

## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## HOUSE BILL

No. 2625 Session of  
2008

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SAINATO AND FRANKEL, JUNE 13, 2008

AS RE-REPORTED FROM COMMITTEE ON APPROPRIATIONS, HOUSE OF  
REPRESENTATIVES, AS AMENDED, JUNE 26, 2008

## AN ACT

1 Establishing the County Access to Community-based Care and  
2 Extended Safety-net Services (County Access) Program in the  
3 Department of Health; setting criteria for eligibility for  
4 counties and 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 Insurance.

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 County Access  
13 to Community-based Care and Extended Safety-net Services (County  
14 Access) Program Act.

15 Section 2. Statement of purpose.

16 The purpose of the County Access Program is to provide access  
17 to support services to improve the health status of residents of  
18 a 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 "Advanced practice nurse." A registered nurse with a  
5 master's or doctorate degree licensed to practice as a certified  
6 registered nurse practitioner, clinical nurse specialist or  
7 certified nurse-midwife.

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

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

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

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

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

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

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

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

30 (1) A federally qualified health center as defined under

1 section 1905(1)(2)(B) of the Social Security Act (49 Stat.  
2 620, 42 U.S.C. § 1396d(1)(2)(B)).

3 (2) A rural health clinic, as defined under section  
4 1861(aa)(2) of the Social Security Act (49 Stat. 620, 42  
5 U.S.C. § 1395x(aa)(2)), certified by Medicare.

6 (3) A nurse-managed health center.

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

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

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

16 "Community health needs assessment" or "assessment." An  
17 assessment conducted by a community-based health improvement  
18 partnership under section 4.

19 "County Access Program." The County Access to Community-  
20 based Care and Extended Safety-net Services Program established  
21 under section 4.

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

24 "Health care provider." Any of the following:

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

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

30 "Nurse-managed health center." A nurse practice arrangement,

1 managed by advanced practice nurses, that provides health care  
2 services to vulnerable populations and is associated with any of  
3 the following:

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

5 (2) A federally qualified health center.

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

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

10 "Primary care physician." A licensed physician, including an  
11 osteopathic physician, who supervises, coordinates and provides  
12 initial and basic care to a patient.

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

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

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

25 (3) A commitment to increase access to relevant data and  
26 information necessary for communities to assess local health  
27 status and to develop local health improvement priorities.

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

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

3 (a) Establishment.--The County Access to Community-based  
4 Care and Extended Safety-net Services (County Access) Program is  
5 established within the department to provide grants to  
6 community-based health improvement partnerships to conduct a  
7 community health needs assessment that results in linking county  
8 governments, the health care provider community and networks  
9 within the county and the community at large to develop a plan  
10 for a system that does all of the following:

11 (1) Provides outreach into the community to identify  
12 people who would qualify for the program and integrates them  
13 into the County Access Program.

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

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

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

25 (5) Improves access to medically necessary preventive,  
26 curative and palliative physical, dental and behavioral  
27 health care services offered by and through community-based  
28 health care providers, while reducing unnecessary or  
29 duplicative services.

30 (6) Examines available resources in the county where the

1 partnership exists in order to reduce the unnecessary  
2 utilization of emergency health care services by supporting  
3 the development and provision of effective alternatives  
4 offered by or through community-based health care providers.

5 (7) Develops methods through learning collaboratives  
6 that implement the use of a chronic care model and disease  
7 management protocols that link health care providers with  
8 other health care providers in an effort to optimize both  
9 individual health outcomes and the use of health care  
10 resources, including financial resources through commercial  
11 insurers.

12 (8) Determines the resources available at the Federal,  
13 State and local level currently being used to pay for care  
14 delivered to low-income and middle-income patients

15 (9) Develops a budget and funding mechanism to support  
16 and maintain sufficient resources to implement the  
17 assessment.

18 (b) Community-based health improvement partnership  
19 responsibilities.--Within 12 months of receiving a grant from  
20 the department, a community-based health improvement partnership  
21 shall present to the department an assessment that meets the  
22 requirements of section 4 and that includes all of the  
23 following:

24 (1) A statement by the county that it is willing to act  
25 as a partner under the County Access Program and will assist  
26 the community-based health improvement partnership in  
27 obtaining Federal and State support for programs or funds.

28 (2) A description of the provider network and services  
29 available, including any contracts currently entered into  
30 with providers expected to participate in the County Access

1 Program.

2 (3) The research design and costs associated with  
3 implementing an outcomes measurement system.

4 (4) A description of how a case management system will  
5 be implemented under the County Access Program and how that  
6 case management system will interact with current programs  
7 established within the department, the Insurance Department  
8 and the Department of Public Welfare.

9 (5) An outreach plan to identify residents in the county  
10 in need of services that includes a list of contracts with  
11 providers or businesses that perform or will perform outreach  
12 for residents to participate in the County Access Program.

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

15 (1) Administering the County Access Program.

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

19 (3) Coordinating efforts with the Department of Public  
20 Welfare and the Insurance Department in awarding grants.

21 (4) Approving the assessment submitted under subsection  
22 (b) and providing technical support to implement that  
23 assessment.

24 (5) Developing a plan that links counties together in  
25 the sharing of health care services when those services are  
26 nonexistent or heavily used in a particular county.

27 (6) Approving the budget for the assessment submitted  
28 under subsection (b) and working with the county to obtain  
29 funds from sources identified to finance the implementation  
30 and operation of the assessment.

(d) County responsibilities.--An application to the department for a grant under this act shall contain a statement that the county in which the community-based health improvement partnership is located or is implementing the assessment shall agree to be responsible when funding is available for all of the following:

(1) The selection of a contractor that shall develop outreach programs that identify residents in need of the County 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 uninsured and underinsured 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 County 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



1 shall annually submit a report to the department. The report  
2 shall include a description of all of the following:

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

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

7 (3) Changes in overall health indicators and in  
8 utilization of health care services among the residents and  
9 patients served by the community-based health care providers,  
10 with particular emphasis on indicators, including all of the  
11 following:

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

17 (ii) Prenatal and postpartum care.

18 (iii) The care of newborns and infants.

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

## 21 Section 6. Federal funds.

22 The department, in consultation with the Department of Public  
23 Welfare, shall seek Federal funds to supplement amounts made  
24 available under this act.

## 25 Section 7. State program.

26 Nothing in this act shall prevent the use of a State program  
27 or an element of a State program in any part listed under the  
28 assessment submitted by a community-based health improvement  
29 partnership under section 4(b).

## 30 Section 8. Multiple community-based health improvement

1                   partnerships.

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

5   Section 9.   Award of grants.

6       The amount awarded for any individual grant under this act  
7 may not exceed \$500,000.

8   Section 10.   Funding.

9       Grants to community-based health improvement partnerships for  
10 conducting assessments under this act shall not exceed the  
11 amount of funds appropriated for the County Access Program.

12   SECTION 11.   FUNDING CONTINGENCY.

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13       THE POWERS AND DUTIES OF THE DEPARTMENT UNDER THIS ACT SHALL  
14 BE CONTINGENT ON FUNDS BEING APPROPRIATED OR OTHERWISE MADE  
15 AVAILABLE TO THE DEPARTMENT FOR THE PURPOSES OF THIS ACT.

16   Section ~~30~~ 12.   Effective date.

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