

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, FRANKEL AND CALTAGIRONE, JUNE 13, 2008

AS AMENDED ON SECOND CONSIDERATION, HOUSE OF REPRESENTATIVES, JUNE 29, 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, THE DEPARTMENT OF
9 HEALTH AND THE INSURANCE DEPARTMENT. <—

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

12 Section 1. Short title.

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

16 Section 2. Statement of purpose.

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

1 Section 3. Definitions.

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

5 "Advanced practice nurse." A registered nurse with a
6 master's or doctorate degree licensed to practice as a certified
7 registered nurse practitioner, clinical nurse specialist or
8 certified nurse-midwife.

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

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

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

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

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

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

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

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

1 (1) A federally qualified health center as defined under
2 section 1905(1)(2)(B) of the Social Security Act (49 Stat.
3 620, 42 U.S.C. § 1396d(1)(2)(B)).

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

7 (3) A nurse-managed health center.

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

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

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

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

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

23 "Department." The Department of ~~Public Welfare~~ HEALTH of the ←
24 Commonwealth.

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

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

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

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

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

6 (2) A federally qualified health center.

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

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

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

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

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

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

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

29 "Support services." Services that include preventative care,
30 inpatient care, outpatient care, pharmacy, drug and alcohol

1 treatment, behavioral health and transportation.

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

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

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

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

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

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

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

1 (6) Examines available resources in the county where the
2 partnership exists in order to reduce the unnecessary
3 utilization of emergency health care services by supporting
4 the development and provision of effective alternatives
5 offered by or through community-based health care providers.

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

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

16 (9) DETERMINES THE HEALTH INFORMATION TECHNOLOGY SYSTEMS ←
17 CURRENTLY IN USE, AND THEIR LEVEL OF USE, BY HEALTH CARE
18 PROVIDERS.

19 ~~(9)~~ (10) Develops a budget and funding mechanism to ←
20 support and maintain sufficient resources to implement the
21 assessment.

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

28 (1) A statement by the county that it is willing to act
29 as a partner under the County Access Program and will assist
30 the community-based health improvement partnership in

1 obtaining Federal and State support for programs or funds.

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

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

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

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

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

19 (1) Administering the County Access Program.

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

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

25 (4) Approving the assessment submitted under subsection
26 (b) and providing technical support to implement that
27 assessment.

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

1 (6) Approving the budget for the assessment submitted
2 under subsection (b) and working with the county to obtain
3 funds from sources identified to finance the implementation
4 and operation of the assessment.

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

11 (1) The selection of a contractor that shall develop
12 outreach programs that identify residents in need of the
13 County Access Program.

14 (2) The selection of a contractor that shall be
15 responsible for making sure that the clinical and other
16 health care needs of the uninsured and underinsured residents
17 are being met throughout the continuum by health care
18 providers.

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

23 (4) Creating an outcomes measurement for the County
24 Access Program, including measuring the health status of the
25 county prior to the implementation of the County Access
26 Program and at three-year intervals thereafter, to evaluate
27 the effectiveness of the program in meeting the health care
28 needs of the community.

29 (5) Managing the County Access Program to stay within
30 budget limits agreed to with the department and the

1 Department of Public Welfare.

2 Section 5. Reports.

3 Upon determination of an assessment, a community-based health
4 improvement partnership that receives a grant under this act
5 shall annually submit a report to the department. The report
6 shall include a description of all of the following:

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

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

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

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

21 (ii) Prenatal and postpartum care.

22 (iii) The care of newborns and infants.

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

25 Section 6. Federal funds.

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

29 Section 7. State program.

30 Nothing in this act shall prevent the use of a State program

1 or an element of a State program in any part listed under the
2 assessment submitted by a community-based health improvement
3 partnership under section 4(b).

4 Section 8. Multiple community-based health improvement
5 partnerships.

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

9 Section 9. Award of grants.

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

12 Section 10. Funding.

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

16 Section 11. Funding contingency.

17 The powers and duties of the department under this act shall
18 be contingent on funds being appropriated or otherwise made
19 available to the department for the purposes of this act.

20 Section 12. Effective date.

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