

## THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE BILL

## No. 2625

 Session of 2008

INTRODUCED BY PALLONE, J. EVANS, TANGRETTI, DeLUCA, HORNAMAN,  
DERMODY, KOTIK, FABRIZIO, HARKINS, KULA, LONGIETTI, PETRARCA,  
SAINATO AND FRANKEL, JUNE 13, 2008

AS REPORTED FROM COMMITTEE ON INSURANCE, HOUSE OF  
REPRESENTATIVES, AS AMENDED, JUNE 17, 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 ESTABLISHING THE COUNTY ACCESS TO COMMUNITY-BASED CARE AND <—  
10 EXTENDED SAFETY-NET SERVICES (COUNTY ACCESS) PROGRAM IN THE  
11 DEPARTMENT OF HEALTH; SETTING CRITERIA FOR ELIGIBILITY FOR  
12 COUNTIES AND HEALTH CARE PROVIDERS; DEVELOPING PLANS TO  
13 ASSURE PEOPLE AND FAMILIES WITH LOW INCOME ACCESS TO A  
14 CONTINUUM OF HEALTH CARE SERVICES ON A COUNTY BASIS; AND  
15 PROVIDING FOR POWERS AND DUTIES OF THE DEPARTMENT OF PUBLIC  
16 WELFARE AND THE DEPARTMENT OF INSURANCE.

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

19 ~~Section 1. Short title.~~ <—

20 ~~This act shall be known and may be cited as the Access to~~  
21 ~~Community based Care and Extended Safety net Services (ACCESS)~~  
22 ~~Program Act.~~

23 ~~Section 2. Statement of purpose.~~

24 ~~The purpose of the ACCESS Program is to provide access to~~

~~support services to improve the health status of residents of a county regardless of whether or not they can afford health insurance.~~

#### ~~Section 3. 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:~~

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

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

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

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

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

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

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

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

~~"Community based care provider." Any of the following~~

~~nonprofit health care centers that provide primary health care services:~~

~~(1) A federally qualified health center as defined under 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 assistance established under Article IV(f) of the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.~~

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

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

~~(2) A federally qualified health center.~~

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

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

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

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

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

~~(2) A plan submitted to the Department of Health that lists ways that the Commonwealth can work with organized community based health improvement partnerships to coordinate~~

~~resources in meaningful ways and address local health improvement issues and priorities.~~

~~(3) A commitment to increase access to relevant data and 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~~

1 ~~residents in the community.~~

2 ~~(5) Improves access to medically necessary preventive,~~  
3 ~~curative and palliative physical, dental and behavioral~~  
4 ~~health care services offered by and through community based~~  
5 ~~health care providers, while reducing unnecessary or~~  
6 ~~duplicative services.~~

7 ~~(6) Contains a plan to implement a chronic care model~~  
8 ~~that includes the participation of all health care providers~~  
9 ~~and focuses on ways to obtain funding through commercial~~  
10 ~~insurers.~~

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

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

23 ~~(9) Determines the resources available at the Federal,~~  
24 ~~State and local level currently being used to pay for care~~  
25 ~~delivered to low income and middle income patients~~

26 ~~(10) Develops a budget and funding mechanism to support~~  
27 ~~and maintain sufficient resources to implement the plan.~~

28 ~~(b) Community based health improvement partnership~~  
29 ~~responsibilities. Within 12 months of receiving a grant from~~  
30 ~~the department, a community based health improvement partnership~~

~~shall present to the department a comprehensive plan that includes all of the following:~~

~~(1) A statement by the county that it is willing to act as a partner under the program and will assist the community based health improvement partnership in obtaining Federal and State support for programs or funds.~~

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

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

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

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

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

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

1 ~~sources.~~

2 ~~(c) Department responsibilities. The department shall be~~  
3 ~~responsible for the following:~~

4 ~~(1) Administering the program.~~

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

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

14 ~~(4) Coordinating efforts with the Department of Health~~  
15 ~~and the Insurance Department in awarding grants.~~

16 ~~(5) Approving the comprehensive plan submitted under~~  
17 ~~subsection (b) and providing technical support to implement~~  
18 ~~that comprehensive plan.~~

19 ~~(6) Developing a plan that links counties together in~~  
20 ~~the sharing of health care services when those services are~~  
21 ~~nonexistent or heavily used in a particular county.~~

22 ~~(7) Approving the budget for the comprehensive plan~~  
23 ~~submitted under subsection (b) and working with the county to~~  
24 ~~access funds from sources identified to finance the~~  
25 ~~implementation and operation of the comprehensive plan.~~

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



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

~~(2) The selection of a contractor that shall be responsible for making sure that the clinical and other health care needs of the low income residents are being met throughout the continuum by health care providers.~~

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

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

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

#### ~~Section 5. Reports.~~

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

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

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

~~(3) Changes in overall health indicators and in utilization of health care services among the communities and~~

~~individuals served by the community based health care providers, with particular emphasis on indicators, including all of the following:~~

~~(i) The creation and maintenance of relationships among and between primary care providers, hospitals and the county that lead to individuals being able to access various services that include, at a minimum, preventive and chronic care management services.~~

~~(ii) Prenatal and postpartum care.~~

~~(iii) The care of newborns and infants.~~

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

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

#### ~~Section 6. Federal funds.~~

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

#### ~~Section 7. State program.~~

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

#### ~~Section 8. Multiple community based health improvement partnerships.~~

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

#### ~~Section 30. Effective date.~~

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

1 SECTION 1. SHORT TITLE.

2 THIS ACT SHALL BE KNOWN AND MAY BE CITED AS THE COUNTY ACCESS  
3 TO COMMUNITY-BASED CARE AND EXTENDED SAFETY-NET SERVICES (COUNTY  
4 ACCESS) PROGRAM ACT.

5 SECTION 2. STATEMENT OF PURPOSE.

6 THE PURPOSE OF THE COUNTY ACCESS PROGRAM IS TO PROVIDE ACCESS  
7 TO SUPPORT SERVICES TO IMPROVE THE HEALTH STATUS OF RESIDENTS OF  
8 A COUNTY REGARDLESS OF WHETHER OR NOT THEY CAN AFFORD HEALTH  
9 INSURANCE.

10 SECTION 3. DEFINITIONS.

11 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS ACT SHALL  
12 HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE  
13 CONTEXT CLEARLY INDICATES OTHERWISE:

14 "ADVANCED PRACTICE NURSE." A REGISTERED NURSE WITH A  
15 MASTER'S OR DOCTORATE DEGREE LICENSED TO PRACTICE AS A CERTIFIED  
16 REGISTERED NURSE PRACTITIONER, CLINICAL NURSE SPECIALIST OR  
17 CERTIFIED NURSE-MIDWIFE.

18 "CHRONIC CARE MODEL." A MODEL THAT INCLUDES THE FOLLOWING  
19 ELEMENTS:

20 (1) PROVIDING PATIENTS WITH CHRONIC CONDITIONS SUPPORT  
21 AND INFORMATION SO THEY CAN EFFECTIVELY MANAGE THEIR HEALTH.

22 (2) ENSURING THAT TREATMENT DECISIONS BY HEALTH CARE  
23 PROVIDERS ARE BASED ON EVIDENCE-BASED MEDICINE.

24 (3) ENSURING THAT PATIENTS GET THE CARE THEY NEED BY  
25 CLARIFYING ROLES AND TASKS OF HEALTH CARE PROVIDERS AND  
26 ENSURING THAT ALL WHO TAKE CARE OF PATIENTS HAVE CENTRALIZED,  
27 UP-TO-DATE INFORMATION ABOUT THE PATIENT AND THAT FOLLOW-UP  
28 CARE IS PROVIDED AS A STANDARD PROCEDURE.

29 (4) TRACKING CLINICAL INFORMATION OF INDIVIDUAL PATIENTS  
30 AND A POPULATION OF PATIENTS TO HELP GUIDE THE COURSE OF

1 TREATMENT, ANTICIPATE AND TRACK PROBLEMS.

2 (5) ENGAGING THE ENTIRE ORGANIZATION IN THE CHRONIC CARE  
3 IMPROVEMENT EFFORT.

4 (6) FORMING POWERFUL ALLIANCES AND PARTNERSHIPS WITH  
5 STATE, LOCAL, BUSINESS, RELIGIOUS AND OTHER ORGANIZATIONS TO  
6 SUPPORT OR EXPAND CARE FOR THOSE WITH CHRONIC DISEASE.

7 "COMMUNITY-BASED CARE PROVIDER." ANY OF THE FOLLOWING  
8 NONPROFIT HEALTH CARE CENTERS THAT PROVIDE PRIMARY HEALTH CARE  
9 SERVICES:

10 (1) A FEDERALLY QUALIFIED HEALTH CENTER AS DEFINED UNDER  
11 SECTION 1905(L)(2)(B) OF THE SOCIAL SECURITY ACT (49 STAT.  
12 620, 42 U.S.C. § 1396D(L)(2)(B)).

13 (2) A RURAL HEALTH CLINIC, AS DEFINED UNDER SECTION  
14 1861(AA)(2) OF THE SOCIAL SECURITY ACT (49 STAT. 620, 42  
15 U.S.C. § 1395X(AA)(2)), CERTIFIED BY MEDICARE.

16 (3) A NURSE-MANAGED HEALTH CENTER.

17 (4) A FREESTANDING HOSPITAL-RUN OR HOSPITAL-AFFILIATED  
18 CLINIC THAT SERVES A FEDERALLY DESIGNATED HEALTH CARE  
19 PROFESSIONAL SHORTAGE AREA.

20 (5) A FREE OR PARTIAL-PAY HEALTH CLINIC THAT PROVIDES  
21 SERVICES BY VOLUNTEER MEDICAL PROVIDERS.

22 "COMMUNITY-BASED HEALTH IMPROVEMENT PARTNERSHIP." A  
23 PARTNERSHIP THAT IS CONSIDERED A STATE HEALTH IMPROVEMENT PLAN-  
24 AFFILIATED PARTNERSHIP UNDER THE STATE HEALTH IMPROVEMENT  
25 PROGRAM.

26 "COMMUNITY HEALTH NEEDS ASSESSMENT" OR "ASSESSMENT." AN  
27 ASSESSMENT CONDUCTED BY A COMMUNITY-BASED HEALTH IMPROVEMENT  
28 PARTNERSHIP UNDER SECTION 4.

29 "COUNTY ACCESS PROGRAM." THE COUNTY ACCESS TO COMMUNITY-  
30 BASED CARE AND EXTENDED SAFETY-NET SERVICES PROGRAM ESTABLISHED

1 UNDER SECTION 4.

2 "DEPARTMENT." THE DEPARTMENT OF PUBLIC WELFARE OF THE  
3 COMMONWEALTH.

4 "HEALTH CARE PROVIDER." ANY OF THE FOLLOWING:

5 (1) A PRIMARY CARE PHYSICIAN OR A COMMUNITY-BASED HEALTH  
6 CARE PROVIDER.

7 (2) A HEALTH CARE FACILITY OR A HEALTH CARE PRACTITIONER  
8 AS DEFINED UNDER SECTION 103 OF THE ACT OF JULY 19, 1979  
9 (P.L.130, NO.48), KNOWN AS THE HEALTH CARE FACILITIES ACT.

10 "NURSE-MANAGED HEALTH CENTER." A NURSE PRACTICE ARRANGEMENT,  
11 MANAGED BY ADVANCED PRACTICE NURSES, THAT PROVIDES HEALTH CARE  
12 SERVICES TO VULNERABLE POPULATIONS AND IS ASSOCIATED WITH ANY OF  
13 THE FOLLOWING:

14 (1) A SCHOOL, COLLEGE OR DEPARTMENT OF NURSING.

15 (2) A FEDERALLY QUALIFIED HEALTH CENTER.

16 (3) AN INDEPENDENT NONPROFIT HEALTH OR SOCIAL SERVICES  
17 AGENCY.

18 "PATIENT." A NATURAL PERSON RECEIVING HEALTH CARE IN OR FROM  
19 A HEALTH CARE PROVIDER.

20 "PRIMARY CARE PHYSICIAN." A LICENSED PHYSICIAN, INCLUDING AN  
21 OSTEOPATHIC PHYSICIAN, WHO SUPERVISES, COORDINATES AND PROVIDES  
22 INITIAL AND BASIC CARE TO A PATIENT.

23 "STATE HEALTH IMPROVEMENT PLAN." A HEALTH PLAN PROJECT  
24 ESTABLISHED BY THE DEPARTMENT OF HEALTH WHICH HAS THE FOLLOWING  
25 MAIN COMPONENTS:

26 (1) A HEALTH PLAN THAT PLACES EMPHASIS ON IMPROVING THE  
27 HEALTH STATUS OF POPULATIONS THROUGH PLANNING THAT ADDRESSES  
28 THE ROOT OR UNDERLYING CAUSES OF PREMATURE DISEASE, DEATH AND  
29 DISABILITY.

30 (2) A PLAN SUBMITTED TO THE DEPARTMENT OF HEALTH THAT

1       LISTS WAYS THAT THE COMMONWEALTH CAN WORK WITH ORGANIZED  
2       COMMUNITY-BASED HEALTH IMPROVEMENT PARTNERSHIPS TO COORDINATE  
3       RESOURCES IN MEANINGFUL WAYS AND ADDRESS LOCAL HEALTH  
4       IMPROVEMENT ISSUES AND PRIORITIES.

5           (3) A COMMITMENT TO INCREASE ACCESS TO RELEVANT DATA AND  
6       INFORMATION NECESSARY FOR COMMUNITIES TO ASSESS LOCAL HEALTH  
7       STATUS AND TO DEVELOP LOCAL HEALTH IMPROVEMENT PRIORITIES.

8       "SUPPORT SERVICES." SERVICES THAT INCLUDE PREVENTATIVE CARE,  
9       INPATIENT CARE, OUTPATIENT CARE, PHARMACY, DRUG AND ALCOHOL  
10      TREATMENT, BEHAVIORAL HEALTH AND TRANSPORTATION.

11      SECTION 4. COUNTY ACCESS TO COMMUNITY-BASED CARE AND EXTENDED  
12              SAFETY-NET SERVICES (COUNTY ACCESS) PROGRAM.

13      (A) ESTABLISHMENT.--THE COUNTY ACCESS TO COMMUNITY-BASED  
14      CARE AND EXTENDED SAFETY-NET SERVICES (COUNTY ACCESS) PROGRAM IS  
15      ESTABLISHED WITHIN THE DEPARTMENT TO PROVIDE GRANTS TO  
16      COMMUNITY-BASED HEALTH IMPROVEMENT PARTNERSHIPS TO CONDUCT A  
17      COMMUNITY HEALTH NEEDS ASSESSMENT THAT RESULTS IN LINKING COUNTY  
18      GOVERNMENTS, THE HEALTH CARE PROVIDER COMMUNITY AND NETWORKS  
19      WITHIN THE COUNTY AND THE COMMUNITY AT LARGE TO DEVELOP A PLAN  
20      FOR A SYSTEM THAT DOES ALL OF THE FOLLOWING:

21           (1) PROVIDES OUTREACH INTO THE COMMUNITY TO IDENTIFY  
22      PEOPLE WHO WOULD QUALIFY FOR THE PROGRAM AND INTEGRATES THEM  
23      INTO THE COUNTY ACCESS PROGRAM.

24           (2) PROVIDES FOR THE ESTABLISHMENT OF A CASE MANAGER  
25      SYSTEM FOR EACH ELIGIBLE PERSON THAT WILL ASSIST AN  
26      INDIVIDUAL IN MEETING THE PERSON'S HEALTH CARE NEEDS.

27           (3) PROVIDES A CONTINUOUS EXAMINATION OF REIMBURSEMENT  
28      SYSTEMS WITH RECOMMENDATIONS THAT FOCUS ON ALIGNING THE  
29      INTERESTS OF THE PATIENTS AND HEALTH CARE PROVIDERS WHILE  
30      GUARANTEEING THAT A CONTINUUM OF CARE IS AVAILABLE FOR ALL

1 RESIDENTS.

2 (4) CONTAINS A METHOD APPROVED BY THE DEPARTMENT FOR  
3 MEASURING CHANGES IN HEALTH STATUS OF THE LOW-INCOME  
4 RESIDENTS IN THE COMMUNITY.

5 (5) IMPROVES ACCESS TO MEDICALLY NECESSARY PREVENTIVE,  
6 CURATIVE AND PALLIATIVE PHYSICAL, DENTAL AND BEHAVIORAL  
7 HEALTH CARE SERVICES OFFERED BY AND THROUGH COMMUNITY-BASED  
8 HEALTH CARE PROVIDERS, WHILE REDUCING UNNECESSARY OR  
9 DUPLICATIVE SERVICES.

10 (6) EXAMINES AVAILABLE RESOURCES IN THE COUNTY WHERE THE  
11 PARTNERSHIP EXISTS IN ORDER TO REDUCE THE UNNECESSARY  
12 UTILIZATION OF EMERGENCY HEALTH CARE SERVICES BY SUPPORTING  
13 THE DEVELOPMENT AND PROVISION OF EFFECTIVE ALTERNATIVES  
14 OFFERED BY OR THROUGH COMMUNITY-BASED HEALTH CARE PROVIDERS.

15 (7) DEVELOPS METHODS THROUGH LEARNING COLLABORATIVES  
16 THAT IMPLEMENT THE USE OF A CHRONIC CARE MODEL AND DISEASE  
17 MANAGEMENT PROTOCOLS THAT LINK HEALTH CARE PROVIDERS WITH  
18 OTHER HEALTH CARE PROVIDERS IN AN EFFORT TO OPTIMIZE BOTH  
19 INDIVIDUAL HEALTH OUTCOMES AND THE USE OF HEALTH CARE  
20 RESOURCES, INCLUDING FINANCIAL RESOURCES THROUGH COMMERCIAL  
21 INSURERS.

22 (8) DETERMINES THE RESOURCES AVAILABLE AT THE FEDERAL,  
23 STATE AND LOCAL LEVEL CURRENTLY BEING USED TO PAY FOR CARE  
24 DELIVERED TO LOW-INCOME AND MIDDLE-INCOME PATIENTS

25 (9) DEVELOPS A BUDGET AND FUNDING MECHANISM TO SUPPORT  
26 AND MAINTAIN SUFFICIENT RESOURCES TO IMPLEMENT THE  
27 ASSESSMENT.

28 (B) COMMUNITY-BASED HEALTH IMPROVEMENT PARTNERSHIP  
29 RESPONSIBILITIES.--WITHIN 12 MONTHS OF RECEIVING A GRANT FROM  
30 THE DEPARTMENT, A COMMUNITY-BASED HEALTH IMPROVEMENT PARTNERSHIP

1 SHALL PRESENT TO THE DEPARTMENT AN ASSESSMENT THAT MEETS THE  
2 REQUIREMENTS OF SECTION 4 AND THAT INCLUDES ALL OF THE  
3 FOLLOWING:

4 (1) A STATEMENT BY THE COUNTY THAT IT IS WILLING TO ACT  
5 AS A PARTNER UNDER THE COUNTY ACCESS PROGRAM AND WILL ASSIST  
6 THE COMMUNITY-BASED HEALTH IMPROVEMENT PARTNERSHIP IN  
7 OBTAINING FEDERAL AND STATE SUPPORT FOR PROGRAMS OR FUNDS.

8 (2) A DESCRIPTION OF THE PROVIDER NETWORK AND SERVICES  
9 AVAILABLE, INCLUDING ANY CONTRACTS CURRENTLY ENTERED INTO  
10 WITH PROVIDERS EXPECTED TO PARTICIPATE IN THE COUNTY ACCESS  
11 PROGRAM.

12 (3) THE RESEARCH DESIGN AND COSTS ASSOCIATED WITH  
13 IMPLEMENTING AN OUTCOMES MEASUREMENT SYSTEM.

14 (4) A DESCRIPTION OF HOW A CASE MANAGEMENT SYSTEM WILL  
15 BE IMPLEMENTED UNDER THE COUNTY ACCESS PROGRAM AND HOW THAT  
16 CASE MANAGEMENT SYSTEM WILL INTERACT WITH CURRENT PROGRAMS  
17 ESTABLISHED WITHIN THE DEPARTMENT, THE INSURANCE DEPARTMENT  
18 AND THE DEPARTMENT OF PUBLIC WELFARE.

19 (5) AN OUTREACH PLAN TO IDENTIFY RESIDENTS IN THE COUNTY  
20 IN NEED OF SERVICES THAT INCLUDES A LIST OF CONTRACTS WITH  
21 PROVIDERS OR BUSINESSES THAT PERFORM OR WILL PERFORM OUTREACH  
22 FOR RESIDENTS TO PARTICIPATE IN THE COUNTY ACCESS PROGRAM.

23 (C) DEPARTMENT RESPONSIBILITIES.--THE DEPARTMENT SHALL BE  
24 RESPONSIBLE FOR THE FOLLOWING:

25 (1) ADMINISTERING THE COUNTY ACCESS PROGRAM.

26 (2) WITHIN 90 DAYS OF THE EFFECTIVE DATE OF THIS  
27 SECTION, DEVELOPING AND PROVIDING AN APPLICATION FORM  
28 CONSISTENT WITH THE REQUIREMENTS OF THIS ACT.

29 (3) COORDINATING EFFORTS WITH THE DEPARTMENT OF PUBLIC  
30 WELFARE AND THE INSURANCE DEPARTMENT IN AWARDED GRANTS.



1           (4) APPROVING THE ASSESSMENT SUBMITTED UNDER SUBSECTION  
2           (B) AND PROVIDING TECHNICAL SUPPORT TO IMPLEMENT THAT  
3           ASSESSMENT.

4           (5) DEVELOPING A PLAN THAT LINKS COUNTIES TOGETHER IN  
5           THE SHARING OF HEALTH CARE SERVICES WHEN THOSE SERVICES ARE  
6           NONEXISTENT OR HEAVILY USED IN A PARTICULAR COUNTY.

7           (6) APPROVING THE BUDGET FOR THE ASSESSMENT SUBMITTED  
8           UNDER SUBSECTION (B) AND WORKING WITH THE COUNTY TO OBTAIN  
9           FUNDS FROM SOURCES IDENTIFIED TO FINANCE THE IMPLEMENTATION  
10          AND OPERATION OF THE ASSESSMENT.

11          (D) COUNTY RESPONSIBILITIES.--AN APPLICATION TO THE  
12          DEPARTMENT FOR A GRANT UNDER THIS ACT SHALL CONTAIN A STATEMENT  
13          THAT THE COUNTY IN WHICH THE COMMUNITY-BASED HEALTH IMPROVEMENT  
14          PARTNERSHIP IS LOCATED OR IS IMPLEMENTING THE ASSESSMENT SHALL  
15          AGREE TO BE RESPONSIBLE WHEN FUNDING IS AVAILABLE FOR ALL OF THE  
16          FOLLOWING:

17               (1) THE SELECTION OF A CONTRACTOR THAT SHALL DEVELOP  
18               OUTREACH PROGRAMS THAT IDENTIFY RESIDENTS IN NEED OF THE  
19               COUNTY ACCESS PROGRAM.

20               (2) THE SELECTION OF A CONTRACTOR THAT SHALL BE  
21               RESPONSIBLE FOR MAKING SURE THAT THE CLINICAL AND OTHER  
22               HEALTH CARE NEEDS OF THE UNINSURED AND UNDERINSURED RESIDENTS  
23               ARE BEING MET THROUGHOUT THE CONTINUUM BY HEALTH CARE  
24               PROVIDERS.

25               (3) CONTRACTING WITH HEALTH CARE PROVIDERS TO GUARANTEE  
26               THAT THE RESIDENTS AND PATIENTS HAVE ACCESS TO THE MOST  
27               COMPLETE AND COMPREHENSIBLE RANGE OF HEALTH CARE AND OTHER  
28               RELATED SERVICES AVAILABLE.

29               (4) CREATING AN OUTCOMES MEASUREMENT FOR THE COUNTY  
30               ACCESS PROGRAM, INCLUDING MEASURING THE HEALTH STATUS OF THE

COUNTY PRIOR TO THE IMPLEMENTATION OF THE COUNTY ACCESS PROGRAM AND AT THREE-YEAR INTERVALS THEREAFTER, TO EVALUATE THE EFFECTIVENESS OF THE PROGRAM IN MEETING THE HEALTH CARE NEEDS OF THE COMMUNITY.

(5) MANAGING THE COUNTY ACCESS PROGRAM TO STAY WITHIN BUDGET LIMITS AGREED TO WITH THE DEPARTMENT AND THE DEPARTMENT OF PUBLIC WELFARE.

#### SECTION 5. REPORTS.

UPON DETERMINATION OF AN ASSESSMENT, A COMMUNITY-BASED HEALTH IMPROVEMENT PARTNERSHIP THAT RECEIVES A GRANT UNDER THIS ACT SHALL ANNUALLY SUBMIT A REPORT TO THE DEPARTMENT. THE REPORT SHALL INCLUDE A DESCRIPTION OF ALL OF THE FOLLOWING:

(1) THE HEALTH CARE PROVIDER'S EFFORTS TO IMPROVE ACCESS TO AND THE DELIVERY AND MANAGEMENT OF HEALTH CARE SERVICES.

(2) THE REDUCTION OF UNNECESSARY AND DUPLICATIVE HEALTH CARE SERVICES.

(3) CHANGES IN OVERALL HEALTH INDICATORS AND IN UTILIZATION OF HEALTH CARE SERVICES AMONG THE RESIDENTS AND PATIENTS SERVED BY THE COMMUNITY-BASED HEALTH CARE PROVIDERS, WITH PARTICULAR EMPHASIS ON INDICATORS, INCLUDING ALL OF THE FOLLOWING:

(I) THE CREATION AND MAINTENANCE OF RELATIONSHIPS AMONG AND BETWEEN PRIMARY CARE PROVIDERS, HOSPITALS AND THE COUNTY THAT LEAD TO INDIVIDUALS BEING ABLE TO ACCESS VARIOUS SERVICES THAT INCLUDE, AT A MINIMUM, PREVENTIVE AND CHRONIC CARE MANAGEMENT SERVICES.

(II) PRENATAL AND POSTPARTUM CARE.

(III) THE CARE OF NEWBORNS AND INFANTS.

(IV) ANY OTHER MATTERS AS MAY BE SPECIFIED BY THE DEPARTMENT.

1 SECTION 6. FEDERAL FUNDS.

2 THE DEPARTMENT, IN CONSULTATION WITH THE DEPARTMENT OF PUBLIC  
3 WELFARE, SHALL SEEK FEDERAL FUNDS TO SUPPLEMENT AMOUNTS MADE  
4 AVAILABLE UNDER THIS ACT.

5 SECTION 7. STATE PROGRAM.

6 NOTHING IN THIS ACT SHALL PREVENT THE USE OF A STATE PROGRAM  
7 OR AN ELEMENT OF A STATE PROGRAM IN ANY PART LISTED UNDER THE  
8 ASSESSMENT SUBMITTED BY A COMMUNITY-BASED HEALTH IMPROVEMENT  
9 PARTNERSHIP UNDER SECTION 4(B).

10 SECTION 8. MULTIPLE COMMUNITY-BASED HEALTH IMPROVEMENT  
11 PARTNERSHIPS.

12 TWO OR MORE COMMUNITY-BASED HEALTH IMPROVEMENT PARTNERSHIPS  
13 MAY JOIN IN SUBMITTING AN APPLICATION FOR A GRANT UNDER THIS  
14 ACT.

15 SECTION 9. AWARD OF GRANTS.

16 THE AMOUNT AWARDED FOR ANY INDIVIDUAL GRANT UNDER THIS ACT  
17 MAY NOT EXCEED \$500,000.

18 SECTION 10. FUNDING.

19 GRANTS TO COMMUNITY-BASED HEALTH IMPROVEMENT PARTNERSHIPS FOR  
20 CONDUCTING ASSESSMENTS UNDER THIS ACT SHALL NOT EXCEED THE  
21 AMOUNT OF FUNDS APPROPRIATED FOR THE COUNTY ACCESS PROGRAM.

22 SECTION 30. EFFECTIVE DATE.

23 THIS ACT SHALL TAKE EFFECT JULY 1, 2008, OR IMMEDIATELY,  
24 WHICHEVER IS LATER.