
4 that includes the participation of all health care providers  
5 and focuses on ways to obtain funding through commercial  
6 insurers.

7 (7) Examines available resources in the county where the  
8 partnership exists in order to reduce the unnecessary  
9 utilization of emergency health care services by supporting  
10 the development and provision of effective alternatives  
11 offered by or through community-based health care providers.

12 (8) Develops methods through learning collaboratives  
13 that promote the use of a chronic care model and disease  
14 management protocols that link community-based health care  
15 providers with other health care providers in an effort to  
16 optimize both individual health outcomes and the use of  
17 health care resources, including those resources offered by  
18 commercial insurers.

19 (9) Determines the resources available at the Federal,  
20 State and local level currently being used to pay for care  
21 delivered to low-income and middle-income patients

22 (10) Develops a budget and funding mechanism to support  
23 and maintain sufficient resources to implement the plan.

24 (b) Community-based health improvement partnership  
25 responsibilities.--Within 12 months of receiving a grant from  
26 the department, a community-based health improvement partnership  
27 shall present to the department a comprehensive plan that  
28 includes all of the following:

29 (1) A statement by the county that it is willing to act  
30 as a partner under the program and will assist the community-

1 based health improvement partnership in obtaining Federal and  
2 State support for programs or funds.

3 (2) A description of the provider network and services  
4 available, including any contracts entered into with  
5 providers expected to participate in the program.

6 (3) The research design and costs associated with  
7 implementing the outcomes measurement system, including a  
8 community health status assessment including contracts with  
9 the contractor expected to participate in the program.

10 (4) A description of how a case management system will  
11 be implemented under the program and how that case management  
12 system will interact with current programs established within  
13 the department, the Insurance Department and the Department  
14 of Health.

15 (5) An outreach plan to identify residents in the county  
16 in need of services that includes a list of contracts with  
17 providers or businesses that perform or will perform outreach  
18 for residents to participate in the program.

19 (6) A transportation plan including contracts with  
20 transportation providers expected to participate in the  
21 program.

22 (7) A budget that includes the identification of sources  
23 of revenue currently being used to pay for services for the  
24 community as well as a statement of additional revenues that  
25 may be needed to successfully meet the objectives of the  
26 program and identification and commitment from future funding  
27 sources.

28 (c) Department responsibilities.--The department shall be  
29 responsible for the following:

30 (1) Administering the program.

1           (2) Within 90 days of the effective date of this  
2 section, developing and providing an application form  
3 consistent with the requirements of this act.

4           (3) Determining the eligibility of community-based  
5 health improvement partnerships for grants provided under  
6 this act based upon submission of a community health needs  
7 assessment that proposes to link health care providers with  
8 the county in an effort to develop a continuum of care for  
9 residents.

10          (4) Coordinating efforts with the Department of Health  
11 and the Insurance Department in awarding grants.

12          (5) Approving the comprehensive plan submitted under  
13 subsection (b) and providing technical support to implement  
14 that comprehensive plan.

15          (6) Developing a plan that links counties together in  
16 the sharing of health care services when those services are  
17 nonexistent or heavily used in a particular county.

18          (7) Approving the budget for the comprehensive plan  
19 submitted under subsection (b) and working with the county to  
20 access funds from sources identified to finance the  
21 implementation and operation of the comprehensive plan.

22          (d) County responsibilities.--An application to the  
23 department for a grant under this act shall contain a statement  
24 that the county in which the community-based health improvement  
25 partnership is located or is agreeing to provide services shall  
26 agree to be responsible for all of the following:

27           (1) The selection of a contractor that shall develop  
28 outreach programs that identify residents in need of the  
29 ACCESS Program.

30           (2) The selection of a contractor that shall be



1 responsible for making sure that the clinical and other  
2 health care needs of the low-income residents are being met  
3 throughout the continuum by health care providers.

4 (3) Contracting with health care providers to guarantee  
5 that the residents and patients have access to the most  
6 complete and comprehensible range of health care and other  
7 related services available.

8 (4) Creating an outcomes measurement for the program,  
9 including measuring the health status of the county prior to  
10 the implementation of the program and at three-year intervals  
11 thereafter, to evaluate the effectiveness of the program in  
12 meeting the health care needs of the community.

13 (5) Managing the program to stay within budget limits  
14 agreed to with the department and the Department of Health.

15 Section 5. Reports.

16 A community-based health improvement partnership that  
17 receives a grant under this act shall annually submit a report  
18 to the department. The report shall include a description of all  
19 of the following:

20 (1) The community-based health care provider's efforts  
21 to improve access to and the delivery and management of  
22 health care services.

23 (2) The reduction of unnecessary and duplicative health  
24 care services.

25 (3) Changes in overall health indicators and in  
26 utilization of health care services among the communities and  
27 individuals served by the community-based health care  
28 providers, with particular emphasis on indicators, including  
29 all of the following:

30 (i) The creation and maintenance of relationships

1 among and between primary care providers, hospitals and  
2 the county that lead to individuals being able to access  
3 various services that include, at a minimum, preventive  
4 and chronic care management services.

5 (ii) Prenatal and postpartum care.

6 (iii) The care of newborns and infants.

7 (iv) Any other matters as may be specified by the  
8 department.

9 (4) An accounting of the expenditure of funds from the  
10 grant and all funds received from other sources.

11 Section 6. Federal funds.

12 The department shall seek Federal matching funds to  
13 supplement amounts made available under this act.

14 Section 7. State program.

15 Nothing in the act shall prevent the use of a State program  
16 or an element of a State program in any part listed under the  
17 comprehensive plan submitted by a community-based health  
18 improvement partnership under section 4(b).

19 Section 8. Multiple community-based health improvement  
20 partnerships.

21 Two or more community-based health improvement partnerships  
22 may join in submitting an application for a grant under this  
23 act.

24 Section 30. Effective date.

25 This act shall take effect July 1, 2008, or immediately,  
26 whichever is later.