The House convened at 1 p.m., e.d.t.

THE SPEAKER (MATTHEW J. RYAN) PRESIDING

PRAYER

REV. DANIEL N. VAN VLEET, Chaplain of the House of Representatives and pastor of Richland Church of the Brethren, Richland, Pennsylvania, offered the following prayer:

Before we pray, I believe it would be appropriate to have a moment of silence in memory of John Gillette, who was the middle school teacher who was killed in a senseless act of violence this past week. He had been a middle school teacher, a science teacher, for 27 years, and let us remember him and his family. Let us also remember the two students who were injured in the attack.

(Whereupon, the members of the House and all visitors stood in a moment of silence.)

REV. VAN VLEET. Heavenly Father, I thank You that we live in a country where we have peace, and I thank You, Lord, that we also are in unity today, that we abhor the violence that we have just witnessed this past week. I thank You that we live in a country where we have the freedom to express ourselves, where we can have parties, Democrat and Republican, and though there may be differences, there is the freedom to talk and to dialogue and to work together.

I ask that You would bless this House this afternoon. Give them wisdom and strength for this day. We ask this in the name of the Lord. Amen.

PLEDGE OF ALLEGIANCE

(The Pledge of Allegiance was recited by members and visitors.)

JOURNAL APPROVAL POSTPONED

The SPEAKER. Without objection, the approval of the Journal for Wednesday, April 22, 1998, will be postponed until printed.

JOURNALS APPROVED

The SPEAKER. The Journals for Tuesday, February 3; Wednesday, February 4; and Monday, February 9, 1998, will stand approved unless objected to. The Chair hears no objection.

HOUSE BILLS INTRODUCED AND REFERRED

No. 2544 By Representatives MICOZZIE, COLAFELLA, CIVERA, COLAIZZO and BARRAR

An Act prohibiting health insurance discrimination on the basis of mental illness; and conferring powers upon the Department of Health and the Insurance Department.

Referred to Committee on INSURANCE, April 23, 1998.

No. 2545 By Representatives BOSCOLA, BARRAR, HENNESSEY, CORRIGAN, DALEY, ITKIN, READSHAW, MARKOSEK, COY, OLASZ, BELFANTI, TRELLO, BROWNE, JOSEPHS, LAUGHLIN, MUNDY, M. COHEN, E. Z. TAYLOR, LUCYK, SERAFINI, MAHER, ORIE, STABACK, C. WILLIAMS, JAMES, DeLUCA, RAMOS, YOUNGBLOOD, WASHINGTON, HORSEY and STEELMAN

An Act mandating health insurance coverage for diagnosis and treatment of osteoporosis.

Referred to Committee on INSURANCE, April 23, 1998.

No. 2546 By Representatives MASLAND, L. I. COHEN, THOMAS, VEON, WAUGH, DeLUCA, FAIRCHILD, MAITLAND, CLARK, READSHAW, CALTAGIRONE, WALKO, GEIST, GORDNER, MELIO, BARRAR, CURRY, YEWCIC, BELARDI, HALUSKA, E. Z. TAYLOR, DALLY, BOSCOLA, DRUCE, SAYLOR, S. H. SMITH, STERN, GLADECK, STABACK, ORIE, GRUITZA, KENNEY, YOUNGBLOOD, ITKIN, BROWNE, LEREDER, MANDERINO, JOSEPHS, CORPORA, MUNDY, TRICH, GANNON, STEELMAN, HORSEY, MAHER, PLATTS, HENNESSEY, M. COHEN, TRELLO, LEH and BARD

An Act amending Title 42 (Judiciary and Judicial Procedure) of the Pennsylvania Consolidated Statutes, providing for health insurer liability.

Referred to Committee on JUDICIARY, April 23, 1998.
An Act authorizing counties to impose sales and use, optional local cigarette taxes, occupancy, personal income or earned income and net profits taxes; authorizing municipalities to impose personal income, earned income and net profits taxes; authorizing school districts to impose personal income, earned income and net profits taxes; providing for the levy, assessment and collection of such taxes; providing an additional homestead exemption for certain qualified persons; and providing for the powers and duties of the Department of Community and Economic Development, the Department of Revenue and the State Treasurer.

Referred to Committee on FINANCE, April 27, 1998.

HOUSE RESOLUTION INTRODUCED AND REFERRED

No. 447 By Representatives ARGALL, RBER, GEORGE, HARHART, LYNCH, PLATTS, HUTCHINSON, PETRONE, DeLuCA, MASLAND, ROSS, L. I. COHEN, CIVERA, BELARDI, BARD, ITKIN, CAPPABIANCA, M. COHEN, GIGLIOITI, PESCI, HALUSKA, GORDNER, READSHAW, LAUGHLIN, MAITLAND, WALKO, HERSHEY, MELIO, MANDERINO, SATHER, SURRA, BAKER, BELFANTI, McCall, SHANER, PIPPY, B SMITH, SANTONI, GEIST, JOSEPHS, NAIROR, E. Z. TAYLOR, LEVDANSKY, STEIL, YOUNGBLOOD, RUBLEY, BATTISTO, D. W. SNYDER, SAYLOR, ALLEN, TIGUE, MARSICO, BROWNE, SAINATO, BOSCOLA, ORIE, TRELLO, BUNT, GODSHALL, STEELMAN, A. H. WILLIAMS and COY

A Concurrent Resolution supporting a new Statewide recycling goal for all municipal waste and source-separated recycled materials generated within this Commonwealth.

Referred to Committee on RULES, April 27, 1998.

SENATE BILLS FOR CONCURRENCE

The clerk of the Senate, being introduced, presented the following bills for concurrence:

SB 671, PN 713

Referred to Committee on STATE GOVERNMENT, April 23, 1998.

SB 1262, PN 1916

Referred to Committee on JUDICIARY, April 23, 1998.

SB 1271, PN 1827

Referred to Committee on JUDICIARY, April 23, 1998.

COMMUNICATION FROM DEPARTMENT OF LABOR AND INDUSTRY

The SPEAKER. The Chair acknowledges receipt of the Pennsylvania Workers' Compensation Advisory Council Annual Report submitted by the Department of Labor and Industry.

(Copy of communication is on file with the Journal clerk.)

COMMUNICATION FROM GOVERNOR APPROVAL OF HOUSE BILL

The Speaker laid before the House a communication in writing from the office of His Excellency, the Governor of the Commonwealth, advising that the following House bill had been approved and signed by the Governor:

HB 1766.

BILLS SIGNED BY SPEAKER

Bills numbered and entitled as follows having been prepared for presentation to the Governor, and the same being correct, the titles were publicly read as follows:

SB 429, PN 1525


SB 1315, PN 1688

An Act making appropriations to the Trustees of the University of Pennsylvania.

SB 1317, PN 1690

An Act making appropriations to the Thomas Jefferson University, Philadelphia.

SB 1318, PN 1691

An Act making an appropriation to the Philadelphia College of Osteopathic Medicine, Philadelphia.

SB 1322, PN 1695

An Act making an appropriation to the Johnson Technical Institute of Scranton.

SB 1323, PN 1696

An Act making an appropriation to the Williamson Free School of Mechanical Trades in Delaware County.

SB 1324, PN 1697

An Act making an appropriation to the Pennsylvania College of Optometry, Philadelphia.
An Act making an appropriation to the Arsenal Family and Children’s Center.

An Act making an appropriation to the Beacon Lodge Camp.

Whereupon, the Speaker, in the presence of the House, signed the same.

**REPORT SUBMITTED**

The SPEAKER. The Chair recognizes the lady, Mrs. Katie True, who submits the report of the select committee on HR 127, which the clerk will file.

(Copy of report is on file with the Chief Clerk.)

**LEAVES OF ABSENCE**

The SPEAKER. The Chair recognizes the gentleman, Mr. Snyder, who requests the following leaves of absence: the lady, Ms. BEBKO-JONES; the gentleman, Mr. EVANS; the gentleman, Mr. O’BRIEN; and the gentleman, Mr. ALLEN. The Chair hears no objections. Leaves will be granted.

The Chair recognizes the gentleman, Mr. Itkin, who requests leave of absence for the lady, Ms. BEBKO-JONES; the gentleman, Mr. EVANS; the gentleman, Mr. O’BRIEN; and the gentleman, Mr. ALLEN. The Chair hears no objection. The leaves will be granted.

**MASTER ROLL CALL**

The SPEAKER. The Chair is about to take today’s master roll call. Members will proceed to vote.

The following roll call was recorded:

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<td>Excused—8</td>
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The SPEAKER. The Chair returns to leaves of absence and amends its earlier statement. The gentleman, Mr. DALLY, and the gentleman, Mr. ALLEN, will be excused for the week. The Chair hears no objection.

**GUESTS INTRODUCED**

The SPEAKER. The Chair is pleased to welcome to the hall of the House today a group of third and fourth grade students seated in the gallery from the Heritage Christian Academy, here today as the guests of Representative Allan Egoval. Would the guests please rise.

Seated to the left of the Speaker, as the guests of Representative Kathy Manderino, are Betty Ann Hanslamin and Sharon Weinman, members of the board of directors of the InterAc Community Center in Philadelphia. Would these guests please rise.
**HARRISBURG SENATORS BASEBALL TEAM PRESENTED**

The SPEAKER. Will the gentleman, Mr. Buxton, come to the rostrum.

The House will come to order; the House will come to order. Members will please take their seats. The members will please take their seats.

The Chair recognizes the gentleman, Mr. Buxton.

Mr. BUXTON. Thank you, Mr. Speaker.

Mr. Speaker, it is my privilege to bring to the floor of the House today, to introduce to the members, the Eastern League minor league baseball champion Harrisburg Senators from 1997 here. Joining me today behind me are the team's general manager, Todd Vander Woude; Mark Clarke, the assistant manager for operations; Jake Benz, the pitcher who threw the last pitch in the championship game; and Hiram Bocachica, shortstop and team captain from last year's championship team.

Joining them today in the rear of the hall of the House are Mark Mattern, assistant general manager for baseball operations, and several members from last year's 1997 championship team. Would you please rise, those of you in the back of the hall.

Mr. Speaker, the Harrisburg Senators are the AA farm team of the National League Montreal Expos. They won back-to-back championships in 1996 and 1997. In the 11 years that the Harrisburg Senators have been in Harrisburg, they have won four Eastern League championships, and therefore, it is my pleasure today to honor the Harrisburg Senators on their 1997 victory — and knowing that there are many players returning in 1998, obviously we look for another championship — and to present the Harrisburg Senators with a citation from the House recognizing their championship of last year.

Thank you, Mr. Speaker.

**FAIRVIEW HIGH SCHOOL ACADEMIC DECATHLON TEAM PRESENTED**

The SPEAKER. The Chair recognizes the lady, Ms. Seyfert.

Ms. SEYFERT. Good afternoon, Mr. Speaker.

It is indeed my privilege to have as my guests the Fairview High School academic decathlon team, this year's State academic champions in the small-school category.

This is the school's first academic title. The academic decathlon included 10 events over 2 days with 16 large and small high schools participating in the competition at St. Francis College in Loretto.

Members of the Fairview High School team present today in the hall of the House are Bill Benett, Jim Bolla, Emily Coleman, Emily Moore, Sarah Rodak, Ryan Marsh, Ravi Chekka, and Luke Pecoraro. Accompanying them are Dr. Douglas Allen, superintendent of schools, and Mr. Sam Signorino, principal of Fairview High School. Please stand and be recognized in the back.

And standing with me here are the three Fairview students who won individual medal competitions among all students, both large and small, that participated. They are Ryan Marsh, who won a gold medal in social studies and silver medals in economics, art, language-literature, and science at the honors level. Okay; Ryan is in the middle. Ravi Chekka won a silver in economics, and Luke Pecoraro won a bronze in social studies.

I would like to congratulate each of these students present today for winning the State academic title and present this House citation to commend them on their efforts and their outstanding academic achievements. Thank you, Mr. Speaker.

**HERSHEY JUNIOR BEARS QUEBEC TOURNAMENT ICE HOCKEY TEAM PRESENTED**

The SPEAKER. The gentleman, Mr. Tulli.

Mr. TULLI. Thank you, Mr. Speaker.

Today I am pleased to present to you the Hershey Junior Bears Quebec ice hockey team. They are being honored today for winning the International Consolation Tournament at Quebec. It was the Quebec Pee wee World Tournament, the oldest and largest and most prestigious youth hockey tournament in the world.

This team, under the expert guidance of head coach Doug Yingst and assistant coaches Tim Bonenberger and Ed Heckendorn, defeated a team from Paris, France, in a thrilling match to win the gold medal in this tournament.

Today I am pleased to have with me up on the dais the team captains: team captain Evan McLaren, on my far right, Ryan Tiburtini, Justin Cassel, and Justin Kullman. The rest of the team is in the back of the House chamber, and I would like to have them rise and the whole team be recognized by the House. Would you rise, please.

In offering this citation, I want to present it to the team captain, Evan McLaren, to deliver to the coach and the whole team. Thank you very much, Mr. Speaker.

**WEST PERRY HIGH SCHOOL JUNIOR ENGINEERING TECHNICAL SOCIETY PRESENTED**

The SPEAKER. The gentleman, Mr. Egolf.

Mr. EGOLF. Mr. Speaker, today I am very proud and honored to introduce to the House of Representatives a group of students from West Perry High School in my district.

This coming Saturday, these students will be representing Pennsylvania in the National Engineering Design Challenge competition being held at George Washington University in Washington, D.C.

The SPEAKER. The gentleman will yield.

The House will come to order. Members, please take your seats.

Members, please take your seats.

Mr. Egolf.

Mr. EGOLF. These students won first place at the State engineering design competition in March when they competed against the best and brightest engineering design teams from 12 high schools across the State. These fine students are part of the Junior Engineering Technical Society, or JETS for short, at West Perry High School.

Their winning design at the State competition, which took place at Bucknell University, was a shopping cart featuring six wheels, brakes, nylon netting in place of metal bars, and the challenge that
was issued to the JETS team was to design a cart which would eliminate the possibility for a child to climb out or fall out when leaning or bending over the edge of the cart and to reduce or eliminate the chance that the cart would tip over in a variety of situations.

Mr. Speaker, coming up with this winning design was no small feat. It required ingenuity, teamwork, and continual refinement until a safe design was crafted that could be entered into the competition, and that design proved to be a winner at the regional and State levels, and I am confident it will be a winner at the national level, too.

I saw the design this morning, and it not only holds more groceries and fits in a typical aisle and through the checkout counter, but it is safer. It will not tip over. In fact, all five of these students climbed in or on to the cart this morning. It was very, very impressive. And I am pleased to introduce the team here with me today. The students are Judith Luckie, Jessica Rudy, Alysse Beutel, Patrick Flannery, and Rebecca Wilson, and their teacher-adviser, Betsy Riter.

So will the members of the House please join me in welcoming the West Perry High School Junior Engineering Technical Society team to the House, congratulating them on their regional and State victories, and wishing them the best of luck in this weekend’s competition in our nation’s capital. Thank you.

**CHARLES “CHUCK” KELLER PRESENTED**

The SPEAKER. The Chair recognizes the gentleman, Mr. Harhai.

Conferences on the floor, please break up. Conferences in the vicinity of the majority leader’s desk, please break up.

The gentleman is recognized.

Mr. HARHAI. Mr. Speaker, I would like to thank you for allowing me to come before the House today to pay tribute to a modern-day hero from the 58th District and my hometown, the city of Monessen.

Mr. Charles “Chuck” Keller, without regard for his own safety, acted quickly and courageously by diving into the frigid Monongahela River to rescue a woman who had jumped from the Donora-Monessen Bridge in an attempt to end her life.

Mr. Keller slid down an embankment and, while doing so, fractured a bone in his elbow, but without hesitation continued his valiant effort to save this woman’s life. He ran along the riverbank until such time that he seized the opportunity to swim out approximately 25 feet into a swift current to clutch the woman’s coat and bring her back safely to shore. It was due to this effort that the woman is alive today.

Ladies and gentlemen and guests, I would like to introduce to you right now the veteran Monessen fireman, Mr. Charles “Chuck” Keller.

I would also like to take this opportunity to introduce his family, who traveled to Harrisburg today to be with us: his wife, Nancy – they are in the rear of the hall – his two sons, Charles, Jr., and Jason; and his mother and stepfather, Elaine and Lee Doman. Thank you very much.

Thank you, Mr. Speaker.

**STATEMENT BY MS. WILLIAMS**

The SPEAKER. The SPEAKER. For what purpose does the lady, Ms. Williams, seek recognition?

Ms. WILLIAMS. I rise for unanimous consent to make a statement, Mr. Speaker.

The SPEAKER. A short statement?

Ms. WILLIAMS. Yes, Mr. Speaker.

The SPEAKER. The lady seeks unanimous consent. I hear no objections.

Ms. WILLIAMS. Thank you, Mr. Speaker.

Mr. Speaker, I rise in light of the senseless acts of violence which have occurred here these past few weeks, these past few days – children killing adults, children killing children, adults killing children. Why is our society so lawless? I call for the House Judiciary Committee to move on the gun legislation, especially Representative Carn’s safety-lock legislation, Representative Evans’ legislation regulating the sale of shotguns, and to ask the Governor to ensure that the instant background checks are put into place in June.

Law-abiding gunowners must properly store and maintain their weapons. This is a responsibility which comes with the right to own a gun. Criminals must not be allowed to buy guns. This is our responsibility to the citizens of our Commonwealth. Thank you.

**GUEST INTRODUCED**

The SPEAKER. The Chair is pleased to welcome to the hall of the House today, as a guest page for Representative Frank Dermody, James Vandegrift, an eighth grade student at Middletown School District. James, would you please stand up. Here he is, in front of the Speaker seated at the pages’ desk.

**ANNOUNCEMENTS**

The SPEAKER. And the last announcement that I am aware of that I have to make today is one that the gentleman does not realize I am going to make. Representative Stephen Maitland and his wife, Melinda, had a baby on Thursday, April 23 – Sarah Catherine – and she weighed in at 9 pounds 1 ounce and was 22 inches long. This is their second daughter. Congratulations.

Mr. DeWEESE. Mr. Speaker?

The SPEAKER. Mr. DeWeese.

Mr. DeWEESE. I want to congratulate my colleague, Mr. Maitland, and add that there is a special piquancy to April 23. That is also the birthday of William Shakespeare.

Mr. PERZEL. Mr. Speaker?

The SPEAKER. Mr. Perzel.

Mr. PERZEL. Today is also the birthday of the Speaker of the House of Representatives, Matthew Ryan.

The SPEAKER. William Shakespeare and I are about the same age.

Yes, Mr. DeWeese?

Mr. DeWEESE. Mr. Speaker, we are both celebratory today. It is your natal anniversary, and it is the anniversary of my first election to the State legislature in a special election.

The SPEAKER. A day that will live in infamy.
The SPEAKER. The Chair turns to page 3 of today’s calendar, resolutions pursuant to rule 35. HR 434 is over.

Mrs. FORCIER called up HR 439, PN 3431, entitled:


On the question,
Will the House adopt the resolution?

The following roll call was recorded:

YEAS—195

DeWeese
DiGirolamo
Donatucci
Druc
Eachus
Lloyd
Lucyk
Lynch
Maher
Sainato
Santoni
Sather
Saylor
Speaker

NOT VOTING—0

NAYS

EXCUSED—8

Allen
Bebko-Jones
Daily
Daly
Horsey
O’Brien
Phillips
Thomas

The majority having voted in the affirmative, the question was determined in the affirmative and the resolution was adopted.

Mrs. FORCIER called up HR 440, PN 3432, entitled:

A Resolution designating May 1998 as “Motorcycle Safety and Awareness Month” in Pennsylvania.

On the question,
Will the House adopt the resolution?

The following roll call was recorded:

YEAS—195

Adolph
Argall
Armstrong
Baker
Bard
Barley
Barrar
Battisto
Belardi
Belfanti
Benninghoff
Birmelin
Bishop
Blau
Boscola
Boyes
Browne
Bunt
Burkowitz
Buxton
Caliguire
Cappabianca
Carn
Carone
Casorio
Cawley
Chadwick
Civera
Clark
Clymer
Cohen, L. I.
Cohen, M.
Colaffa
Colaiazzo
Correll
Corpora
Corrigan
Cowell
Coy
Curry
Daley
DeLuca
Dempsay
Dent
Dennedy

Adolph
Argall
Armstrong
Baker
Bard
Barley
Barrar
Battisto
Belardi
Belfanti
Benninghoff
Birmelin
Bishop
Blau
Boscola
Boyes
Browne
Bunt
Burkowitz
Buxton
Caliguire
Cappabianca
Carn
Carone
Casorio
Cawley
Chadwick
Civera
Clark
Clymer
Cohen, L. I.
Cohen, M.
Colaffa
Colaiazzo
Correll
Corpora
Corrigan
Cowell
Coy
Curry
Daley
DeLuca
Dempsay
Dent
Dennedy

Maidland
Major
Manderino
Markosek
Marsico
Maylard
McFlick
McCall
Gannon
Geist
Gladeck
Godshall
Gordner
Gruppo
Habay
Haluska
Hanna
Harhai
Harhart
Hasay
Hennessey
Herman
Hershey
Hess
Hutchinson
Inkin
Jadlowiec
James
Jarolin
Josephs
Kaiser
Keller
Kenney
Kirkland
Krebs
LaGrutta
Laughlin
Lawless
Lederer
Leh
Lescovitz
Levensky

Schröder
Schuler
Serrimenti
Semmel
Serfini
Seybert
Shaner
Smith, B.
Smith, S. H.
Snyder, D. W.
Staback
Stairs
Steelman
Stein
Stetler
Stevenson
Strittmatter
Surra
Taylor, E. Z.
Taylor, J.
Tigue
Travaglio
Trelle
Trich
True
Tulli
Vance
Van Horne
Veon
Vitali
Walko
Washington
Waugh
Williams, A. H.
Williams, C.
Wogan
Wojnaroski
Wright, M. N.
Yewcic
Youngblood
Zimmerman

Maidland
Major
Manderino
Markosek
Marsico
Maylard
McFlick
McCall
Gannon
Geist
Gladeck
Godshall
Gordner
Gruppo
Habay
Haluska
Hanna
Harhai
Harhart
Hasay
Hennessey
Herman
Hershey
Hess
Hutchinson
Inkin
Jadlowiec
James
Jarolin
Josephs
Kaiser
Keller
Kenney
Kirkland
Krebs
LaGrutta
Laughlin
Lawless
Lederer
Leh
Lescovitz
Levensky

Schröder
Schuler
Serrimenti
Semmel
Serfini
Seybert
Shaner
Smith, B.
Smith, S. H.
Snyder, D. W.
Staback
Stairs
Steelman
Stein
Stetler
Stevenson
Strittmatter
Surra
Taylor, E. Z.
Taylor, J.
Tigue
Travaglio
Trelle
Trich
True
Tulli
Vance
Van Horne
Veon
Vitali
Walko
Washington
Waugh
Williams, A. H.
Williams, C.
The majority having voted in the affirmative, the question was determined in the affirmative and the resolution was adopted.

* * *

Mr. GODSHALL called up HR 442, PN 3434, entitled:

A Resolution recognizing the week of May 3 through 9, 1998, as "Tourism Promotion Week" in Pennsylvania.

On the question,
Will the House adopt the resolution?

The following roll call was recorded:

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<th>YEAS–195</th>
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<td>Adolph</td>
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</table>

NOT VOTING–0

EXCUSED–8

Allen Dally Horsey Phillips
Bebko-Jones Evans O’Brien Thomas

The majority having voted in the affirmative, the question was determined in the affirmative and the resolution was adopted.

REPUBLICAN CAUCUS

The SPEAKER. The Chair recognizes the caucus chairman, Mr. Fargo.

Mr. FARGO. Thank you, Mr. Speaker.

There will be a Republican caucus immediately upon the announcement of recess. We will plan on being back on the floor at 3 o’clock.

The SPEAKER. The Chair thanks the gentleman.

APPROPRIATIONS COMMITTEE MEETING

The SPEAKER. The Chair recognizes the gentleman, Mr. Barley, for an announcement.

Mr. BARLEY. Thank you, Mr. Speaker.

Upon recess, I would like to have a meeting of the House Appropriations Committee in the Appropriations meeting room.

The SPEAKER. The Chair thanks the gentleman.

DEMOCRATIC CAUCUS

The SPEAKER. The gentlema, Mr. Cohen.

Mr. COHEN. Thank you, Mr. Speaker.

Mr. Speaker, upon the House recess, we will be having a Democratic caucus. We will be discussing the managed-care legislation that we will be voting on today as well as other legislation.

The SPEAKER. The Chair thanks the gentleman.
STATE GOVERNMENT COMMITTEE MEETING

The SPEAKER. The Chair recognizes the gentleman from Bucks, Mr. Clymer.

Mr. CLYMER. Thank you, Mr. Speaker.

Mr. Speaker, upon the call of recess, the members of the State Government Committee will meet in the rear of the hall for several minutes. That is upon the call of recess. Thank you.

The SPEAKER. The Chair thanks the gentleman.

FINANCE COMMITTEE MEETING

The SPEAKER. The Chair recognizes the gentleman from Erie, Mr. Boyes.

Mr. BOYES. Thank you, Mr. Speaker.

The House Finance Committee, upon the recess, we will call for an immediate meeting of the House Finance Committee at the rear of the House, at the recess.

The SPEAKER. The Chair thanks the gentleman.

Are there any other announcements? Mr. Fargo.

Mr. FARGO. Thank you, Mr. Speaker.

In light of the various committee meetings that have been called, I will change the caucus meeting to start at 2 o'clock. We still plan on being back at 3 o'clock.

The SPEAKER. The Chair thanks the gentleman.

The gentleman, Mr. Cohen, indicates to the Chair that the Democrat caucus will also begin at 2 o'clock. Both caucuses will begin at 2 o'clock.

There will be no further votes taken prior to the recess. The Chair is going to advance the calendar, however.

BILLS REMOVED FROM TABLE

The SPEAKER. The Chair turns to today’s tabled bill calendar and recognizes the majority leader.

Mr. PERZEL. Mr. Speaker, I move that the following bills be taken from the table:

HB 48;
HB 299;
HB 526;
HB 2328; and
SB 392.

On the question, Will the House agree to the motion?
Motion was agreed to.

BILLS RECOMMitted

The SPEAKER. The Chair recognizes the majority leader.

Mr. PERZEL. Mr. Speaker, I move that the following bills be recommitted to the Committee on Appropriations:

HB 48;
HB 299;
HB 526;
HB 2328; and
SB 392.

On the question, Will the House agree to the motion?
Motion was agreed to.

BILL REPORTED FROM COMMITTEE, CONSIDERED FIRST TIME, AND TABLED

HB 2450, PN 3469 (Amended) By Rep. BOYES

An Act authorizing political subdivisions to exclude from taxation a portion of the assessed value of homestead property and farmstead property; providing limitations on exclusions for homestead and farmstead property; establishing a process for administering exclusions for homestead property and farmstead property; and making an appropriation.

FINANCE.

ADDITIONS AND DELETIONS OF SPONSORS

The SPEAKER. The Chair acknowledges receipt of additions and deletions for sponsorships of bills, which the clerk will file.

(Copy of list is on file with the Journal clerk.)

RECESS

The SPEAKER. Any further reports? Corrections to the record? Announcements?
Hearing none, this House will stand in recess until 3 p.m. or the call of the Chair.

RECESS EXTENDED

The time of recess was extended until 3:30 p.m.

AFTER RECESS

The time of recess having expired, the House was called to order.

THE SPEAKER PRO TEMPORE (J. SCOT CHADWICK) PRESIDING

LEAVE OF ABSENCE

The SPEAKER pro tempore. The Chair returns to leaves of absence and recognizes the gentleman, Mr. Snyder, who requests a leave for the gentleman, Mr. FLICK, from Chester County. The Chair hears no objections, and the leave is granted.
<table>
<thead>
<tr>
<th>BILLS REPORTED FROM COMMITTEES, CONSIDERED FIRST TIME, AND TABLED</th>
</tr>
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<tbody>
<tr>
<td><strong>HB 2410, PN 3468 (Amended)</strong></td>
</tr>
<tr>
<td>An Act regulating the display of certain flags; and providing for the validity of certain ordinances, rules and regulations.</td>
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</tbody>
</table>

**STATE GOVERNMENT.**

| **HB 2459, PN 3272** | By Rep. BARLEY |
| An Act amending the act of October 5, 1994 (P.L.531, No.78), known as the Human Services Development Fund Act, further providing for allocations. |

**APPROPRIATIONS.**

| **HB 2541, PN 3454** | By Rep. BARLEY |
| An Act making an appropriation to the Department of Labor and Industry. |

**APPROPRIATIONS.**

| **SB 489, PN 1944 (Amended)** | By Rep. BOYES |
| An Act amending the act of December 31, 1965 (P.L.1257, No.511), entitled The Local Tax Enabling Act, further providing for tax exemption; and further defining "net profits." |

**FINANCE.**

<table>
<thead>
<tr>
<th><strong>BILLS REREPORTED FROM COMMITTEE</strong></th>
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<tbody>
<tr>
<td><strong>HB 48, PN 3424</strong></td>
</tr>
<tr>
<td>An Act amending the act of June 29, 1996 (P.L.434, No.67), known as the Job Enhancement Act, providing for job creation tax credits and interest rates; and further providing for reports and publication of guidelines.</td>
</tr>
</tbody>
</table>

**APPROPRIATIONS.**

| **HB 977, PN 3393** | By Rep. BARLEY |
| An Act providing for managed health care utilization review; imposing duties on managed care entities; providing for disclosure, civil immunity and penalties; and conferring powers and duties on the Department of Health and the Insurance Department. |

**APPROPRIATIONS.**

| **HB 1473, PN 1868** | By Rep. BARLEY |
| An Act amending the act of December 19, 1990 (P.L.805, No.194), known as the Asbestos Occupations Accreditation and Certification Act, requiring certain contractors to obtain a license. |

| **HB 2100, PN 3318** | By Rep. BARLEY |
| An Act amending the act of March 10, 1949 (P.L.30, No.14), known as the Public School Code of 1949, further providing for continuing professional development and a program for continuing professional education. |

**APPROPRIATIONS.**

| **HB 2328, PN 3382** | By Rep. BARLEY |
| An Act providing for the creation of keystone opportunity zones to foster economic opportunities in this Commonwealth, to facilitate economic development, stimulate industrial, commercial and residential improvements and prevent physical and infrastructure deterioration of geographic areas within this Commonwealth; authorizing expenditures; providing tax exemptions, tax deductions, tax abatements and tax credits; creating additional obligations of the Commonwealth and local governmental units; prescribing powers and duties of certain State and local departments, agencies and officials; and making appropriations. |

**APPROPRIATIONS.**

| **SB 888, PN 1640** | By Rep. BARLEY |
| An Act regulating the construction, equipment, maintenance, operation and inspection of boilers and unfired pressure vessels; granting certain authority to and imposing certain duties upon the Department of Labor and Industry; providing for penalties; and making a repeal. |

**APPROPRIATIONS.**

<table>
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<tr>
<th><strong>BILL REPORTED AND REREFERRED TO COMMITTEE ON URBAN AFFAIRS</strong></th>
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<tr>
<td><strong>HB 2527, PN 3440</strong></td>
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<tr>
<td>An Act amending the act of April 9, 1929 (P.L.177, No.175), known as The Administrative Code of 1929, providing for the denial of State permits, variances, licenses or other approvals if the applicant is delinquent on taxes or is in violation of certain codes.</td>
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**STATE GOVERNMENT.**

<table>
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<tr>
<th><strong>BILLS ON SECOND CONSIDERATION</strong></th>
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<tr>
<td>The following bills, having been called up, were considered for the second time and agreed to, and ordered transcribed for third consideration:</td>
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<tr>
<td><strong>HB 48, PN 3424</strong>, and <strong>HB 2328, PN 3382</strong>.</td>
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</tbody>
</table>

**BILLS REMOVED FROM TABLE**

The SPEAKER pro tempore. The Chair recognizes the gentleman, Mr. Perzel.

Mr. PERZEL. Mr. Speaker, I move that HB 2459 and HB 2541 be removed from the table and placed on the active calendar.

On the question, Will the House agree to the motion?
Motion was agreed to.
CALENDAR CONTINUED

BILLS ON THIRD CONSIDERATION

The House proceeded to third consideration of HB 1115, PN 1261, entitled:

An Act amending Title 42 (Judiciary and Judicial Procedure) of the Pennsylvania Consolidated Statutes, further providing for additional methods for the recording and copying of certain records.

On the question,
Will the House agree to the bill on third consideration?

BILL TABLED

The SPEAKER pro tempore. The Chair recognizes the gentleman, Mr. Perzel.

Mr. PERZEL. Mr. Speaker, I move that HB 1115 be placed on the tabled calendar.

On the question,
Will the House agree to the motion?
Motion was agreed to.

BILL REMOVED FROM TABLE

The SPEAKER pro tempore. The Chair recognizes the gentleman, Mr. Perzel.

Mr. PERZEL. Mr. Speaker, I move that HB 1895 be removed from the table and placed on the active calendar.

On the question,
Will the House agree to the motion?
Motion was agreed to.

* * *

The House proceeded to third consideration of HB 1895, PN 2397, entitled:


On the question,
Will the House agree to the bill on third consideration?

BILL TABLED

The SPEAKER pro tempore. The Chair recognizes the gentleman, Mr. Perzel.

Mr. PERZEL. Mr. Speaker, I move that HB 1115 be placed on the tabled calendar.

On the question,
Will the House agree to the motion?
Motion was agreed to.

BILL REMOVED FROM TABLE

The SPEAKER pro tempore. The Chair recognizes the gentleman, Mr. Perzel.

Mr. PERZEL. Mr. Speaker, I move that HB 1895 be removed from the table and placed on the active calendar.

On the question,
Will the House agree to the motion?
Motion was agreed to.

* * *

The House proceeded to third consideration of HB 591, PN 2587, entitled:


On the question,
Will the House agree to the bill on third consideration?

BILL TABLED

The SPEAKER pro tempore. The Chair recognizes the gentleman, Mr. Perzel.

Mr. PERZEL. Mr. Speaker, I move that HB 591 be placed on the tabled calendar.

On the question,
Will the House agree to the motion?
Motion was agreed to.

BILL REMOVED FROM TABLE

The SPEAKER pro tempore. The Chair recognizes the gentleman, Mr. Perzel.

Mr. PERZEL. Mr. Speaker, I move that HB 591 be removed from the table and placed on the active calendar.

On the question,
Will the House agree to the motion?
Motion was agreed to.

* * *

The House proceeded to third consideration of HB 1895, PN 2397, entitled:


On the question,
Will the House agree to the bill on third consideration?

BILL TABLED

The SPEAKER pro tempore. The Chair recognizes the gentleman, Mr. Perzel.

Mr. PERZEL. Mr. Speaker, I move that HB 1895 be placed on the tabled calendar.

On the question,
Will the House agree to the motion?
Motion was agreed to.

* * *

GUESTS INTRODUCED

The SPEAKER pro tempore. The Chair would like to welcome two guests to the hall of the House today. Emelie Sconing and Gladys Montgomery are here as the guests of Representative Micozzie and Representative Nailor, and they are to the left of the Speaker. Would they please rise. Welcome to the hall of the House.
BILL ON THIRD CONSIDERATION

The House proceeded to third consideration of SB 1310, PN 1729, entitled:


On the question,
Will the House agree to the bill on third consideration?
Bill was agreed to.

The SPEAKER pro tempore. This bill has been considered on three different days and agreed to and is now on final passage. The question is, shall the bill pass finally?

INTERROGATION

The SPEAKER pro tempore. The Chair recognizes the gentleman, Mr. DeWeese, on final passage.

Mr. DeWeese. With the Chair's indulgence, may I ask a parliamentary question?

The SPEAKER pro tempore. The gentleman indicates he is willing to stand for interrogation, and you may proceed.

Mr. DeWeese. I would like to ask the gentleman if he knows the bill number, the bill number, that will potentially be used as a local tax reform vehicle.

Mr. Snyder. Mr. Speaker, again, I am not sure what bill may be a vehicle for a final vote by the House on tax reform. Right now there is no agreement on a particular legislative proposal that we can bring before this House. Certainly we are working on one, and we hope to be able to announce to the House through our rules when and if that bill will be available and what will be voted.

But honestly, right now we do not have an agreement, and therefore, once we reach an agreement, then we can find the appropriate bill to use as a vehicle for consideration.

Mr. DeWeese. Does the gentleman have any idea whether this caucus, almost half of the House, will have a chance to amend, a chance to debate, a chance to be involved in the local property tax reform debate that may be coming at us this week?

Mr. Snyder. First of all, Mr. Speaker, if your caucus has not just discussed this issue—

The SPEAKER pro tempore. Will the gentleman suspend.

To both of you, what is before the House right now is SB 1310. If we can get the vote taken on that, then we can come right back to your questions, if that is all right with the two gentlemen.

The Chair thanks the gentlemen and will return to final passage of SB 1310.
The majority required by the Constitution having voted in the affirmative, the question was determined in the affirmative and the bill passed finally.

Ordered, That the clerk return the same to the Senate with the information that the House has passed the same without amendment.

**INTERROGATION CONTINUED**

The SPEAKER pro tempore. The Chair now recognizes the gentleman, Mr. DeWeese, to continue his interrogation of the gentleman, Mr. Snyder.

Mr. DeWEES. Thank you, Mr. Speaker.

I think my recollection is precise that last week the Speaker of the House, Mr. Ryan, from the dais indicated that we would be in general in an accepted practice if we drafted amendments to a printer’s number that was a prior printer’s number if there was going to be a change in the bill in the Appropriations Committee. What I need to know, Mr. Speaker, is what should 99 Democrats do relative to preparing amendments for a local property tax debate that may take place on Tuesday or Wednesday. We would like to look at this issue at this juncture and obviously not be frozen out of any debate.

Mr. SnyDER. Mr. Speaker, the Republican Caucus has not discussed this issue. Our members have no more information than your members do at this time, so we are not putting your caucus at a disadvantage. Our recommendation would be that there are several bills that have come out of committee that are pending that may be subject to amendments, and as we have always said before, look at the calendar, and you have the right to propose amendments to any bills. We do not know what the vehicle may be, nor do we know the process that we may be following right now, until there is some form of agreement reached on tax reform.

Mr. DeWEES. Thank you, Mr. Speaker.

I have one quick observation, and then we can get on with the calendar.

The SPEAKER pro tempore. The gentleman may proceed.

Mr. DeWEES. This is the issue of the last two decades in my legislative district. I do not know about everyone else. But I certainly hope that the Republican leadership team realizes that there are 99 of us on this side of the aisle who would like to be involved in the local property tax debate of the 1997-98 session. Whether it was the helter-skelter, slapdash celerity with which the gasoline tax was passed or the helter-skelter, slapdash celerity with which the Philadelphia School District lost its ability to bargain collectively, I think that things coming at us at the last minute, literally the eleventh hour and fifty-ninth minute, are an unacceptable way for this body to perform.

And ahead of the curve, Mr. Speaker, I would like to set the record unequivocally straight: We 99 Democrats would like to be involved in the local property tax debate if indeed it is going to unfold upon us this week in the General Assembly. So I can only politely, solicitously request that the gentleman from Lehigh and his counterparts from Philadelphia and Lancaster and other Republican leaders be aware of our keen interest in property tax reform and the fact that many of our members have amendments drawn to specific bills. The Speaker’s prior practice of allowing those amendments to be agglutinated to a prior printer’s number is an ongoing practice; we are probably in good stead. But this is not a casual affair. Property tax reform in Pennsylvania is preeminent, and we want to participate.

The SPEAKER pro tempore. The Chair thanks the gentleman.

Mr. SnyDER. Mr. Speaker, I am not going to turn this into a debate on tax reform, but I would just like to remind the members that the Finance Committee, under Committee Chairman Karl Boyes and the subcommittee chairman that he appointed on this issue, have been working very extensively on this proposal in a bipartisan manner for the last year and a half, and particularly with the adoption of the homestead exemption, have moved this up to high-priority status and have been working diligently day in and day out all of this year and since last November to make sure that they get input from everybody that has expressed any interest in this issue. They have worked through their subcommittee and the committee, and I believe that our intention is to make sure that the bill that passes this House has bipartisan support, one that is going to be meaningful and not just allowing us to say politically we passed something. We are trying to work out a bill that addresses most of the concerns that have been raised in this process and one that is going to meet the needs of our constituents. Thank you.

The SPEAKER pro tempore. The Chair thanks the gentleman.

Mr. PISTELLA. Mr. Speaker?

The SPEAKER pro tempore. For what purpose does the gentleman, Mr. Pistella, rise?

Mr. PISTELLA. Mr. Speaker, if it would be appropriate to direct a question to the gentleman as a followup to the statement he made in regards to tax reform.

The SPEAKER pro tempore. The gentleman indicates that he is not willing to stand for further interrogation.

Mr. PISTELLA. Thank you, Mr. Speaker.

The SPEAKER pro tempore. The Chair thanks the gentleman.

**BILL ON THIRD CONSIDERATION**

The House proceeded to third consideration of SB 981, PN 1615, entitled:

An Act amending Title 51 (Military Affairs) of the Pennsylvania Consolidated Statutes, further adding to the powers and duties of the Adjutant General; further providing for maintenance, construction and repair contracts to be performed by the Armory Board; and making a repeal.

On the question,

Will the House agree to the bill on third consideration?

Mr. ROBERTS offered the following amendment No. A0556:

Amend Title, page 1, line 5, by inserting after “Board;” providing for admission to State veterans’ homes;

Amend Bill, page 3, by inserting between lines 24 and 25 Section 3. Title 51 is amended by adding a chapter to read:

CHAPTER 95

STATE VETERANS’ HOMES

9501. Definitions.

9502. Admission to State veterans’ homes.
Mr. HERSHEY. Thank you, Mr. Speaker.

As chairman of the Veterans Affairs Committee, I rise to ask for a “no” vote on amendment 5556.

Mr. Speaker, I have written correspondence from the State Veterans’ Commission which states their opposition to the amendment. As well, the Pennsylvania War Vets Council and the Department of Military and Veterans Affairs oppose this amendment.

I feel that a 2-year marriage provision for spouses should remain in effect. Thus, I would ask for a “no” vote.

The SPEAKER pro tempore. The Chair does not see any other members at the microphone, so the Chair will recognize Mr. Roberts for the second time on his amendment.

Mr. ROBERTS. Thank you, Mr. Speaker.

I am surprised that Mr. Hershey says he had gotten some opposition. This amendment has been in for quite some time, and I have not really heard of any opposition, and I do not dispute the word of our chairman, but I think perhaps there should have been some opportunity for discussion, or at least, since I introduced the amendment, I think perhaps I should have been informed of that.

I have to say that I think that I support veterans probably more than anyone or at least as much as anyone in this chamber. I myself have spent 22 years in the military, and I am very, very concerned about the erosion of our veterans’ benefits, and that is why I submitted this amendment. I think it is very crucial to the veterans who may one day seek admission to a veterans’ home and find that there is no bed there for them because there is a spouse who really did not do a whole lot or at least as much as the veteran. I do not want to deny a deserving spouse from entrance into a veterans’ home, but I certainly want to protect the benefits that our veterans have so rightly fought for and deserve.

So I do not think it is asking for that much for us to require a spouse to have at least supported the veteran in a short term of marriage or while he or she was in the military, so I would ask for an affirmative vote.

The SPEAKER pro tempore. Does the gentleman, Mr. Hershey, seek recognition again?

Mr. HERSHEY. Yes.

The SPEAKER pro tempore. The gentleman is recognized.

Mr. HERSHEY. Thank you very much.

I have a letter dated March 12 from the Department of Military and Veterans Affairs saying they are opposed to making this 10 years. They feel 2 years is a good amount, and the Honorable Lawrence Roberts was copied on that letter.

I ask for a “no” vote on this amendment. Thank you.

The SPEAKER pro tempore. On the amendment, the Chair recognizes the gentleman from Luzerne County, Mr. Tigue.

Mr. TIGUE. Mr. Speaker, we just heard about how all these organizations – from the chairman of the Veterans Affairs Committee – are against this. I stand to support Mr. Roberts.

At a meeting not too long ago, I was surprised – I am a member of the Military and Veterans Affairs Committee – I was surprised to learn that spouses of veterans do in fact receive the benefit of going to these veterans’ homes, and I am not really against that, but let us be clear on what Mr. Roberts is doing. He is saying that a spouse can go to these veterans’ homes if they were married to the veteran while the veteran was on active duty or if they were married for 10 years. But the point of the matter is, when you talk about spouses receiving this benefit, I think someone has to raise...
the question, why at all should spouses be eligible for free care or whatever the cost might be in a veterans’ home when there are veterans who are on waiting lists? And right now the regulations as proposed, actually in effect, I should say, by the Department of Military Affairs, they may be fine, but I think we should all take a look at this and say, let us get the veterans in the homes first, and then we will find out a way to try to take care of the spouses, and that is what Mr. Roberts is doing, so I am going to support his amendment. Thank you, Mr. Speaker.

The SPEAKER pro tempore. The gentleman, Mr. Lucyk, from Schuylkill County is recognized on the amendment.

Mr. LUCYK. Thank you, Mr. Speaker.

I would like to ask the sponsor before he sits down a few questions on this, please, Mr. Speaker.

The SPEAKER pro tempore. You got him just in time. The gentleman indicates he is willing to stand for interrogation. You are in order and may proceed.

Mr. LUCYK. Mr. Speaker, I think there is a little confusion, on this side anyway, of what your amendment does and perhaps why there is some opposition on the other side of the aisle concerning this amendment.

In other words, what you are saying is that if a spouse was married to a serviceman on active duty for 2 years?

Mr. ROBERTS. Any period of time.

Mr. LUCYK. Any period of time. One year to—

Mr. ROBERTS. One day.

Mr. LUCYK. —ad infinitum.

And what the other side is saying is that that is not long enough, that it should be a period of 10 years?

Mr. ROBERTS. No.

Mr. LUCYK. How did we come up — then let me direct my question over here — how did we come up with 10 years? Who decided on that amount of time? Is that in the law now?

The SPEAKER pro tempore. Is the gentleman still interrogating Mr. Roberts, or is he trying to interrogate Mr. Hershey?

Mr. LUCYK. I am trying to get both of them, but—

The SPEAKER pro tempore. If that question was directed to Mr. Hershey, the Chair will ask Mr. Hershey if he is willing to stand for interrogation.

The gentleman indicates he is. You are in order and may proceed.

Mr. LUCYK. Mr. Speaker, why are you in opposition to this amendment?

Mr. HERSHEY. His amendment is 10 years, the law is 2, and we think 2 years is fine. The military and veterans’ commission did not ask for this. There are only 53 women out of 1,700 beds, and there is not a waiting list. They wrote us and said they do not need the amendment, 2 years is fine, and his amendment makes it 10.

Mr. LUCYK. No. Mr. Speaker, he is just saying it is not 10 years.

What is in current law, Mr. Speaker — 2 years?

Mr. HERSHEY. 2 years.

Mr. ROBERTS. I do not think there is any; zero; zero.

The SPEAKER pro tempore. Mr. Lucyk, you can only interrogate one member at a time. You will have to choose the one you want to interrogate.

Mr. LUCYK. Mr. Speaker, what I am trying to do here is to find out what is in current law. If somebody could stand up and tell me what is in current law and what the amendment is trying to do, I will be happy. Can either of the two gentlemen please tell me that? What is in current law and—

The SPEAKER pro tempore. Well, the gentleman, Mr. Roberts, is the prime sponsor, and he seems to indicate that he is able to do that.

Mr. LUCYK. Well, I cannot hear either of them, Mr. Speaker, so maybe we should quiet things down a little bit.

The SPEAKER pro tempore. The gentleman is correct.

The House will come to order. Members will please take their seats. Conversations on the side aisles will please break up.

Now, why do we not let Mr. Roberts have a crack at that question. The gentleman is in order.

Mr. ROBERTS. Thank you, Mr. Speaker.

Mr. Speaker, it is my understanding that at the present time current law has no restriction or no requirement as to how the admission requirement should be satisfied by a spouse. I do not know where the 2 years came from. I have not seen that in the law. I will not dispute that, but I have not seen it, and it was my understanding that there is no present requirement for a spouse other than what the administration has decided as a regulation or as a policy. I do not know that there is any requirement in the law, and it is my amendment that says 10 years of marriage or married while the veteran was in the military.

Mr. LUCYK. Thank you, Mr. Speaker.

I do understand what they are trying to do now, and may I speak on the amendment?

The SPEAKER pro tempore. On the amendment, the gentleman is in order.

Mr. LUCYK. I think it is only fair, if we do have a waiting list, which I do not think we have right now, but in the future, if we do not have a waiting list, where we are allowing our active veterans to enter the nursing homes, that a spouse who was married to a veteran for any length of time would be allowed to enter the home. I cannot see where we can restrict this to any specific time period — 2 years, 10 years. You know, what if people are married 9 years and 6 months? So to me, it is really a little silly and a little farfetched to put any time limit on this.

So, you know, I support Mr. Roberts in his move, and I ask for an affirmative vote on this amendment. Thank you, Mr. Speaker.

The SPEAKER pro tempore. The Chair recognizes the gentleman from Allegheny County, Mr. Michlovic, on the amendment.

Mr. MICHLovic. Thank you, Mr. Speaker.

I am hoping the gentleman, the previous speaker, listens to this. There is not a provision in law that requires 2 years. It is a regulation right now. It is not in statute; it is a regulation. The amendment would change it from a 2-year regulation to a 10-year requirement in law. There is no provision in the amendment as it is offered that there be a waiting list; there is no mention of a waiting list or anything else. So it is a substantial change from current practice anyway, and for that reason, Mr. Speaker, I am going to oppose the Roberts amendment.

The gentleman, Mr. Tigue, asked a question, why would spouses be invited to be in veterans’ homes anyway? I just think there are good reasons. First of all, you are not going to be in a veterans’ home if you do not have the circumstances or the physical condition to be there. The reason you are in that home to begin with is because you have a medical impairment, you are
enfeebled, you need care, and in many of these cases, the spouse is already in the home, and to put the female spouse in another home really separates two people that are married that should have a right to be there. That is why they were invited into the home in the first place. And in certain circumstances, the veteran dies, and you are left with a spouse that is in the home, you know, that is not a veteran. And you think about that; think about that for a minute: Do you want to kick that person out and say they should not be there if the spouse is no longer living? No. You do not want to do that to a person that is well into their late years, in these veterans' homes.

I think the regulation requires a 2-year period. I think that is enough. We ought not be making decisions about how many years do you need to be married to somebody before you are eligible, and if people get married in their eighties because they find one another, we should not dictate circumstances like that that become restrictive to people using the services of the Commonwealth.

So for those reasons, Mr. Speaker, I am opposing the Roberts amendment, and I ask my colleagues on the floor to do the same. Thank you.

On the question recurring, Will the House agree to the amendment?

The following roll call was recorded:

YEAS-30

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<th>Adolph</th>
<th>Ferrer</th>
<th>McGill</th>
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The SPEAKER pro tempore. This bill has been considered on three different days and agreed to and is now on final passage. The question is, shall the bill pass finally? Agreeable to the provisions of the Constitution, the yeas and nays will now be taken.

YEAS-193

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Less than the majority having voted in the affirmative, the question was determined in the negative and the amendment was not agreed to.

On the question recurring, Will the House agree to the bill on third consideration? Bill was agreed to.
The majority required by the Constitution having voted in the affirmative, the question was determined in the affirmative and the bill passed finally.

Ordered, That the clerk return the same to the Senate with the information that the House has passed the same with amendment in which the concurrence of the Senate is requested.

RULES COMMITTEE MEETING

The SPEAKER pro tempore, The Chair recognizes the majority leader, who calls for an immediate meeting of the Rules Committee at the majority leader's desk.

BILLS ON CONCURRENCE

HB 964, PN 3262  By Rep. PERZEL

An Act amending the act of February 1, 1966 (1965 P.L.1656, No.581), known as The Borough Code, further providing for associations and organizations for mayors, for decreases in number of ward council members, and for general powers.

RULES.

RESOLUTION REPORTED FROM COMMITTEE

HR 437, PN 3430  By Rep. PERZEL

A Resolution memorializing the Pennsylvania Historical and Museum Commission to establish an advisory committee to provide advice and guidance in the effort to restore Pennsylvania monuments at the Gettysburg National Military Park.

RULES.

SUPPLEMENTAL CALENDAR B

BILL ON THIRD CONSIDERATION

The House proceeded to third consideration of HB 977, PN 3393, entitled:

An Act providing for managed health care utilization review; imposing duties on managed care entities; providing for disclosure, civil immunity and penalties; and conferring powers and duties on the Department of Health and the Insurance Department.

On the question,
Will the House agree to the bill on third consideration?

Mr. LLOYD offered the following amendment No. A2234:

Amend Bill, page 38, by inserting between lines 13 and 14 Section 13. Consumer information.

(a) Development of standards--Not later than December 31, 1999, the Physician General shall develop a health insurance plan report card to aid consumers of this Commonwealth in choosing a health insurance plan. The report card shall include sufficient comparative information to permit consumers to compare and evaluate health insurance plans.

(b) Duties of Physician General--In developing a health insurance plan report card, the Physician General shall:

(1) Select from existing comparative health care measures, where such measures exist, or develop additional comparative health care measures to guide consumer choice. In selecting such measures, the Physician General may use any measures from the National Committee on Quality Assurance's HEDIS.3 system, the Foundation for Accountability (FACCT) measurement sets, the Agency for Health Care Policy and Research's CAHPS system, the Oregon Consumer Scorecard Project, the New Jersey HMO Report Card Project or public health data bases.

(2) Ensure that comparative information is tailored to consider the needs of individual health care consumers, including consumers with special or extraordinary health care needs.

(3) Ensure that comparative information is geographically sensitive to reflect the health plan experiences of rural consumers.
(4) Develop procedures to consolidate and reduce the data burden on health insurance plans through the development of uniform data specifications and sharing of health care information where appropriate.

(5) Implement a program to provide consumers with access to appropriate comparative information in a manner which will enable consumers to make informed health care decisions by comparing the various health insurance plans in which consumers are eligible to enroll.

(6) Ensure that comparative information is in a standardized form and understandable to a reasonable layperson.

(7) Ensure that comparative information includes consumer and provider satisfaction data. Such data shall be derived from annual surveys of consumers enrolled in a particular health insurance plan and those consumers who have withdrawn from such plan during the preceding 12-month period. The survey shall be conducted by an organization independent of the health plan.

(c) Duties of secretary and commissioner.—The secretary and commissioner shall supply all necessary assistance to the Physician General in carrying out the provisions of this section.

(d) Definitions.—As used in this section, the following words and phrases shall have the meanings given to them in this subsection:

“Comparative information.” Information on access to care, cost of care, use of health services, satisfaction with care and services, and management practices of health plans and any other aspect of health care delivery which may be used by consumers to judge the overall quality of care and to distinguish between the care provided by health plans.

“CAHPS.” The Federal Agency for Health Care Policy and Research’s “Consumer Assessment of Health Plans Study” designed to provide an integrated set of standardized survey questionnaires and report formats which can be used to collect and report information from health plan enrollees about their health care experiences with a particular health plan.

“FACCT.” The Foundation for Accountability’s Consumer Information Framework designed to give consumers clear, concise and understandable performance measures for comparing the clinical quality of health plans.

“Health insurance plan.” A health insurance plan which uses a gatekeeper to manage the utilization of health care services by enrollees including any such plan provided by or arranged through an entity operating under any of the following:

(1) Section 630 of the act of May 17, 1921 (P.L.682, No.284), known as the Insurance Company Law of 1921.


(4) 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations).

(5) 40 Pa.C.S. Ch. 63 (relating to professional health services plan corporations).

(6) A contract with the Department of Public Welfare to provide medical assistance benefits through a capitation plan.

“HEDIS.” The “Health Plan Employer Data and Information Set” developed by the National Committee on Quality Assurance (NCQA) as a set of standardized performance measures designed to ensure that consumers have the information necessary to compare the performance of health plans.

“Performance measures.” A set of measures, such as a standard or indicator, used to assess the performance of a health plan.

On the question,
Will the House agree to the amendment?

The SPEAKER pro tempore. On that question, the Chair recognizes the gentleman from Somerset County, Mr. Lloyd.

Mr. LLOYD. Thank you, Mr. Speaker.

Mr. Speaker, amendment A2234 would require the Physician General to develop a report card to help consumers make a decision when they are trying to decide which managed-care plan they wish to buy. That report card would look at comparative information from the various plans. It would include access to care, cost of care, use of health services, satisfaction with care and services, and management practices.

What I would hope would happen with this rating system is that it would do for the purchasers of HMO (health maintenance organization) and other managed-care insurance policies what publications like Consumer Reports have done for those who, when they want to buy a car, want to get an assessment of what the best buy is or what the performance of different vehicles would be in comparison to each other, or it would accomplish what is done in the airline industry with the publication of on-time flight information as well as safety information.

Mr. Speaker, I urge an affirmative vote on the amendment.

The SPEAKER pro tempore. Does the gentleman, Mr. Micozzie, seek recognition on the amendment? The Chair thanks the gentleman.

On the question recurring,
Will the House agree to the amendment?

The following roll call was recorded:

YEAS—192

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Managed-care entity provide an annually updated list of providers, which would be available to the person who is going to be covered by the insurance.

Mr. Speaker, one of the complaints we have heard is that people get into plans and did not realize that the doctor to whom they had been going for a long time was not in the network. This amendment is an effort to make sure that people understand what they are getting themselves into before they buy the policy. Mr. Speaker, I would ask for an affirmitive vote.

The SPEAKER pro tempore. On the amendment, Representative Vance.

Mrs. VANCE. Thank you, Mr. Speaker.

This also is an agreed-to amendment.

On the question recurring, Will the House agree to the amendment?

The following roll call was recorded:

YEAS—193

Adolph Earchus Matiland Schuler
Argall Egolf Major Scrimenti
Armstrong Fairchild Manderino Senemel
Baker Fargo Markosek Seyfert
Barry Feese Marsico Shaver
Barrar Fiegle Mayemik Smith, B.
Beista transmitted McCall Smith, S. H.
Belardi Gannon McGeehan Snyder, D. W.
Belfanti Geist McGill Staback
Beaninghoff George Mellihaan Stairs
Bermelin Gigliotti Mellihaun Steelman
Bishop Gladeck McNaughton Stil
Blum Goodshall Mello Stern
Boscola Gordon Mihlovic Stitler
Boyes Gruitzka Micozzi Stevenson
Browne Grappo Miller Strictmam
Bunt Habay Mundy Sturla
Butkovitz Haluska Myers Surra
Buxton Hanna Naihor Tangretti
Callowigne Harhail Naihor Taylor, E. Z.
Cappabianca Harhart Olsaz Taylor, J.
Carr Hasay Oliver Tigue
Carone Hennessey Orie Trollo
Casorio Herman Perzel Trollo
Cawley Hershey Pesci Trigg
Chadwick Hess Petrara Trigg
Civiera Hutchinson Petrone Trigg
Clark Ikin Pippy Tulli
Clymer Jadiowiec Pistila Vance
Cohen, L. I. James Platts Van Home
Cohen, M. Jarolin Preston Van Home
Colafella Josephs Ramo Washington
Colaflezzzi Kaiser Raymond Washington
Cookwell Keller Readshaw Washington
Corpora Kenney Reber Williams, A. H.
Corrainng Kirklund Reinard Williams, C.
Cowell Krebs Roberts Wilt
Dent Iesovitzi Robley Zimmerman
Demody Levianski Sainato Zug
DeWeese Loyd Santoni Washington
DiGirolano Luckly Sather Ryan, Speaker
Donatucci Lynch Saylor Speaker
Druce Maher

NAYS—0

NOT VOTING—2

Rieger Veon

EXCUSED—9

Allen Evans Horsey Phillips
Beacondo Jones Flick O'Brien Phillips
Daily

The majority having voted in the affirmative, the question was determined in the affirmative and the amendment was agreed to.

On the question, Will the House agree to the bill on third consideration as amended?

Mr. LLOYD offered the following amendment No. A2178:

Amend Sec. 11, page 37, line 12, by inserting after "PROVIDER" and an annually updated list of the providers which a covered individual may choose

On the question, Will the House agree to the amendment?

The SPEAKER pro tempore. On that question, the Chair again recognizes the gentleman from Somerset, Mr. Lloyd.

Mr. LLOYD. Thank you, Mr. Speaker.

Mr. Speaker, this amendment would require that the managed-care entity provide an annually updated list of providers, which would be available to the person who is going to be covered by the insurance.
The majority having voted in the affirmative, the question was
determined in the affirmative and the amendment was agreed to.

On the question recurring,
Will the House agree to the bill on third consideration as amended?

Mr. LLOYD offered the following amendment No. A2179:

Amend Sec. 9, page 34, line 18, by inserting after “FASHION” and within a reasonable distance

On the question,
Will the House agree to the amendment?

The SPEAKER pro tempore. The gentleman, Mr. Lloyd, is recognized.

Mr. LLOYD. Mr. Speaker, this bill requires that in putting together their network, the managed-care entity attempt to assure that providers are available within a reasonable period of time. The amendment would add to that the requirement that the providers be available within a reasonable distance.

Mr. Speaker, I ask for an affirmative vote.

Mr. ARMSTRONG. So, Mr. Speaker, it is your interpretation that this will be dealt with through regulation then.

Mr. LLOYD. It will be dealt with by the enforcement by the departments. I am not sure whether they will be promulgating regulations to spell those out, but certainly it would be an appropriate subject for regulation.

Mr. ARMSTRONG. Thank you, Mr. Speaker.

I am in support of the amendment. I just wanted a clarification of that language. Thank you.

The SPEAKER pro tempore. The Chair thanks the gentleman.

On the question recurring,
Will the House agree to the amendment?

The following roll call was recorded:

YEAS—192


NOT VOTING—1

Rieger

EXCUSED—9

Allen Evans Horsey Phillips

Bebko-Jones Flick O’Brien Thomas

Dally

NOT VOTING—1

Rieger

EXCUSED—9

Allen Evans Horsey Phillips

Bebko-Jones Flick O’Brien Thomas

Dally

The administration as it attempts to enforce this law.

that providers are available within a reasonable period of time. The

amendment would add to that the requirement that the providers

be available within a reasonable distance.

Mr. Speaker, I ask for an affirmative vote.

Mr. ARMSTRONG. May I interrogate the maker of the amendment, Mr. Speaker?

The SPEAKER pro tempore. The gentleman, Mr. Lloyd, indicates that he is willing to stand for interrogation. You are in order, and you may proceed.

Mr. ARMSTRONG. I was wondering if you could give us an explanation as to what a reasonable distance would be.

Mr. LLOYD. Well, Mr. Speaker, one of the things which is going to be left to be worked out by the Insurance Commissioner, the Health Department, and the managed-care plans is what is meant by many of the things which are in this bill.

The bill now, if you look at page 34, starting at line 12, includes a list of managed-care entities shall do the following, and most of them are couched in terms of what is sufficient, what is reasonable, and that is something which is going to have to be determined by the administration as it attempts to enforce this law.

If you look at page 34, lines 15 through 18, the section which I am amending, it says that “A MANAGED CARE ENTITY SHALL...ENSURE THAT THERE ARE SUFFICIENT HEALTH CARE PRACTITIONERS AND HEALTH CARE FACILITIES WITHIN A PROVIDER NETWORK TO PROVIDE ENROLLEES WITH ACCESS TO QUALITY HEALTH CARE SERVICES IN A TIMELY FASHION.” So at least two words in that sentence, “SUFFICIENT” and “TIMELY,” are going to be a matter of interpretation, and I think “a reasonable distance” is one which can, in the spirit of attempting to make sure that people have reasonable access, is one which can be defined in the same way by those two departments.

This is an important amendment for those people who live in rural areas, because there is a long distance to have to get to the hospital. In my county, probably to get to the local hospital can take anywhere from 30 miles, probably, from one corner of the county. That is about the maximum, and I would consider that to be a reasonable distance, but I would consider 2 hours to have to get to the hospital where I would go for emergency care not to be a reasonable distance.

Mr. ARMSTRONG. Thank you, Mr. Speaker.

I am in support of the amendment. I just wanted a clarification of that language. Thank you.

The SPEAKER pro tempore. The Chair thanks the gentleman.

On the question recurring,
Will the House agree to the amendment?

The following roll call was recorded:

YEAS—192


NOT VOTING—1

Rieger

EXCUSED—9

Allen Evans Horsey Phillips

Bebko-Jones Flick O’Brien Thomas

Dally

NOT VOTING—1

Rieger

EXCUSED—9

Allen Evans Horsey Phillips

Bebko-Jones Flick O’Brien Thomas

Dally

The administration as it attempts to enforce this law.

that providers are available within a reasonable period of time. The

amendment would add to that the requirement that the providers

be available within a reasonable distance.

Mr. Speaker, I ask for an affirmative vote.

Mr. ARMSTRONG. May I interrogate the maker of the amendment, Mr. Speaker?

The SPEAKER pro tempore. The gentleman, Mr. Lloyd, indicates that he is willing to stand for interrogation. You are in order, and you may proceed.

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Mr. ARMSTRONG. Thank you, Mr. Speaker.

I am in support of the amendment. I just wanted a clarification of that language. Thank you.

The SPEAKER pro tempore. The Chair thanks the gentleman.

On the question recurring,
Will the House agree to the amendment?

The following roll call was recorded:
Mr. Speaker, this amendment would require that a managed care entity shall not sell a health care plan in any county unless the provider's network for that plan includes at least one primary-care provider who practices in that county.

The following roll call was recorded:

YEAS-191

Adolph  Eashus  Mahler  Schroeder
Argall  EgoI  Mailland  Schuler
Armstrong  Fairchild  Major  Scalf
Baker  Fargo  Mandlerino  Semmel
Bard  Fees  Markosek  Serafini
Barley  Fichter  Marsico  Seybert
Barrar  Fleagle  Masland  Shander
Battista  Forestar  Mayernik  Smith, B.
Belardi  Garren  McAulay  Smith, S. H.
Belfanti  Geist  McGeehan  Snyder, D. W.
Benedigo  Houle  McGill  Stiesbakk
Birmelin  Gigliotti  Millhattan  StAir
Bishop  Gladeck  Milllinney  Steinman
Blau  Goldsell  Naughton  Steil
Boscola  Gordon  Mello  Stern
Boyce  Gnitzer  Michlovic  Stetler
Browne  Gruppo  Micozzie  Stevenson
Bunt  Habay  Miller  Strickmater
Butkovitz  Halska  Mundy  Stura
Buxton  Hanna  Myers  Surra
Caltagirone  Harhai  Nalor  Tangretti
Cappabianca  Harhart  Niekol  Taylor, E. Z.
Carm  Hasay  Olsz  Taylor, J.
Carone  Hennessey  Oliver  Tigue
Casorio  Herman  Orie  Tragavio
Cawley  Hershey  Perzel  Trefe
Chadwick  Hess  Pesci  Trich
Cliver  Hutchinson  Petracca  True
Clark  Ikin  Petrone  Tulli
Clymer  Jadlowiec  Pippy  Vance
Cohen, L. I.  James  Pistella  Van Home
Cohen, M.  Jarolin  Platz  Vasca
Cofalaffa  Josephs  Preston  Vitali
Colaizzo  Kaiser  Ramos  Washington
Cornell  Keller  Raymond  Waugh
Corporan  Kenney  Readshaw  Williams, A. H.
Corregan  Kirkland  Reinard  Williams, C.
Coy  Krebs  Roberts  Wilt
Curry  LaGrotta  Robinson  Wogan
Daley  Lawless  Roebuck  Wojnaroski
DeLuca  Lederer  Rooney  Youngblood
Dempsey  Leh  Ross  Youngblood
Dent  Lescozit  Rubley  Zimmermann
Dermody  Ledvansky  Sainato  Zug
DeWeese  Lloyd  Santoni  Ryan
DiGirolamo  Lucyk  Sather  Speaker
Donatucci  Lynch  Schroeder  Speaker

NAYS-0

NOT VOTING-2

Reber  Rieger

EXCUSED-9

Allen  Evans  Horsey  Phillips  Thomas
Bebko-Jones  Flick  O'Brien  Phillips
Dally  

The majority having voted in the affirmative, the question was determined in the affirmative and the amendment was agreed to.

On the question recurring,
Will the House agree to the amendment?

Mr. LLOYD offered the following amendment No. A2172:

Amend Sec. 3, page 23, by inserting between lines 11 and 12 "Primary care provider" or "PCP." A provider who supervises, coordinates and provides initial and basic care to enrollees, who initiates their referral for specialist care and who maintains continuity of patient care. Providers may only provide care within the scope of their practice.

Amend Sec. 9, page 34, line 18, by inserting after "FASHION."
A managed care entity shall not sell a health care plan in any county unless the providers network for that plan includes at least one primary care provider who practices in that county.

On the question,
Will the House agree to the amendment?

The SPEAKER pro tempore. On that question, the Chair recognizes Mr. Lloyd.

Mr. LLOYD. Thank you, Mr. Speaker.

Mr. Speaker, this amendment would require that a managed care plan shall not sell a health care plan in any county in which there is not a primary-care provider or primary-care physician designated. This responds to a complaint I got from a constituent who said that he was in a plan; he did not know, as a result of a merger, that there was no longer a primary-care physician designated; now he needs to go to the primary-care physician, or rather, his wife does; there is not one in the county. I think if you are going to be in this business of selling this kind of coverage, then at the very least, the gatekeeper ought to be available in the county where you live.

Mr. Speaker, I ask for an affirmative vote.

The SPEAKER pro tempore. On the amendment, Representative Vance.

Mrs. VANCE. Thank you, Mr. Speaker.

This is an agreed-to amendment.

The SPEAKER pro tempore. The Chair thanks the lady.

On the question recurring,
Will the House agree to the amendment?

The following roll call was recorded:

YEAS-191

Adolph  Eashus  Mahler  Schroeder
Argall  EgoI  Mailland  Schuler
Armstrong  Fairchild  Major  Scalf
Baker  Fargo  Mandlerino  Semmel
Bard  Fees  Markosek  Serafini
Barley  Fichter  Marsico  Seybert
Barrar  Fleagle  Masland  Shander
Battista  Forestar  Mayernik  Smith, B.
Belardi  Garren  McAulay  Smith, S. H.
Belfanti  Geist  McGeehan  Snyder, D. W.
Benedigo  Houle  McGill  Stiesbakk
Birmelin  Gigliotti  Millhattan  StAir
Bishop  Gladeck  Milllinney  Steinman
Blau  Goldsell  Naughton  Steil
Boscola  Gordon  Mello  Stern
Boyce  Gnitzer  Michlovic  Stetler
Browne  Gruppo  Micozzie  Stevenson
Bunt  Habay  Miller  Strickmater
Butkovitz  Halska  Mundy  Stura
Buxton  Hanna  Myers  Surra
Caltagirone  Harhai  Nalor  Tangretti
Cappabianca  Harhart  Niekol  Taylor, E. Z.
Carm  Hasay  Olsz  Taylor, J.
Carone  Hennessey  Oliver  Tigue
Casorio  Herman  Orie  Tragavio
Cawley  Hershey  Perzel  Trefe
Chadwick  Hess  Pesci  Trich
Cliver  Hutchinson  Petracca  True
Clark  Ikin  Petrone  Tulli
Clymer  Jadlowiec  Pippy  Vance
Cohen, L. I.  James  Pistella  Van Home
Cohen, M.  Jarolin  Platz  Vasca
Cofalaffa  Josephs  Preston  Vitali
Colaizzo  Kaiser  Ramos  Washington
Cornell  Keller  Raymond  Waugh
Corporan  Kenney  Readshaw  Williams, A. H.
Corregan  Kirkland  Reinard  Williams, C.
Coy  Krebs  Roberts  Wilt
Curry  LaGrotta  Robinson  Wogan
Daley  Lawless  Roebuck  Wojnaroski
DeLuca  Lederer  Rooney  Youngblood
Dempsey  Leh  Ross  Youngblood
Dent  Lescozit  Rubley  Zimmermann
Dermody  Ledvansky  Sainato  Zug
DeWeese  Lloyd  Santoni  Ryan
DiGirolamo  Lucyk  Sather  Speaker
Donatucci  Lynch  Schroeder  Speaker

NAYS-0

NOT VOTING-2

Reber  Rieger  Walko
The majority having voted in the affirmative, the question was determined in the affirmative and the amendment was agreed to.

On the question recurring,
Will the House agree to the bill on third consideration as amended?

The SPEAKER pro tempore. The Chair understands that that is the last of Mr. Lloyd’s amendments.

On the question recurring,
Will the House agree to the bill on third consideration as amended?

Ms. MUNDY offered the following amendment No. A2161:

Amend Sec. 3, page 23, by inserting between lines 11 and 12

“Medical necessity.” Clinical determinations to establish a service or benefit which will or is reasonably expected to:

(1) prevent the onset of an illness, condition or disability;
(2) reduce or ameliorate the physical, mental, behavioral or developmental effects of an illness, condition, injury or disability; or
(3) assist the individual to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual and those functional capacities appropriate for individuals of the same age.

On the question,
Will the House agree to the amendment?

The SPEAKER pro tempore. On that question, the Chair recognizes the lady, Ms. Mundy.

Ms. MUNDY. Thank you, Mr. Speaker.
Could I have a little quiet, please.
The SPEAKER pro tempore. The lady is correct. It is starting to get a little noisy again. Conversations will please cease. Will the conversation in the back of the House please break up.

Ms. Mundy.
Ms. MUNDY. Thank you, Mr. Speaker.
Mr. Speaker, amendment 2161 offers a definition for “medical necessity.” The definition of what is medically necessary is the key ingredient in building consumer protections in a managed-care system. This definition is used by managed-care organizations and their providers to determine whether a particular service is appropriate, effective, and necessary for the individual – in other words, whether the plan will pay for this service for this individual at this time.

In a system that is designed to restrict access to unnecessary services, the definition of what is medically necessary is of crucial importance. Pennsylvania has a number of “medical necessity” definitions currently in effect. Each managed-care organization has its own definition, and by the way, many of them will not tell you what it is. They will say it is proprietary; these are the rules; it is not medically necessary, but by the way, we are not going to tell you what that means. The Medicaid regulations include a definition, and most recently, the HealthChoices Program has adopted a definition that is currently in use for approximately half a million people in the Philadelphia area who are on welfare.

This definition of “medical necessity” is the basis on which coverage decisions are made in a managed-care system. It would save time, money, and a great amount of personal anguish to have a standardized and appropriate definition across the Commonwealth for managed-care consumers.

The HealthChoices definition has been implemented by the Department of Health and Public Welfare and successfully used by clients, providers, and managed-care organizations. It will eventually be used for several million of the State’s medical assistance population, and this, Mr. Speaker, is the definition that I am offering as an amendment to this bill today. This is the language drafted by the Department of Public Welfare as their definition of “medical necessity.” This protects consumers who are in HealthChoices today. The HealthChoices definition has been recognized as one of the best in the nation, and we should settle for nothing less in our managed-care law.

Finally, I would simply ask you, if this definition is good enough to protect welfare recipients in managed-care plans, should it not be good enough to protect those who are paying for their health-care coverage? Thank you, Mr. Speaker.

The SPEAKER pro tempore. On the amendment, the gentleman from Delaware County, Mr. Gannon, is recognized.

Mr. GANNON. Thank you, Mr. Speaker.
Mr. Speaker, in about three or four places in HB 977, it refers to “medical necessity” and “medical reasonableness.” That is the criteria that is going to be used to deny medical care to a doctor’s patient, but most importantly – and I think this has to be emphasized – the person who is making that determination has never seen that patient. They have never taken a history from the patient; they have never done a physical examination of the patient. They have only looked at bare records, which may be two or three lines of clinical notes or perhaps a transcript of a report. Yet, on the basis of that alone, they are making a determination that the individual who has seen that patient, has followed that patient, has taken a history, has done a physical examination, has done a diagnosis and a prognosis, they are making a determination that that treatment – and this is on a very subjective standard – is not reasonable, is not necessary, and therefore, they are denying that patient care without ever seeing them.

We need a guideline as to what medical necessity is. What is medical necessity? And this really is not a definition. This is a guideline. This gives us parameters. This gives us the parameters that we can work from so that at least everybody is reading off the same page out of the same book when the issue of medical necessity arises, and then someone in a vacuum, someone who has never seen that patient, at least they are working on the same ground rules as the physician or the doctor who has actually seen that patient personally, done a physical examination, taken a history, rendered a diagnosis, given a prognosis, and in their medical judgment, offered treatment to cure that person.

I urge a “yes” vote on this amendment.

The SPEAKER pro tempore. On the amendment, the Chair recognizes the lady from Cumberland County, Representative Vance.
Mrs. VANCE. Thank you, Mr. Speaker.
I rise to oppose the Mundy amendment for several reasons.

First of all, the amendment as drafted is very unclear as to who determines medical necessity. The amendment is silent on the question, and the problem is, perhaps patients could decide that something is medically necessary for themselves.

Also, what used to be medically necessary may no longer be so today. For example, it was not too long ago that people stayed 10 days in the hospital when they had a child. Surely today that would not be considered medically necessary.

Another thing that we need to consider is what is covered under the terms of your insurance contract, and I think you need to look at that very clearly. This is a very fluid situation, and it could cause confusion with coverage issues as to who determines what is medically necessary.

I ask for a "no" vote on the Mundy amendment.

The SPEAKER pro tempore. The Chair recognizes the gentleman from Delaware County, Mr. Miccuzie.

Mr. MICCOZZIE. Thank you, Mr. Speaker.

In our discussions with the Medical Society, the Hospital Association, this issue, this definition, came up many times, and in those discussions, the conclusion was that the bill the way it is structured solves the problem as far as the physician’s concerns and the hospital’s concerns — those who are concerned about care of the patient. And when I say that there was a lot of discussion, we are talking about three public hearings, two or three informational meetings, meetings in Representative Vance’s office, my office, and the Medical Society has endorsed this bill.

So I ask for a "no" vote on the Mundy amendment. Thank you.

The SPEAKER pro tempore. The gentleman from Beaver County, Mr. Colafella, is recognized on the amendment.

Mr. COLAFELLA. Thank you, Mr. Speaker.

Mr. Speaker, I rise to support the Mundy amendment.

I think what this amendment does more than anything else is it avoids confusion. It avoids confusion so that physicians will know exactly what constitutes a medical necessity, HMOs will know what constitutes medical necessity, and for those reasons I ask you to vote "yes" on the Mundy amendment.

The SPEAKER pro tempore. On the amendment, the lady from Philadelphia County, Ms. Manderino, is recognized.

Ms. MANDERINO. Thank you, Mr. Speaker.

I, too, rise to support the Mundy amendment.

I think that in a bill that the essence of which is whether or not your constituent is or is not getting coverage, a clear definition of 'medical necessity' is a must.

We have a precedent for the language that Representative Mundy has chosen to use, and it is working well, and I think if you take a minute and read the language, you will see that it does not dictate specifics. There is a lot of flexibility for advances in medicine and treatment and technology. But what it will do is take the guesswork out of the whole issue of whether or not something is covered. There will be clear and open disclosure. Everyone will be following the same rules and definitions. There is nothing worse for a patient or provider to hear but that we made a decision, the decision is against you, and we cannot tell you the reason it is against you, because that is proprietary information.

Well, we should not have it be proprietary information. We should have it be public information, we should have it be disclosed, we should have a clear standard, and that is what amendment 2161 does.

The SPEAKER pro tempore. The Chair recognizes the gentleman from Elk County, Mr. Surra, on the amendment.

Mr. SURRA. Thank you, Mr. Speaker.

Mr. Speaker, would the prime sponsor of the bill just stand for a very brief question?

The SPEAKER pro tempore. Is the lady willing to stand for interrogation? The lady indicates that she is. You are in order and may proceed.

Mr. SURRA. Mr. Speaker, can you tell me where in the bill that "medical necessity" is defined?

Mrs. VANCE. It is not; it is not defined in the bill.

Mr. SURRA. Thank you, Mr. Speaker.

Mr. Speaker, on the amendment?

The SPEAKER pro tempore. On the amendment.

Mr. SURRA. It has been stated here by a number of speakers on the floor that it is not needed, that the bill takes care of it; but in reality, nowhere in the legislation is the term "medical necessity" defined. Here we have a definition that is already being used, as I am to understand, by some HMOs currently, and if we are going to really set the parameters and try to do something that is fair to protect people, it is critical that we define "medical necessity," Mr. Speaker.

So we have some clear guidelines, we have to support this, Mr. Speaker, and I would encourage my colleagues that really want to do something that is fair to everyone, this is a definition that is currently being used, and I encourage an affirmative vote on the Mundy amendment. Thank you.

The SPEAKER pro tempore. The gentleman from Lancaster County, Mr. Sturla, is recognized on the amendment.

Mr. STURLA. Thank you, Mr. Speaker.

Will the gentlelady who is the prime sponsor of the bill rise for a brief interrogation?

The SPEAKER pro tempore. The lady, Mrs. Vance, indicates that she is willing to stand for interrogation. You are in order and may proceed.

Mr. STURLA. Thank you, Mr. Speaker.

It was indicated earlier that you said that you were not sure who would be responsible for determining medical necessity under the Mundy amendment. I guess my question to you is, who currently makes the final determination of medical necessity in an HMO?

Mrs. VANCE. Currently or under my bill as I am proposing?

Mr. STURLA. Well, currently or under your bill.

Mrs. VANCE. Well, there is a big difference, because for the first time we are allowing physicians and hospitals the right to appeal, with the consent of the patient, on behalf of the patient, and that is not presently the case. So there is a very large difference between what is now and what will be.

Mr. STURLA. I understand the right to appeal, but whom do they appeal to and who makes that final determination, under the current law and under what you would be proposing?

Mrs. VANCE. Currently a physician or hospital has no appeal rights to appeal on behalf of the patient. A patient may appeal, but I am not sure that every patient knows they have that right. I think we strengthen it immeasurably by allowing a physician to appeal with the consent of the patient. I think that has really, really helped the patient and will get better health care for them.

Mr. STURLA. Whom do they appeal to, though?
Mrs. VANCE. Repeat that question again.

Mr. STURLA. Under your legislation, whom does the physician or the patient appeal to?

Mrs. VANCE. Any denial will have to be made by a physician, and if they appeal the denial again, it will be made by a physician in the same or similar specialty. We have put a lot of safeguards in order to drive it to a higher level, to make it better patient care.

Mr. STURLA. And the HMO has no determination in what is medical necessity under your legislation?

Mrs. VANCE. The ultimate decision of what the coverage is in the policy, obviously, is first made by the managed-care bill, but we are providing for the first time that a physician can appeal this or a hospital on behalf of the patient.

Mr. STURLA. If in fact the HMO says, we just are not going to cover certain things as medically necessary, and that is in the policy—

Mrs. VANCE. That is a coverage issue.

Mr. STURLA. And does the physician have any right to appeal then? I mean, if it says, well, it is just not covered? I mean, they can appeal; they can still have, I guess, the right to appeal. Do they get anywhere, though—I mean, if it is not part of the policy now?

Mrs. VANCE. If it is not covered in the policy, I would think the chance of success would be much less.

Mr. STURLA. Okay. Thank you.

Mrs. VANCE. That is the whole idea—may I add, Mr. Speaker—that is the whole idea of having disclosure in plain language in plans, so there will be no confusion in the minds of the consumer exactly what is contained in their plan, and hopefully they will be able to read it and make wise decisions about which one they would choose.

Mr. STURLA. Thank you.

Mr. Speaker, if I could make a brief comment on the amendment?

THE SPEAKER (MATTHEW J. RYAN) PRESIDING

The SPEAKER. The gentleman is in order.

Mr. STURLA. Mr. Speaker, as was pointed out by the prime sponsor of the bill herself, it is the HMOs that are going to make the final determination as to what gets covered as medically necessary and what does not, under the legislation without the Mundy amendment. That is why I think it is critical that the Mundy amendment be included, because it should be doctors and physicians and patients that are determining the medical necessity of a person's individual condition, not somebody sitting in another State or another country or another place making that decision arbitrarily beforehand, without knowing the circumstances that the patient or that the physician is looking at with a patient, and therefore, I support the Mundy amendment. Thank you, Mr. Speaker.

The SPEAKER. The Chair recognizes the gentleman from Allegheny County, Mr. DeLuca.

Mr. DeLuca. Thank you, Mr. Speaker.

Mr. Speaker, I rise to support the Mundy amendment, and I do so mainly because of an experience that I am presently working on for a constituent back in my district who happens to need a bone marrow transplant and was sent by two physicians in the plan to another State, in Arkansas, because of the fact that they felt that this gentleman would have a better chance of having this bone marrow transplant. It is a new procedure where they do 400 a year there, and they want him to go to Pittsburgh in Allegheny County where they do 4.

Now, the HMO, because there is no standardized thing in the regulations pertaining to what medical necessity is all about, is denying him the opportunity for him to see, to live to see his two children, who are 4 and 2, and he only wants the best chance, the best medical chance, to be able to survive to see his children. They have turned him down, and now he has to go through a procedure, a review procedure, where the first time we are trying to get it expedited. If it does not happen, it could take 45 days to go through this procedure. Well, he does not have 45 days. Time is of the essence, and we cannot, because there is nothing in the law right now that says what a medical necessity is all about, cannot go to Arkansas to have this bone marrow transplant, and the best part, Mr. Speaker, it is on an outpatient situation. If he goes to the city of Pittsburgh, he has to go into the hospital.

We are raising the funds in the municipality of Penn Hills to send him back and forth, for his transportation and his living expense, to come back and forth so that he can have this transplant, and he is being denied.

I think if we put the Mundy legislation in there, we make a good bill a better bill and certainly we standardize what a medical necessity is all about, and I think we should adopt the Mundy amendment.

Thank you, Mr. Speaker.

The SPEAKER. The Chair recognizes the gentleman from Luzerne County, Mr. Blaum.

Mr. BLAUM. Thank you, Mr. Speaker.

Mr. Speaker, I rise in support of the Mundy amendment, which inserts into the legislation a definition of what is medically necessary, inserts into the legislation which procedures will be approved and paid for which are medically necessary. It is a sad thing that we even have to include this in a piece of legislation, but we have to because we have seen time and time again all across not only Pennsylvania but this country where procedures have been denied, because the bottom line with an HMO is, by withholding these treatments, they make money. God help the physician in an HMO who prescribes the appropriate procedures or too many of them.

We all know, as the gentleman, Mr. DeLuca, pointed out, as the gentleman, Mr. Gannon, pointed out, and if you do not know, you soon will know, somebody in an HMO who is denied a procedure that their physician is recommending for them because the HMO does not want to pay for it. When someone covered by an HMO is in need of medical care, they should receive that care with only one criteria, and that is that it is in the opinion of their physician medically necessary.

Because that has not been the case in HMOs, where withholding those procedures enhances the bottom line, because that has not been the case, that is why Representative Mundy is proposing this amendment, and I think it should be included in the bill.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the question, the gentleman, Mr. Colaflata, is recognized for the second time.
Mr. COLAFELLA. Thank you, Mr. Speaker.

Mr. Speaker, I think all of the members here run into their constituents all the time and their constituents tell you how complex, how difficult it is to choose one HMO to get into, which one not to get into, how HMOs have one standard, some HMOs have different standards, and so on. What we want to do is we want to help our consumers, we want to help our doctors, and we want to help our HMOs, and that is really the purpose of this piece of legislation.

And I commend Representative Vance, who has done a tremendous job on this piece of legislation. But in order to help our consumers, help our doctors, and help our HMOs, it is imperative that the average person understands exactly what “medical necessity” means so that this person knows what she or he can do with their HMO. It is important for physicians to know what constitutes medical necessity so they will not have to appeal all the time because they will know exactly what is covered and what is not covered.

So I think that the Mundy amendment is a good amendment; it is definitely needed. It will make Representative Vance’s bill a better bill, and it will be better for our consumers, for our doctors, and for our HMOs. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

Mr. Speaker, this guideline was not created in a vacuum. The author of the amendment did not pick it out of the air. It comes out of our HealthChoices Program. This guideline was imposed upon HealthChoices by our State government. This guideline is required by HealthChoices for those people who are on Medicaid and welfare. Should we require anything less for those people that are paying for their insurance? I think not.

This guideline gives meaning to the appeal of the doctor on behalf of the patient. It eliminates and deters arbitrary determinations as to what care is reasonable and necessary. It provides for an open and uniform assessment of the patient’s needs; it is there for everybody to see; it is there for everybody to work from. It is objective, it is open, and it is a patient-friendly definition, and that is what we are here about today, not about the doctors, not about the hospitals, not about the HMOs, and not about the insurance companies. We are here about what is best for the patient, and this definition is what is best for the patient.

I urge a “yes” vote.

The SPEAKER. On the question, Ms. Mundy for the second time.

Ms. MUNDY. Am I the last speaker, Mr. Speaker?

The SPEAKER. I believe so. Mrs. Vance is the last speaker.

Ms. MUNDY. On my amendment?

The SPEAKER. Mrs. Vance, would you go next, please.

Mrs. VANCE. Thank you, Mr. Speaker.

I would liken this— I would like you to think about a house insurance policy you would have, and you decided that you believe you should have coverage if the wind damages it but your policy says you do not have that coverage.

I am not sure that the patient— And as I said, the amendment is so loose, it is so loosely defined, you do not know who is deciding if it is medically necessary.

To answer an earlier speaker, Mr. Speaker, the disclosure in plain language is an important aspect of this so the consumers know exactly what is in their bill. Denials have to be explained now. They never did before. You are going to know, if you are turned down, why, and there is a clinical reason to back it up.

Again, we have to go back to what is in your policy. We cannot allow this to get out of control. You have the right to have your doctor talk about what is necessary for you, and I believe it is very important that we do not vote for the Mundy amendment. Thank you, Mr. Speaker.

The SPEAKER. Mr. Miccozzie for the second time.

Mr. MICCOZZIE. Mr. Speaker, presently the decision on whether there should be coverage or not is not always made by a physician. In the bill, all along the appeal process, it states in the bill it has to be a physician making the determination. And I am sure that if you ask a physician what is the definition of “medical necessity,” I would venture to say that a great majority of them will all have the same answer exactly what medical necessity is, and that is one of the reasons why we did not include it in the definition, because every way in the appeal process a physician is making the decisions.

So I ask for you not to support the definition of a loosely defined “medical necessity” on Representative Mundy’s amendment.

The SPEAKER. The Chair thanks the gentleman.

Ms. MUNDY. Thank you, Mr. Speaker.

Mr. Speaker, presently the decision on coverage or not is not always made by a physician. In the bill, all along the appeal process, it states in the bill it has to be a physician making the determination. And I am sure that if you ask a physician what is the definition of “medical necessity,” I would venture to say that a great majority of them will all have the same answer exactly what medical necessity is, and that is one of the reasons why we did not include it in the definition, because every way in the appeal process a physician is making the decisions.

Who decides what is medically necessary? Since when do we allow welfare recipients to decide whether their care is medically necessary or not? This language is in the HealthChoices Medicaid contract. Surely we do not allow the HealthChoices Medicaid recipients to determine what is medically necessary in their care. How does this— Why would this be different for people who are paying for their health insurance?

We are not suggesting by this amendment that anything be covered that is not currently covered. This is a false analogy when we say, you know, I have a homeowner’s policy that does not cover wind damage but I want my wind damage covered. That is totally irrelevant to this amendment. In fact, if anything, this clarifies what is in the coverage but it does not add anything to the coverage. Those are smoke-and-mirrors issues that are being raised, and they simply are not relevant to what we are trying to do.

Mr. Speaker, Representative Gannon said it so well. We have language in the HealthChoices Medicaid contract that protects welfare recipients when the managed-care provider, the insurance company rather, wants to deny them coverage. We say, is this medically necessary according to this definition that is in the contract? If we can do that for people on welfare, why can we not do that for people who are paying for their own coverage or who are receiving coverage in lieu of salary through their employment?
This amendment is necessary to close the loopholes in this bill. Currently the insurance company decides what is medically necessary. We have to make sure that it is clear what we as policymakers believe that definition should be, not that every managed-care company out there should be providing their own definition that is so loose and so vague that it can say anything they want it to say on any given day.

Please protect consumers; please allow physicians a clear definition of what it is they are appealing. There are many, many others who are supporting this language. I would ask for your support if you truly care about patients.

Thank you.

On the question recurring,
Will the House agree to the amendment?

The following roll call was recorded:

**YEAS—120**

- Adolph
- Armstrong
- Battiste
- Belardi
- Bellanti
- Bishop
- Biaum
- Boscola
- Boyes
- Buxton
- Caltagirone
- Capabianca
- Can
- Carone
- Casorio
- Cawley
- Clark
- Cohen, M.
- Colafella
- Corpora
- Corrigan
- Cowell
- Coy
- Curry
- Daley
- DeLuca
- Dempsey
- Dermody
- DeWeese
- Donatucci
- Eacius
- Fairchild
- Feese
- Gannon
- George
- Gigliotti
- Gordiner
- Graiiza
- Gruppo
- Habay
- Haleka
- Hansa
- Harbai
- Hasay
- Iklin
- James
- Jarollin
- Josephs
- Kaiser
- Kirkland
- Krebs
- LaGrotta
- LaMotta
- Ledner
- Leh
- Lecsovitz
- Levandsky
- Lloyd
- Lucyk
- Lynch
- Maher
- Manderino
- Markosek
- Mavreik
- McCall
- McGeehan
- Melio
- Michelov
ci
- Miller
- Mundy
- Myers
- Olaz
- Oliver
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- Stetler
- Sturma
- Taylor, E. Z.
- Tigue
- Travallo
- Trello
- Trich
- Van Horne
- Veon
- Vitali
- Walko
- Washington
- Williams, A. H.
- Williams, C.
- Wogan
- Wojnaroski
- Wright, M. N.
- Yewiec
- Youngblood

**NAYS—73**

- Argall
- Baker
- Bard
- Bailey
- Barr
- Benninghoff
- Birmelin
- Browne
- Bunt
- Butkowitz
- Chadwick
- Civera
- Clymer
- Cohen, L. I.
- Egolf
- Fargo
- Fichter
- Fleagle
- Forcier
- Geist
- Gladeck
- Godshall
- Harbart
- Hennessy
- Hermann
- Hershey
- Hess
- Hutchinson
- Marsico
- Masland
- McGill
- Milihattan
- Milihinney
- McNaughton
- Micciozie
- Nadol
- Nickol
- Perzel
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- Reber
- Reinard
- Ross
- Seyfort
- Smith, B.
- Smith, S. H.
- Snyder, D. W.
- Stairs
- Steil
- Stevenson
- Stremmater
- True
- Tulli
- Vance
- Waugh
- Will
- Zimmerman

**NOT VOTING—1**

- Taylor, J.

**EXCUSED—9**

- Allen
- Bebko-Jones
- Belardi
- Battisto
- Belfanti
- Bale
- Adolph
- Cohen, M.
- Clark
- Cawley
- Casorio
- Carone
- Cnotated
- Colafella
- Corpora
- Corrigan
- Cowell
- Coy
- Curry
- Daley
- DeLuca
- Dempsey
- Dermody
- DeWeese
- Donatucci
- Eacius
- Fairchild
- Feese
- Gannon
- George
- Gigliotti
- Gordiner
- Graiiza
- Gruppo
- Habay
- Haleka
- Hansa
- Harbai
- Hasay
- Iklin
- James
- Jarollin
- Josephs
- Kaiser
- Kirkland
- Krebs
- LaGrotta
- LaMotta
- Ledner
- Leh
- Lecsovitz
- Levandsky
- Lloyd
- Lucyk
- Lynch
- Maher
- Manderino
- Markosek
- Mavreik
- McCall
- McGeehan
- Melio
- Michelov
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- Washington
- Williams, A. H.
- Williams, C.
- Wogan
- Wojnaroski
- Wright, M. N.
- Yewiec
- Youngblood

**CONSIDERATION OF HB 977 CONTINUED**

The SPEAKER. The Chair recognizes the gentleman, Mr. Veon. For what purpose does the gentleman seek recognition?

Mr. VEON. First, Mr. Speaker, could you return to leave of absence for 1 minute?

The SPEAKER. The gentleman, Mr. Veon. The SPEAKER. The SPEAKER. The SPEAKER. Without objection, the leaves will be granted. The Chair hears no objection, and the leaves are granted.

Mr. VEON. And the gentleman, Mr. DeWeese, asked that it be for an hour and 15 minutes, his leave, for the record.

The majority having voted in the affirmative, the question was determined in the affirmative and the amendment was agreed to.

On the question recurring,
Will the House agree to the bill on third consideration as amended?

The SPEAKER. The Chair recognizes the gentleman, Mr. Veon. Mr. VEO. Thank you, Mr. Speaker.

Mr. Speaker, just, if I could, briefly interrogate the gentleman, the majority leader, for a moment.

The SPEAKER. The gentleman, Mr. Perzel, indicates he will stand for interrogation. You may begin.

Mr. VEON. Thank you, Mr. Speaker.

Mr. Speaker, as you know, we have had a number of amendments here on the Democratic side to this particular bill, HB 977, and have been working with the various members on the Republican side of the aisle to try to come to some terms on this bill; most importantly, to be able to offer these amendments to SB 100. As most of the members know, Mr. Speaker, that bill deals more with consumer issues, and we would like to make sure that we have an opportunity to offer those amendments to SB 100. I was wondering if the gentleman, the majority leader, would be able to tell us when he intends to run that bill.
Mr. PERZEL. Thank you, Mr. Speaker.

SB 100 will be coming out of the Insurance Committee at 9 a.m. on Wednesday morning if approved by the committee – I believe that it will be approved by the committee – and it deals, really, more with consumer rights and with protection, so it would be a better vehicle to be used for – it is scheduled for next week – so it is a better vehicle for the members to use.

Mr. VANCE. I would like to thank the gentleman and appreciate that bill being moved on the floor. And as the gentleman knows, we have had a lot of the amendments that we were going to offer to HB 977 that we will have the opportunity to offer to SB 100, and we appreciate the gentleman’s comments about that bill running next week. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the question recurring,
Will the House agree to the bill on third consideration as amended?

Mrs. VANCE offered the following amendment No. A2202:

Amend Sec. 3, page 21, line 21, by inserting after “LONG-TERM” nursing
Amend Sec. 3, page 21, line 23, by striking out “BIRTHING” and inserting birth
Amend Sec. 3, page 22, line 28, by striking out “WITH NO MANAGED CARE COMPONENT”
Amend Sec. 8, page 29, line 27, by inserting after “MAY” , with the consent of the enrollee,
Amend Sec. 8, page 31, line 2, by striking out “WAS MEDICALLY NECESSARY AND APPROPRIATE.” and inserting process should be sustained because the proposed course of treatment was not medically necessary and appropriate.
Amend Sec. 8, page 31, line 8, by striking out “COVERED”
Amend Sec. 8, page 32, lines 18 and 19, by striking out “THE DEPARTMENT SHALL” in line 18 and all of line 19
Amend Sec. 10, page 36, line 4, by striking out “THE PEER REVIEW PROTECTION ACT” and inserting the act of July 20, 1974 (P.L. 564, No. 193), known as the Peer Review Protection Act
Amend Sec. 10, page 36, line 5, by striking out “THEIR” and inserting its
Amend Sec. 10, page 36, line 5, by inserting after “ENTITLED” to
Amend Sec. 10, page 36, line 16, by striking out all of said line and inserting (d) Conscience clause.–
(1) A managed care entity may
(2) A managed care entity shall not be required to allow, perform, participate in or refer health care services if the entity objects to the provision of the services on moral or religious grounds and makes available information on its policies regarding such services to enrollees or, if applicable, to prospective enrollees.
Amend Sec. 10, page 36, lines 25 and 26, by striking out “HEALTH CARE PRACTITIONER OR HEALTH CARE FACILITY” and inserting applicant
Amend Sec. 12, page 37, lines 22 through 28, by striking out “PAY A CLEAN” in line 22, all of lines 23 through 28 and inserting make required payments to a provider within 45 days. If payment cannot be made within 45 days of receipt of a claim, the managed care entity shall notify the provider in writing within the 45-day period of the reason for the delay and when payment is expected to be made. Contractual agreements between managed care entities and providers shall meet or exceed the requirements of this section.
Amend Sec. 12, page 37, line 29, by striking out “AN” and inserting a managed care
Amend Sec. 12, page 38, lines 7 through 13, by striking out all of said lines and inserting (c) Violations.–Each violation of this section shall constitute a violation of the act of July 22, 1974 (P.L.589, No.205), known as the Unfair Insurance Practices Act, and shall be subject to the procedures and penalties contained in that act.
Amend Sec. 13, page 38, line 14, by striking out “AND” and inserting a comma
Amend Sec. 13, page 38, line 14, by inserting after “PENALTIES” and sanctions
Amend Sec. 13, page 38, lines 16 through 18, by striking out all of said lines and inserting department shall enforce compliance with this act, enforcement to include the investigation of all complaints.
Amend Sec. 13, page 38, lines 20 and 21, by striking out “IN ADDITION, THE” and inserting (c) The
Amend Sec. 17, page 39, lines 18 through 30; page 40, line 1, by striking out all of said lines on said pages
Amend Sec. 18, page 40, line 2, by striking out “18” and inserting 17

On the question,
Will the House agree to the amendment?

PARLIAMENTARY INQUIRY

AMENDMENT DIVIDED

The SPEAKER. On the question of the adoption of the amendment, the Chair recognizes the lady, Mrs. Vance.

Mrs. VANCE. Thank you, Mr. Speaker.

Before I go into everything that is in the amendment, I would like to move that page 2, lines 4 through 14, and page 3, lines 13 through 17, be taken out at this time, and I would like to make a statement, if I could, please.

The SPEAKER. The lady is recognized.

Is that right? The amendment is divisible in that manner, and the amendment is divided.

Is it the understanding of the Chair that the two sections on page 2 and page 3 are now withdrawn? The Chair thanks the lady.

On the question,
Will the House agree to the amendment as divided?

The SPEAKER. The Chair recognizes the lady, Mrs. Vance, on the balance of the amendment.

Mrs. VANCE. Thank you, Mr. Speaker.

Before I start on the balance of the amendment, is it possible to make a statement on what has been withdrawn?

The SPEAKER. The lady is recognized.
Mrs. VANCE. Thank you, Mr. Speaker.

I withdrew this section with great trepidation. This deals with both provider and payer conscience clauses. Although I do not object to the general concept, I have great concern that if we do not have disclosure of a payer conscience clause and access to people who may be in a managed-care entity, that we will lose all of our Federal MA (medical assistance) money.

I do not believe that we can allow any religious group to say, all right, we are not going to provide these services but we want it reimbursed for the total amount. This causes me concern, not just in this particular amendment but down the line if we would have another religious group that perhaps might oppose a blood transfusion or a bone marrow transplant.

Because this legislation is so important, I have reluctantly withdrawn this but want to say that I want you all to be aware of the fact that unless this is changed, we do run the risk of losing all of our Federal medical assistance money, and that is a huge concern to me.

Now, Mr. Speaker, if I may go on and talk about the rest of the amendment?

The SPEAKER. The Chair recognizes the lady.

Mrs. VANCE. Thank you, Mr. Speaker.

Most of the rest of the amendment is technical in nature—One second, Mr. Speaker.

There are two other things that are not technical. One, it changes the definition of a managed-care entity to eliminate some problematic language. We wanted to make very sure that if there was a traditional indemnity plan or a fee-for-service plan that had a managed-care component—for instance, their behavioral health was part of a managed-care component—that that part would be subject to all of the reviews that we are putting on all managed-care plans.

The other amendment clarifies what we are putting in on clean claims. Previously some of the managed-care firms in this Commonwealth owed huge amounts of money, and we are putting in clean claims; that they would have to pay an undisputed claim within 45 days. This clarifies that language and makes sure there is no question, and this is at the request of the Insurance Department. It does not change it; it clarifies the language, and all the rest are truly technical amendments.

Thank you, Mr. Speaker.

The SPEAKER. The gentleman, Mr. Tangretti.

Mr. TANGRETTI. Mr. Speaker, is it in order for me to address a portion of the gentlelady's comments relative to the language that was withdrawn at this time?

The SPEAKER. I guess inasmuch as we permitted the lady to make comments—

Mr. TANGRETTI. I will be brief, Mr. Speaker.

The SPEAKER. Thank you.

Mr. TANGRETTI. Mr. Speaker, I just want to at least share a disagreement that I have with the gentlelady. The question of loss of Federal dollars is one that we do disagree on, and for the information of the members, the State of New York, who went through this process, did get a waiver from HCFA (Health Care Financing Administration) and does in fact have a carve-out for a conscience clause that protects their Federal reimbursements. So there is a precedent for that. There is the ability to do what we have put into this bill relative to this conscience clause and still preserve our Federal dollars. So I just wanted to make that point.

And I thank the gentlelady. I know that she has worked hard on this bill, and I thank her for her consideration relative to this amendment. Thank you, Mr. Speaker.

The SPEAKER. The gentleman, Mr. Sturla.

Mr. STURLA. Thank you, Mr. Speaker.

Would it be appropriate to question the gentlelady about her withdrawal or is that past business now?

The SPEAKER. That is past business.

Mr. STURLA. Okay. Thank you, Mr. Speaker.

On the question recurring, Will the House agree to the amendment as divided?

The following roll call was recorded:

YEAS–192

Adolph... Egolf... Manderson... Schuler
Argall... Fairchild... Markosek... Scribenti
Armstrong... Fargo... Marsico... Semmel
Baker... Feese... Masland... Serafini
Bar... Fichter... Mayemik... Seyffert
Barar... Fleagle... McCull... Shaner
Barr... Forci... McGeehan... Smith, B.
Battisto... Gannon... McGill... Smith, S. H.
Belardi... Geit... Meihattan... Snyder, D. W.
Belfanti... George... Mcllhinney... Staback
Benningshoff... Gligotti... McNaughton... Stairs
Binnell... Gladeke... Melo... Steele
Bishop... Godshall... Michelovic... Stell
Blaum... Gordon... Miezickie... Stern
Boscola... Gruitz... Miller... Stetler
Boyds... Gruppo... Mundy... Stevenson
Broome... Habay... Myers... Strittmatter
Burst... Haluska... Nailor... Sturla
Butkovitz... Hanna... Nickol... Surra
Buxton... Harhai... Olaz... Tangretti
Caltagirone... Hart... Oliver... Taylor, E. Z.
Cappalbiana... Hasay... Ori... Taylor, J.
Carr... Hennessey... Perzel... Tigue
Carone... Herman... Pesci... Travaglino
Casorior... Hershey... Petarca... Trello
Cawley... Hess... Petrone... Trich
Chadwick... Hitchcson... Pippy... True
Civera... Itkin... Pistella... Tuli
Clark... Jadowicz... Piatts... Vance
Clymer... James... Preston... Van Home
Cohen, L. I... Jarolin... Ramos... Veon
Cohen, M... Josephs... Raymond... Vitali
Colafella... Kaiser... Readshaw... Walko
Colaiozzo... Keller... Reber... Washington
Cornell... Kenney... Reinard... Waugh
Corpor... Kirkl... Rieger... Williams, A. H.
Corrigan... Kresbs... Roberts... Williams, C.
Cowell... LaCro motto... Robinson... Wilt
Coy... Laughlin... Roebuck... Wogan
Curry... Lawless... Roher... Wojnaroski
Daley... Lederer... Rooney... Wright, M. N.
DeLuca... Leb... Ross... Yewell
Dempsey... Lescovitz... Rubley... Youngblood
Dent... Lloyd... Sainato... Zimmerman
Demody... Lucyk... Santoni... Zug
Digirolamo... Lynch... Sather... Ryan,
Donatucci... Maher... Saylor... Speaker
Druce... Maitain... Schroder...
The majority having voted in the affirmative, the question was determined in the affirmative and the amendment as divided was agreed to.

**LEAVE OF ABSENCE**

The SPEAKER. The Chair returns to leaves of absence and recognizes the gentleman, Mr. Veon, who requests a leave of absence for the gentleman, Mr. ITKIN – for the balance of today’s session? An hour and 15 minutes? For the balance of today’s session. Without objection, the leave will be granted. The Chair hears no objection.

**CONSIDERATION OF HB 977 CONTINUED**

On the question recurring, Will the House agree to the bill on third consideration as amended?

The SPEAKER. The Chair recognizes the gentleman, Mr. Fairchild, who offers amendment 2190. On your amendments that have been distributed, this is an amendment that is in the name of Mr. Phillips. Mr. Fairchild’s name may appear on it, but it was circulated under Mr. Phillips’ name.

On the question recurring, Will the House agree to the bill on third consideration as amended?

Mr. FAIRCHILD offered the following amendment No. A2190:

Amend Sec. 9, page 34, by inserting between lines 28 and 29

(4) Permit enrollees to do all of the following:

(i) Receive chiropractic care without prior approval from a primary health care practitioner who is participating in the managed care entity’s provider network.

(ii) Receive coverage for 80% of the cost of chiropractic care from a health care provider who is not participating in the managed care entity’s provider network.

On the question, Will the House agree to the amendment?

The SPEAKER. On the Fairchild amendment, the Chair recognizes the gentleman.

Mr. FAIRCHILD. Thank you, Mr. Speaker.

Mr. Speaker, Representative Phillips could not be here today, so I am speaking on his behalf.

I know how concerned Representative Phillips is about the status of the chiropractic practice in the Commonwealth, particularly patient access to chiropractic services and the ability of chiropractors to enroll in provider networks. This amendment addresses both of those issues by allowing consumers to receive chiropractic treatment without a physician’s referral.

Even if an HMO pays the full or partial cost of chiropractic visits, often consumers are limited in their choices because there are only a handful of chiropractors enrolled in the provider network. There could be many reasons for that, including a small number of primary care physician referrals. Because primary care physicians, usually medical or osteopathic doctors, may be reluctant to refer patients to chiropractors, many people are forced to pay for chiropractic services out-of-pocket. As a result, HMOs may have an artificially low utilization rate for chiropractic services, giving them justification to not admit more chiropractors into their provider networks.

This amendment would allow people to visit their chiropractor without having to go through a primary care physician. For many people their chiropractor is their doctor, although not their primary care physician. A primary care physician to someone who visits a chiropractor is an obstacle to getting the care they traditionally use.

Right now Pennsylvanians enrolled in HMOs have very limited access to chiropractic services. I will give you an example. According to a very popular HMO’s participating provider list, consumers are eligible for a discount at one of three chiropractic clinics in the HMO’s network. This HMO serves 24 counties across the State, yet includes just three chiropractors in its network. Unfortunately, that leaves people seeking chiropractic services with the financial burden of paying for their care because they are forced to go out of the network to receive the care they are used to receiving, care they are comfortable with. Therefore, my amendment allows people the option of receiving chiropractic treatment from an out-of-network chiropractor but makes them responsible for 20 percent of the care rather than 100 percent. It is a fair compromise.

If an individual chooses to use a chiropractor, I believe that should be his or her right to do that. Too many times we think of trying to change this system to make it more economical. Well, does it make it more economical for somebody who needs chiropractic care to drive across 24 counties or 12 or 8 or whatever it may be to go to a general practitioner to perhaps get referred back to their neighbor? It does not make any sense, and I urge for an affirmative vote on this amendment. Thank you.

The SPEAKER. The gentleman from Philadelphia County, Mr. Coten.

Mr. COHEN. Thank you, Mr. Speaker.

Mr. Speaker, I support this amendment.

Chiropractors are different from nurses, from physical therapists, from other health-care providers, and they do not work under a medical doctor.

For many, many years the chiropractic profession was looked on with great disdain by the medical profession. In the 1970s chiropractors filed an antitrust suit against the medical profession, which went through the courts for many years, and finally, in 1990, for the first time a U.S. Court of Appeals ruled that it violated the antitrust laws for doctors to impose discipline on other doctors who recommended chiropractors. Under the rules of the American Medical Association, until 1990, a doctor who recommended a chiropractor could lose his license to practice medicine, and that was thrown out by the U.S. Court of Appeals and was sustained, the throwing out of that provision was sustained, by the U.S. Supreme Court.
Now, for the last 8 years it is no longer legal to throw out a doctor, to take away his medical certification, because he recommends a chiropractor. That does not mean that doctors, medical doctors, who grew up with this ban on referring patients to chiropractors are now, in large numbers, referring patients to chiropractors. They are not doing that in large numbers, although those that do are not disciplined.

Mr. Speaker, there are some conditions that only are treatable by chiropractors. I have personal experience in this. I had a very severe back problem for many years. I went to doctors. The doctors said there was nothing they could do about it. No doctor ever referred me to a chiropractor. And then when I finally talked to enough people about it who are not in the medical system, I was referred to a chiropractor, and the chiropractor solved the problem. Many people have gone through similar experiences.

The only way to go to a chiropractor, in many cases, is by your own initiative or the initiative of a nonmedical provider. Saying that you have got to go to a medical doctor to be referred to a chiropractor is somewhat like asking a baseball player for tennis lessons or a football player for ice hockey lessons. These are just different worlds here. Medical doctors and chiropractors often have very, very limited contact.

This is the medical accountability act. Part of medical accountability would be letting people go to health-care personnel that are most relevant to their needs. For many people with back problems, the most relevant personnel is a chiropractor. Going to a medical doctor is no way to get referred to a chiropractor. There is nothing presently that prohibits them from utilizing their services.

I have found that their services have worked for me and many of my family members, and I would like them to be included in this bill. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

LEAVE OF ABSENCE

The SPEAKER. The Chair returns to leaves of absence and recognizes the majority whip, who requests a leave of absence for the lady, Mrs. TAYLOR, for the balance of today's session. The Chair hears no objection. The leave is granted.

CONSIDERATION OF HB 977 CONTINUED

The SPEAKER. The Chair recognizes the lady, Mrs. Vance.

Mrs. VANCE. Thank you, Mr. Speaker.

I rise reluctantly to oppose the Phillips amendment for the following reasons: First of all, we are making a special exception for one group, the chiropractors. This does not talk about podiatrists; this does not talk about any other medical specialty. We are just singling out one group for special treatment.

The amendment would permit enrollees to receive chiropractic treatment from a participating provider without prior approval. As I said, we are setting a precedent by letting just one group, the chiropractors. There is nothing presently that prohibits them from being in the network. It also allows enrollees to seek chiropractic care out of the network and the nonparticipating provider would receive 80 percent of the cost. I would tell you this sets a very, very dangerous precedent.

And if you believe in managed care at all and the good that we are trying to do in this bill, I would ask you to look at the fact that we are driving all of it to a higher level, that a physician is making a denial, that a physician in the same or similar specialty is making the next denial. We are trying to elevate this, and the bottom line is to give better patient care, and I ask a "no" vote on this amendment.

The SPEAKER. The Chair thanks the lady.
CONSIDERATION OF HB 977 CONTINUED

The SPEAKER. The gentleman, Mr. Cohen, for the second time.

Mr. COHEN. Mr. Speaker, in response to the lady from Cumberland, we are setting a special category for chiropractors because, objectively, they are in a special category. Chiropractors, unlike other health-care personnel, do not work under the supervision of a physician or a doctor of osteopathy. They are independent health-care providers. They are not like radiologists; they are not like physical therapists; they are not like nurses. They are independent health-care providers who are allowed, under Pennsylvania law, to practice by themselves. The Pennsylvania law has good reason, as several of us have said. There is a difference in philosophy. There has been a whole history of medical profession opposition to the chiropractic profession, but they are independent providers; they are not like the other health-care personnel.

This is a very, very limited precedent, and I would again urge that everyone support this amendment.

The SPEAKER. Mr. Fairchild, for the second time on the issue.

Mr. FAIRCHILD. Thank you, Mr. Speaker.

I agree with the gentleman, Mr. Cohen, wholeheartedly, and I really appreciate the background that you gave, especially the legal aspects of this case, and where it has been and where it is going.

I just want to refresh your memory that we do license chiropractors; we do require college degrees; we do require 4,000 hours of training and recertification. This is not the Dark Ages anymore. These are very trained individuals.

As the gentleman, Mr. Cohen, said, they do not work for doctors; they are different, and I am not afraid to say they are not different. In fact, that is why I am offering the amendment or Representative Phillips and I are offering the amendment, because we believe indeed that they are, and they do have a place at the table.

If we want to make health care economical and accessible, then let us do it the right way. Let us include these people in here. We license them, we are responsible for them, and we can make the hard decisions when it comes to health care. Thank you very much, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the question of the adoption of the amendment, the gentleman, Mr. Kaiser.

Mr. KAISER. Thank you, Mr. Speaker.

This boils down to a simple issue: it is a turf war. M.D.s do not want to acknowledge chiropractors, and if you have ever talked to chiropractors and asked them, do you ever have M.D.s as your clients, they will say yes, but it is amazing, they will not acknowledge them.

I agree with Representative Fairchild and Representative Cohen that they play an important part in helping people, and I ask for your support on this amendment. Thank you.

The SPEAKER. The gentleman, Mr. Benninghoff.
So I think that this is a great amendment, and I really support this and would urge all members to do so. Thank you.

The SPEAKER. The Chair recognizes the gentleman, Mr. Gordner.

Mr. GORDNER. Thank you, Mr. Speaker.

I would like to interrogate the prime sponsor of the bill.

The SPEAKER. The gentleman, Mr. Fairchild, will stand for interrogation. Oh, of the bill; pardon me. Mrs. Vance will stand for interrogation. You may begin.

Mr. GORDNER. Thank you, Mr. Speaker.

In (4)(ii) of this amendment, it provides that there will be coverage of 80 percent of the cost of care from a health-care provider who is not participating in the managed-care entity’s provider network. Do doctors get 80 percent of the cost from the plan?

Mrs. VANCE. No, Mr. Speaker.

Mr. GORDNER. Okay. So if I understand right then, Mr. Speaker, chiropractors would be the only health-care provider who would make out under this while dentists, doctors, other sort of medical providers who are not a part of the network would not get the same 80-percent provision.

Mrs. VANCE. You are correct, Mr. Speaker.

Mr. GORDNER. Thank you, Mr. Speaker.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

**YEAS—160**

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| DeLuca          | Lederer  | Leh | Robinson | Youngblood |
| Dempsey         | Lescovitz | Lescoff | Roebuck | Zimmerman |
| Dent            | Lloyd    | | Rohrer | Zug |

**NAYS—29**

| Adolph          | Godshall | Reinar | Vance | Vitali |
| Chadwick        | Gorder   | Schroder | Schuler | Williams, C. |
| Civera          | Jadowicz | Smith, S. H. | Strittmatter | Wright, M. N. |
| Cohen, L. I.    | Kenney   | Manderino | Tangerelli | Ryan, |
| Comell          | Miozzi   | Nickol | Taylor, J. | Speaker |
| Coy             | Miczzi   | Perzel | True | |

**NOT VOTING—0**

| Allen          | Evans | Levinsky | Taylor, E. Z. |
| Bebko-Jones    | Flick | O'Brien | Thomas |
| Daily          | Horsey | Phillips | Wogan |
| DeWeese        | Ikin | | |

The majority having voted in the affirmative, the question was determined in the affirmative and the amendment was agreed to.

On the question recurring,

Will the House agree to the bill on third consideration as amended?

Ms. MANDERINO offered the following amendment No. A2189:

Amend Sec. 17, page 39, lines 20 through 30; page 40, line 1, by striking out all of said lines on said pages and inserting

Nothing in this act shall be construed as requiring a managed care plan to provide, reimburse for or cover counseling, referral or other services if the plan:

1) objects to the provision of such service on moral or religious grounds; and

2) makes available information on its policies regarding such services to enrollees and prospective enrollees.

On the question,

Will the House agree to the amendment?

The SPEAKER. The Chair recognizes the lady, Ms. Manderino. Ms. MANDERINO. Thank you, Mr. Speaker.

Mr. Speaker, it was with a lot of debate and conscience wrestling, I guess it is fair to say, as to whether or not I should offer this amendment, which in essence is identical to the portion that Representative Vance carved out of her earlier amendment and withdrew. But I decided to offer it because I think that if we are going to have a half a debate, then we ought to have a full
debate, and I think that the issues are fairly clear and concise, and I would like the opportunity to put them on the record.

What my amendment does is delete language under a conscience clause that goes not to the provider of health care but to the corporate entity payer or the corporate payer entity and substitute new language that is identical to the language passed by the Senate in SB 100. The main reason I do that is because I think that it is important that we understand that there is a clear difference between being a provider of services and how a conscience clause operates if you are a provider and being a managed-care entity, the insurance entity that pays for a service, and how language operates in that case.

Nothing that I have done has touched the conscience clause with regard to a provider, so if you are a provider and there is any service that you oppose to on moral or religious grounds providing, you do not have to provide it. But what I objected to in HB 977 is language which says to government, government, you, as a public agency or a public official, cannot deny a corporate entity or take any disciplinary action against a corporate entity or impose penalties such as withholding money away from a corporate entity if they do not want to provide services that you require be provided. And further, it is not that you just can not penalize me, meaning not take money away from my contract, but once I get all the money, I still do not have to provide any service that I decide is morally or religiously objectionable to me. Now, again I am talking about a capacity not as a provider of services but as the payer, as the corporate payer.

So what does that mean in concrete terms? In concrete terms today, in medical assistance we have HealthChoices currently operating in southeastern Pennsylvania. HealthChoices has a packet of benefits that, when you bid on the HealthChoices contract, you must provide.

Two examples of services that must be provided under the HealthChoices program for which there are insurance companies, managed-care entities, that object on moral or religious grounds to providing these services are birth control pills and blood transfusions. Right now there are health-care insurer entities that object to blood transfusions and do not pay for them under their corporate entities or object to birth control and do not pay for them. But when they bid on HealthChoices contracts in southeastern Pennsylvania, they had a choice that if they wanted to bid on HealthChoices, in order to meet the initial requirements set out by the Department of Public Welfare for the RFP (requests for proposal), they had to show that they would provide all the services that they wanted.

So how, in that particular case, a religious organization that wanted to be not just a provider but wanted to be a health insurance payer met that obligation is, they formed a joint venture with another payer, formed their own corporate entity so that the corporate entity itself could reach the requirements of the RFP, and through that, they have met the requirements of the RFP. They have formed, in this particular case, Keystone-Mercy Health System, and people who are part of Keystone-Mercy Health System get all of the benefits that are provided under HealthChoices, but the provider aspect, the providers within that system who are morally or religiously opposed to providing the service, they do not do it. It gets split off to the entity that does not have a problem with it.

Now, let us fast-forward to the current situation. We are in southwestern Pennsylvania and the RFPs are about to be let for HealthChoices in southwestern Pennsylvania. If we leave the language the way it is in HB 977, what it says is, you, the Department of Public Welfare, cannot tell me, the managed-care entity, whoever I am, you cannot tell me that I do not meet the requirements of the RFP you want to bid because I do not want to provide a few things on that list. You cannot tell me I cannot bid; you cannot discriminate against my bid and reject me if I am telling you I am making this on a moral decision. You cannot financially penalize me in the amount you award the bid for even though I am not going to provide all the services, and then after I have the contract, you cannot make me pay for the services. Well, that is really not fair. That is not fair to the State as the payer; that is not fair to the State as the entity that contracted for the services; it is not fair to the folks who want to be in the plan, and it is not good public policy, and it also will jeopardize our Federal Medicaid dollars coming into Pennsylvania, because the Federal Medicaid plan does clearly say, for example, in the case of family planning, that it is a mandated service.

I really think that the language that I am substituting and the language which is the same as SB 100 reaches a compromise on the payer end because it does apply not just to organizations in their provider capacity but in their payer capacity, and it says, if you, managed-care plan, do not want to provide something because you are opposed to it, you do not have to provide it; you do not have to reimburse for it, so long as you are disclosing to prospective enrollees that you are not, but it does not have the catch clause about us having to pay you for something you are not going to provide. So we, with the language that I am proposing, will be able to say, okay; you can still bid as a managed-care contractor; we will let you get the contract, but we are going to have to carve out of your fee that portion of the contract that you oppose providing. That is fair; that is fair to everyone, and that is the middle ground that we should support.

I ask for a “yes” vote on my amendment.

The SPEAKER. The Chair thanks the lady.

The Chair recognizes the gentleman, Mr. Tangretti.

Mr. TANGRETTI. Thank you very much, Mr. Speaker.

Mr. Speaker, in all due deference to my colleague from Philadelphia, I respectfully disagree with her.

We had this issue before us in the Insurance Committee just a few weeks ago, I guess now, in which this issue was debated, but before it was debated, we had a negotiating session with interested parties, and we came to what we thought was an agreement both for the provider and the payer clause. We went to the Insurance Committee meeting, and there was some discussion. The prime sponsor of the bill had some objections, and we said that we would address those objections, particularly in terms of disclosure as it relates to the payer portion of the amendment, and that we agreed that we would report the bill out with these conscience-clause amendments in it, and we did that. Unfortunately, through a series of happenstance, we did not have the opportunity to sit down again and negotiate.

I, being absent last week because of the death of a good friend, was not here, but I assumed that when we came back this week, since I had not heard from anybody, that we would have the opportunity to negotiate the language that had created the problem. Unfortunately, I found out at 12:30 today there was going to be a
supplemental calendar and that this bill was going to run and in fact a form of this amendment would be offered that in fact strips out the language that was agreed to. It does not just extend it to include a disclosure clause, which seemed to be the problem 2 weeks ago, but rather strips it out.

This does not provide the needed protection for religious health institutions, notwithstanding my good friend’s comments to the contrary. The wording in the language says, “Nothing in this act shall be construed as requiring a managed care plan to provide,” whatever. That unfortunate language, however, does not in any way protect the religious health institution from being disqualified because they refuse to provide services that maybe the RFP may consider a full range of services. Many of those things are objectionable to many religiously affiliated health organizations. We are, with this language, going to preclude and preempt in the future organizations from participating in managed-care plans all over the Commonwealth.

Now, to some of you maybe that is not a problem, but I want to tell you, and as sure as I am a person in this room or anybody in New York has got. New York went. Please move the conferences outside the halls of the House.

Mr. TANGRETTI. Thank you, Mr. Speaker.

Mr. Speaker, we have an inordinate amount of very significant health-care services being provided by religiously oriented health plans, health providers, in this State. It would be a crime that if we would establish a litmus test, that now we are going to preclude you from even being a participant in any of this because you do not provide services that somehow you religiously or morally cannot subscribe to or cannot provide. That is wrong. They do too many wonderful, marvelous things for the citizens of this Commonwealth, by the way, many of which are in a charity capacity, as we all know, particularly in the urban areas. Why would we want to do that?

And notwithstanding the argument, as I mentioned previously on this floor, the argument about what is included in an RFP is yet to be determined. Who knows what is going to be required or not required? And the jeopardy of Federal dollars is a matter of, as I mentioned as well, a waiver request to the Federal agencies, which New York has got. New York went through this. Their department applied for and got a waiver and has a carve-out for these services. I just do not think that we want to take a protection out of this bill for these organizations who provide such a wonderful service to all our constituents just because it seemingly may be a problem in the future. That is wrong, and with all due deference to my friend from Philadelphia, I think we should defend this amendment. The language that we agreed to, with the possible exception of some disclosure that we thought we could work out in this chamber, but since we cannot, we think we can deal with it in the Senate, with that possible exception I think this deals with what we need to do to protect those institutions.

So I would ask all of my colleagues to please vote against the Manderino amendment. Thank you, Mr. Speaker.

The SPEAKER. The gentleman, Mr. Sturla.

Mr. STURLA. Thank you, Mr. Speaker.

I rise in support of the Manderino amendment. Despite the comments of the previous speaker, I do not believe that this puts those institutions, those religious institutions that currently provide health-care services, in jeopardy of losing any of their contracts. I think the Franciscans in my district provide great health-care services and that they will continue to under the Manderino amendment. But, you know, we look at this and we say, and Representative Manderino said, well, you know, some people do not want to provide contraceptives, and some people break down along those lines, and some people do not want to provide blood transfusions, and so we break down along those lines. But let us take this one step farther, and I know you will say, oh, this is the extreme, but, you know, there are religious organizations that we read about all the time where a child dies because the parents refused to get medical attention for the child because it was against their religion. So what we do is we set up the scenario where any religion can say, I am going to start getting into the health-care business because I can provide less services because of my religious beliefs and I can still get paid the full-boat contract, and when we get to those that do not believe in getting medical services at all, they are going to get those contracts.

Now, you say, well, we will never let that happen, because we will come back and we will change it then, because then it will really mean something; then they will be denying services to me. Well, they are denying services to people right now if in fact you allow them to opt out and not provide those services but still get paid for it. So they will always be low-bid contractors. In fact, I believe as a result of the way the language currently stands in the bill, you will see people underbidding just for the sole purpose of getting the contract to not provide those services.

So let us look at what this really does. The Manderino amendment is really the compromise here. It allows those institutions that currently want to restrict what they provide to continue to restrict those services. It just says you do not get paid for them if you are going to restrict those services; we get to go contract with somebody else for those other services.

I would encourage your reasonable approach to this and a “yes” vote on the Manderino amendment. Thank you.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the lady, Mrs. Vance.

Mrs. VANCE. Thank you, Mr. Speaker.

I would just like to reiterate what I had expressed earlier. If in fact we do not have protections, such as disclosure of what a managed-care entity is offering and allow someone who may be in a managed-care entity that does not offer the services they need, if we do not allow them access out of there, we are in very real danger of losing all of our Federal MA money. I certainly do not want to be in the position of being responsible for doing that.

I do not object to any religious managed-care entity being able to refuse to provide these services. I think they have to tell people ahead of time, I think they have to provide them access out of there, and they have to be able to accept lesser moneys if they are not providing all the services. Just say hypothetically they are getting $100 per person for all services. If they are only willing to provide 85 percent of the services, they should only get 85 percent of the moneys.
I have some concerns. I think this is doable, but I am very, very concerned that we are going to penalize all our poor citizens if we lose our MA money. Thank you, Mr. Speaker.

LEAVE OF ABSENCE

The SPEAKER. The Chair returns to leaves of absence and recognizes the gentleman, Mr. Snyder, who asks that the gentleman, Mr. TULLI, be added to the leaves of absence. The Chair hears no objection. The leave is granted.

CONSIDERATION OF HB 977 CONTINUED

The SPEAKER. Ms. Manderino, do you desire recognition for the second time? The lady is recognized.

Ms. MANDERINO. Thank you, Mr. Speaker.

I just want to briefly respond to a few earlier remarks.

Nothing in my amendment is going to prevent any managed-care entity or religious organization from providing any services. It does not touch the provider aspect. This is about not requiring government to pay for services that are not being provided.

An example was given earlier about, well, we could accomplish this by getting a waiver like New York did, and that is only half accurate, because the New York waiver allowed for a carve-out of the moneys from government so that government was not paying the managed-care entities for services that they were providing. But the language that I am trying to delete would not allow the carve-out of that money. That is why it is important to delete it, because if we do not allow for the carve-out of the money, we will not even be able to apply for the waiver like they did in New York unless we pay double for the same service, and that is just crazy.

Finally, let me close by just reading to you what my language says, because it goes to exactly what Representative Vance says we need. My language that I am proposing says, “Nothing in this act shall be construed as requiring a managed care plan to provide, reimburse for or cover counseling, referral or other services if the plan... objects to the provision of such services on moral or religious grounds; and... makes available information on its policies regarding such services to enrollees and prospective enrollees.”

You do not have to provide it if you have disclosure. All I am saying is, do not make government pay for it, too. Please vote “yes” on this amendment.

On the question recurring,
Will the House agree to the amendment?

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Not Voting–1

Daley

Excused–15

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| Bebko-jones | Flick |
| Dally | Horsey |
| DeWeese | Ikin |

Less than the majority having voted in the affirmative, the question was determined in the negative and the amendment was not agreed to.

On the question recurring,
 Will the House agree to the bill on third consideration as amended?

Bill as amended was agreed to.

The SPEAKER. This bill has been considered on three different days and agreed to and is now on final passage.

The question is, shall the bill pass finally?

Agreeable to the provisions of the Constitution, the yeas and nays will now be taken.
YEAS–188

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Armstrong
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Bard
Barley
Barr
Battisto
Belardi
Belfanti
Benninghoff
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Bishop
Bloom
Boccola
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Chadwick
Civera
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Cohen, L. I.
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Rohrer
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Ross
Rey
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Saylor
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Schuler
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Smith, B.
Smith, M. H.
Snyder, D. W.
Sstawback
Stairs
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Taylor, J.
Tigue
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Trello
Trich
True
Vance
Van Horne
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Walke
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Waugh
Williams, A. H.
Williams, C.
Will
Wojnaroski
Wright, M. N.
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INLAND COMMITTEE MEETING

The SPEAKER. The gentleman, Mr. Micozzie.
Mr. MICOZZIE. Mr. Speaker, an announcement for a meeting.
The meeting, it will be 9 o’clock Wednesday morning in the
majority caucus room for SB 100; at 9 o’clock Wednesday
morning.

VOTE CORRECTIONS

The SPEAKER. The gentleman, Mr. Adolph.
Mr. ADOLPH. Thank you, Mr. Speaker.
I would like to correct the record.
On HB 977, amendment No. 2161, I was recorded in the
positive. I would like to be recorded in the negative.
The SPEAKER. The remarks of the gentleman will be spread
upon the record.

Mr. ADOLPH. Thank you.

The SPEAKER. The gentleman, Mr. Bunt.
Mr. BUNT. Thank you, Mr. Speaker.
A correction of the record.
On amendment No. 2189 to HB 977, I inadvertently voted for
it. I wish to have my vote registered in the negative.
The SPEAKER. The remarks of the gentleman will be spread
upon the record.

REPUBLICAN CAUCUS

The SPEAKER. Mr. Fargo.
Mr. FARGO. Thank you, Mr. Speaker.
I would just like to remind the Republican members that there
will be a caucus tomorrow morning at 10:30; at 10:30. Thank you.

DEMOCRATIC CAUCUS

The SPEAKER. Mr. Cohen.
Mr. COHEN. Thank you, Mr. Speaker.
Mr. Speaker, I would also like to remind the Democrats there
will be a caucus at 10:30 to go over anything that is a last-minute
addition to our schedule tomorrow or Wednesday.

VOTE CORRECTIONS

The SPEAKER. Mr. Civera.
Mr. CIVERA. Thank you, Mr. Speaker.
I would like to correct the record.
On HB 977, amendment A2190, I was recorded in the negative.
I would like to be recorded as a “yea.” Thank you.
The SPEAKER. The remarks of the gentleman will be spread
upon the record.

Mr. Kenney.

Mr. KENNEY. Thank you, Mr. Speaker.

Mr. Speaker, on amendment A2190 I would like to be recorded
in the affirmative. Thank you, Mr. Speaker.

The SPEAKER. The remarks of the gentleman will be spread
upon the record.

Mr. Jarolin.

NOT VOTING—0

EXCUSED—15

Allen
Bepko-Jones
Daily
DeWeese

Evans
Flick
Horsey
Itkin

Levdansky
O’Brien
Phillips
Taylor, E. Z.

The majority required by the Constitution having voted in the
affirmative, the question was determined in the affirmative and the
bill passed finally.

Ordered, That the clerk present the same to the Senate for
concurrency.
Mr. JAROLIN. Thank you, Mr. Speaker.
On amendment A2189 I would like to be recorded in the negative.

The SPEAKER. The remarks of the gentleman will be spread upon the record.

Mr. Roberts.

Mr. ROBERTS. Thank you, Mr. Speaker.
For the Mandelino amendment, A2189 to HB 977, I would like to be shown as voting in the negative, please.

The SPEAKER. The remarks of the gentleman will be spread upon the record.

BILLS AND RESOLUTION PASSED OVER

The SPEAKER. Without objection, all remaining bills and the discharge resolution on today's calendar will be passed over. The Chair hears no objection.

ADJOURNMENT

The SPEAKER. Further corrections? Any announcements?
Does the majority leader have any further business? Do the Democratic leaders have any further business?

Hearing none, the Chair recognizes the gentleman from Bucks County, Mr. McIlhinney.

Mr. McILHINNEY. Mr. Speaker, I move that this House do now adjourn until Tuesday, April 28, 1998, at 11 a.m., e.d.t., unless sooner recalled by the Chair.

On the question,
Will the House agree to the motion?

Motion was agreed to, and at 6:18 p.m., e.d.t., the House adjourned.