

COMMONWEALTH OF PENNSYLVANIA

LEGISLATIVE JOURNAL

WEDNESDAY, JUNE 10, 2009

SESSION OF 2009

193D OF THE GENERAL ASSEMBLY

No. 45

HOUSE OF REPRESENTATIVES

The House convened at 11 a.m., e.d.t.

THE SPEAKER (KEITH R. McCALL)
PRESIDING

PRAYER

The SPEAKER. The prayer will be offered by the Reverend Dr. Jamie Mitchell, who is a guest of Representative Boyd.

REV. DR. JAMIE MITCHELL, Guest Chaplain of the House of Representatives, offered the following prayer:

Shall we pray:

Our gracious Heavenly Father, we come before You today because we have nowhere else to go, for You are the true and living God, You are the maker of heaven and earth, You are the sustainer of man, all that we are and all that we will ever be. You are the only real hope for our nation and for our Commonwealth, and we come before You in this grand hall, before the important and the powerful, in complete humility and brokenness, because Your holiness consumes our failings, reveals our iniquities, and lays bare all of our unrighteousness. Amen.

PLEDGE OF ALLEGIANCE

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

RULES AND APPROPRIATIONS COMMITTEE MEETINGS

The SPEAKER. The Chair recognizes the gentleman from Luzerne County, Representative Eachus, for the purpose of an announcement.

Mr. EACHUS. Thank you, Mr. Speaker.

A quick announcement to the members: We are going to break immediately for a Rules Committee meeting and then after the Rules Committee we are going to have an Appropriations Committee meeting, all in the majority caucus room, and we will return at 11:30. It will not be long. Thanks.

The SPEAKER. The Chair thanks the gentleman.

There will be a Rules Committee meeting immediately in the majority caucus room.

Will all Appropriations Committee members report to the majority caucus room for an immediate Appropriations meeting. Will all Appropriations Committee members report to the majority caucus room.

RECESS

The SPEAKER. This House will stand in recess until 11:30 a.m., unless sooner recalled by the Speaker.

AFTER RECESS

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

JOURNAL APPROVAL POSTPONED

The SPEAKER. Without objection, approval of the Journal of Tuesday, June 9, 2009, will be postponed until printed. The Chair hears no objection.

LEAVES OF ABSENCE

The SPEAKER. Turning to leaves of absence, the Chair recognizes the majority whip, Representative DeWeese, who requests the following leave of absence: Representative DALEY from Washington County for the day. Without objection, the leave will be granted.

The Chair recognizes the minority whip, Representative Turzai, who requests leaves of absence for Representative DALLY from Northampton County for the day and Representative MURT from Montgomery County for the day. Without objection, the leaves will be granted.

MASTER ROLL CALL

The SPEAKER. The Chair is about to take the master roll. The members will proceed to vote.

The following roll call was recorded:

PRESENT—194

Adolph	Fabrizio	Longiotti	Reese
Baker	Fairchild	Maher	Reichley
Barbin	Farry	Mahoney	Roae
Barrar	Fleck	Major	Rock

Bear	Frankel	Manderino	Roebuck
Benninghoff	Freeman	Mann	Rohrer
Beyer	Gabig	Markosek	Ross
Bishop	Gabler	Marshall	Sabatina
Boback	Galloway	Marsico	Sainato
Boyd	Geist	Matzie	Samuelson
Boyle	George	McGeehan	Santarsiero
Bradford	Gerber	McI. Smith	Santoni
Brennan	Gergely	Melio	Saylor
Briggs	Gibbons	Mensch	Scavello
Brooks	Gillespie	Metcalfe	Schroder
Brown	Gingrich	Metzgar	Seip
Burns	Godshall	Micozzie	Shapiro
Buxton	Goodman	Millard	Siptroth
Caltagirone	Grell	Miller	Smith, K.
Carroll	Grove	Milne	Smith, M.
Casorio	Grucela	Mirabito	Smith, S.
Causar	Haluska	Moul	Solobay
Christiana	Hanna	Mundy	Sonney
Civera	Harhai	Murphy	Staback
Clymer	Harhart	Mustio	Stern
Cohen	Harkins	Myers	Stevenson
Conklin	Harper	O'Brien, D.	Sturla
Costa, D.	Harris	O'Brien, M.	Swanger
Costa, P.	Helm	O'Neill	Tallman
Cox	Hennessey	Oberlander	Taylor, J.
Creighton	Hess	Oliver	Taylor, R.
Curry	Hickernell	Pallone	Thomas
Cutler	Hornaman	Parker	True
Day	Houghton	Pashinski	Turzai
Deasy	Hutchinson	Payne	Vereb
DeLozier	Johnson	Payton	Vitali
DeLuca	Josephs	Peifer	Vulakovich
Denlinger	Kauffman	Perzel	Walko
DePasquale	Keller, M.K.	Petrarca	Wansacz
Dermody	Keller, W.	Petri	Waters
DeWeese	Kessler	Phillips	Watson
DiGirolamo	Killion	Pickett	Wheatley
Donatucci	Kirkland	Preston	White
Drucker	Knowles	Pyle	Williams
Eachus	Kortz	Quigley	Youngblood
Ellis	Kotik	Quinn	Yudichak
Evans, D.	Krieger	Rapp	
Evans, J.	Kula	Readshaw	McCall,
Everett	Levdansky	Reed	Speaker

ADDITIONS—0

NOT VOTING—0

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

LEAVES ADDED—2

Hennessey	Rohrer
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LEAVES CANCELED—1

Daley

The SPEAKER. A quorum being present, the House will proceed to conduct business.

BILL REREPORTED FROM COMMITTEE**HB 1, PN 1872**

By Rep. EACHUS

An Act establishing the Expanded Adult Basic Coverage Insurance Program and the Physician Retention Loan Forgiveness Program; making appropriations; and making related appeals.

RULES.

The SPEAKER. That bill will be placed on the House supplemental calendar.

**BILL REPORTED FROM COMMITTEE,
CONSIDERED FIRST TIME, AND
RECOMMITTED TO COMMITTEE ON RULES**

HB 1152, PN 2094 (Amended)

By Rep. MUNDY

An Act establishing the Department of Aging and Long-Term Living and providing for its powers and duties; and making related repeals.

AGING AND OLDER ADULT SERVICES.**SUPPLEMENTAL CALENDAR A****BILL ON SECOND CONSIDERATION**

The House proceeded to second consideration of **HB 1, PN 1872**, entitled:

An Act establishing the Expanded Adult Basic Coverage Insurance Program and the Physician Retention Loan Forgiveness Program; making appropriations; and making related repeals.

On the question,

Will the House agree to the bill on second consideration?

BILL RECOMMITTED

The SPEAKER. The Chair recognizes the majority leader, who moves that HB 1 be removed from the House supplemental calendar and recommitted to the Committee on Appropriations.

On the question,

Will the House agree to the motion?

Motion was agreed to.

APPROPRIATIONS COMMITTEE MEETING

The SPEAKER. For the information of the members, there will be a House Appropriations Committee meeting at 1:30 p.m. For sunshine purposes, the House Appropriations Committee will meet at 1:30 p.m. in the majority caucus room.

CALENDAR

RESOLUTION PURSUANT TO RULE 35

Ms. BROWN called up **HR 342, PN 2042**, entitled:

A Resolution honoring the Blankenburg Royalty Chess Team for winning numerous trophies and medals in multiple local, State and national tournaments, thereby establishing the group as one of the premier chess teams in this Commonwealth.

On the question,
Will the House adopt the resolution?

The SPEAKER. Does the gentledady from Philadelphia County, Representative Brown, wish to be recognized?

The Chair recognizes the gentledady from Philadelphia County, Representative Brown, on HR 342.

The House will come to order.

Ms. BROWN. Thank you, Mr. Speaker.

I rise today to recognize the Blankenburg Royalty Chess Team from Philadelphia. The team has grown and succeeded from humble beginnings. It started in the spring of 2006 through a partnership with the After School Activities Partnership with just two members. In the 2006-'07 school year, it began competing in the Philadelphia Scholastic Chess League and gradually included more rigorous competitions. Now the team has 29 members and many honors.

The program was founded on a vision with a commitment, much sacrifice, and tenacity. Those principles have led to success – success that has made the Blankenburg Royalty one of the premier chess teams of our great State. Its team members have won over 50 trophies and medals, including 9 national honors. Team members have improved their concentration, critical thinking, patience, self-discipline, and foresight. Many of the team members have earned academic honors and several hold leadership positions in their schools and communities. I am sure they will grow up to be outstanding members of this Commonwealth.

GUESTS INTRODUCED

Ms. BROWN. It is with great pride that I present to you the Blankenburg Chess Team and present this resolution today. Thank you.

I would like to also note that our students, there are 29 of them, range from the first grade, 7 years old, to our ninth grade student back there, who is 15. Our first and second graders are amazing. I cannot challenge them to chess, but I sure can challenge them to an arm wrestle.

So please, thank you again for letting me introduce this resolution, and thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentledady.

The Chair recognizes the gentleman from Philadelphia, Representative Waters.

Mr. WATERS. Thank you, Mr. Speaker.

I would like to know if I could have a moment to make a comment for the record?

The SPEAKER. The gentleman is in order.

Mr. WATERS. Thank you.

The SPEAKER. On the resolution?

Mr. WATERS. Yes.

I just want to say that this is great that we have identified different ways to get to our young people at an early age, to put them in a constructive environment where they could do some positive things.

I do know where someone had told me they have even taught children how to play pinochle, not necessarily for the— They learned how to play pinochle, but they learned how to add, subtract, and all that kind of stuff, too.

So congratulations to Representative Brown, congratulations to the parents and the students here, who had the patience and demonstrated the patience necessary to master the game of chess, and they give new definition to "Are You Smarter Than a 5th Grader."

Thank you so much.

The SPEAKER. The Chair thanks the gentleman.

On the question recurring,
Will the House adopt the resolution?

The following roll call was recorded:

YEAS—194

Adolph	Fabrizio	Longietti	Reese
Baker	Fairchild	Maher	Reichley
Barbin	Farry	Mahoney	Roae
Barrar	Fleck	Major	Rock
Bear	Frankel	Manderino	Roebuck
Benninghoff	Freeman	Mann	Rohrer
Beyer	Gabig	Markosek	Ross
Bishop	Gabler	Marshall	Sabatina
Boback	Galloway	Marsico	Sainato
Boyd	Geist	Matzie	Samuelson
Boyle	George	McGeehan	Santarsiero
Bradford	Gerber	McI. Smith	Santoni
Brennan	Gergely	Melio	Saylor
Briggs	Gibbons	Mensch	Scavello
Brooks	Gillespie	Metcalfe	Schroder
Brown	Gingrich	Metzgar	Seip
Burns	Godshall	Micozzie	Shapiro
Buxton	Goodman	Millard	Siptroth
Caltagirone	Grell	Miller	Smith, K.
Carroll	Grove	Milne	Smith, M.
Casorio	Grucela	Mirabito	Smith, S.
Causer	Haluska	Moul	Solobay
Christiana	Hanna	Mundy	Sonney
Civera	Harhai	Murphy	Staback
Clymer	Harhart	Mustio	Stern
Cohen	Harkins	Myers	Stevenson
Conklin	Harper	O'Brien, D.	Sturla
Costa, D.	Harris	O'Brien, M.	Swanger
Costa, P.	Helm	O'Neill	Tallman
Cox	Hennessey	Oberlander	Taylor, J.
Creighton	Hess	Oliver	Taylor, R.
Curry	Hickernell	Pallone	Thomas
Cutler	Hornaman	Parker	True
Day	Houghton	Pashinski	Turzai
Deasy	Hutchinson	Payne	Vereb
DeLozier	Johnson	Payton	Vitali
DeLuca	Josephs	Peifer	Vulakovich
Denlinger	Kauffman	Perzel	Walko
DePasquale	Keller, M.K.	Petrarca	Wansacz

Dermody	Keller, W.	Petri	Waters
DeWeese	Kessler	Phillips	Watson
DiGirolamo	Killion	Pickett	Wheatley
Donatucci	Kirkland	Preston	White
Drucker	Knowles	Pyle	Williams
Eachus	Kortz	Quigley	Youngblood
Ellis	Kotik	Quinn	Yudichak
Evans, D.	Krieger	Rapp	
Evans, J.	Kula	Readshaw	McCall,
Everett	Levdansky	Reed	Speaker

NAYS—0

NOT VOTING—0

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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

CENTRAL BUCKS SOUTH HIGH SCHOOL TRACK TEAM PRESENTED

The SPEAKER. The Chair recognizes the gentlelady from Bucks County, Representative Watson, for the purpose of presenting a citation.

Mrs. WATSON. Thank you, Mr. Speaker, and good afternoon, colleagues.

Today I am pleased to be joined by four of the fastest young men in Pennsylvania, and to their families in the gallery, I say that in the nicest way. They are fast in track, all right? So we clear that up right away. These are good guys.

Dave Manion, Jeff Dickson, Tom Mallon, and Matt Poesz, all members of the 3200-meter relay team from Central Bucks South High School, part of the Central Bucks School District, proved how fast they really are this year by winning first place in their event.

At the 2009 State Track and Field Championships for Class AAA at Shippensburg University, just a couple weeks ago, they broke – well, no, they shattered – the record for running the 3200 relay, also known as the 4 by 800.

Combined, they ran a time of 7:33.48 seconds and broke the PIAA and the National Federation of High Schools' record that has stood since 1982. In fact, they broke the record set by Wissahickon High School by almost 3 full seconds. In the relay, Upper Dublin High School came in second, nearly 7 – and in track, you all know that is big – nearly seconds behind Central Bucks South.

These four young men, who are led by their coach, Mike Cox, and their assistant coach, Jason Gable, showed their strength and their determination when hitting the oval at Shippensburg. Each of them had impressive split times. Together, with a second here and a second there on each of their four legs, they ran an incredible race.

Not only did these fine athletes want to capture the gold medal and the State championship at Shippensburg, but they

wanted to continue shaving seconds off their time in hopes of breaking that elusive 1982 record – a record that no one had beaten for such a long time. So to them we would say, congratulations.

All four of these athletes ran their hearts out, showing that this was really a team effort because they ran as a team. However, we also know that championship seasons are never solo accomplishments. It takes a unified team effort to lead a team to the championship and bring home the trophy, and because of this, all of us here today are proud of each and every member of CB South's 3200 relay team and its coaching staff.

We also need to remember that these players could not have gotten here – and I have reminded them of that – without the dedication of their parents, their coaches, their other family members and friends, some of whom are seated up in the media box, the little bit below there from the gallery.

I know sometimes it is not easy to balance all of the activities between school and homework and practices as well as other activities, and that, gentlemen, is what makes your achievement so very special.

So at this time I would like to recognize each of the four young men and their coach with a citation from the House. However, I also want to recognize Representative Micozzie from Delaware County. Interestingly, he has a connection to Bucks County's Central Bucks South's Track Team.

Representative Micozzie.

Mr. MICOZZIE. First, on behalf of the members, I would like to welcome the parents and the friends and of course these young men to the hall of the House. I want to congratulate them.

My connection to Bucks County is that part of my family, the Poesz, is here to receive this congratulations and award.

So again, thank you for coming, and on behalf of the members, again, welcome to the House of Representatives.

Mrs. WATSON. And if I may then, ladies and gentlemen, I would like to read their names out loud. I would ask that you would hold your applause to the end, but then go crazy. It is CB South, after all. I live in the same town. So it is an important high school.

On the team is Dave Manion – do you want to step forward so they know who is who – Jeff Dickson, Tom Mallon, Matt Poesz, coach Mike Cox, and coach Jason Gable. Can we give them all a big round of applause?

Thank you, ladies and gentlemen.

GUESTS INTRODUCED

The SPEAKER. To the left of the Speaker, the Chair welcomes Jeff Mermelstein and Lolita Woratha. They are the guests of Representative Josh Shapiro. Will the guests please rise. Welcome to the hall of the House.

To the right and behind the Speaker are George and Carol Boyce. George is a former member of the State of Maine legislature and was a Speaker pro tem. He is now a constituent of mine. His wife, Carol, is superintendent of schools at Palmerton School District. They are my guests today. Will they please rise, and welcome to the hall of the House.

In the balcony, the Chair welcomes the Daroff School from west Philadelphia. They are the guests of Representative Vanessa Brown. Will the guests please rise. Welcome to the hall of the House.

RESOLUTIONS PURSUANT TO RULE 35

Mr. BENNINGHOFF called up **HR 338, PN 2026**, entitled:

A Resolution designating June 10, 2009, as "Epilepsy Awareness Day" in Pennsylvania.

On the question,
Will the House adopt the resolution?

The SPEAKER. On the question, the Chair recognizes the gentleman from Centre County, Representative Benninghoff.

Mr. BENNINGHOFF. Thank you, Mr. Speaker. And to the members, if you would indulge me for one moment.

Many of us have the opportunity to recognize different types of champions we have seen throughout this week and the past couple of months. I wanted to honor another type of champion, and those are the voices of our families, our Epilepsy Foundation, that serves primarily the western and eastern parts of this Commonwealth and other parts of this great State. More importantly, I want to honor those patients and their families as well.

I appreciate all the members that signed on to this resolution, and I will not take much of your time. But I just wanted to remind you that epilepsy is one of those types of illnesses that unless your family or friends or somebody has been afflicted with it, we do not know much about it. But more importantly, we do not talk much about it, and we should. It is no more cumbersome on a family or a patient than a broken leg. Oftentimes, it is more so, and I think it is important that we have that dialogue.

I want to honor the Epilepsy Foundation and their volunteers for the great work that they do, today, because they are oftentimes the voices for the timid, the frightened, and sometimes those that are embarrassed.

Now, some of your colleagues sitting in this chamber, including myself, have families that have been afflicted with this, and we know that oftentimes our children or our brothers or our sisters are embarrassed to talk about it, or they may have a seizure somewhere in the public that they feel embarrassed to talk about. This is no more their fault than any other illness that somebody may be afflicted with.

I ask that you join us as we recognize this foundation. They do a tremendous amount of work educating people in our schools, being that hand for the families that says, you are not alone, other people are going through this, but more importantly, we care about what it is that you are going through and we are going to be here by your side.

You, by your votes over the years, have provided funding to assist in this great service, and we would like to hopefully continue it in this year's budget.

GUESTS INTRODUCED

Mr. BENNINGHOFF. If you would join me for a moment, the board members are sitting in our gallery in the back. They are Joyce Bender, Denis and Elizabeth McCarthy, Thomas Trimm, Judy Painter, Jeanette Chelius, and Dr. Mark Scheuer. If you would rise so we can acknowledge your great service and the champions of those epileptic families.

Thank you, Mr. Speaker. I thank the indulgence of the members, and I hope that you will join us as we vote on HR 338. To those families that are out there watching, we do care about you and our hearts go out to the suffering as you and your families go on.

Keep plugging on and do not give up the hope.

The SPEAKER. Will the House adopt the resolution? On that question, the Chair recognizes the gentleman from Northampton County, Representative Samuelson.

Mr. SAMUELSON. Thank you, Mr. Speaker.

I just want to echo the comments of Representative Benninghoff about the importance of this foundation.

I do want to note for the record that the Senate has passed a budget that puts this line item down to zero, and we in the House of Representatives have to make sure that we restore this funding. It is a \$600,000 line item. I would think that the House would want to make sure that we restore this funding and not agree with the Senate budget. Thank you.

The SPEAKER. The Chair thanks the gentleman.

On the question recurring,
Will the House adopt the resolution?

The following roll call was recorded:

YEAS—194

Adolph	Fabrizio	Longietti	Reese
Baker	Fairchild	Maher	Reichley
Barbin	Farry	Mahoney	Roae
Barrar	Fleck	Major	Rock
Bear	Frankel	Manderino	Roebuck
Benninghoff	Freeman	Mann	Rohrer
Beyer	Gabig	Markosek	Ross
Bishop	Gabler	Marshall	Sabatina
Boback	Galloway	Marsico	Sainato
Boyd	Geist	Matzie	Samuelson
Boyle	George	McGeehan	Santarsiero
Bradford	Gerber	McI. Smith	Santoni
Brennan	Gergely	Melio	Saylor
Briggs	Gibbons	Mensch	Scavello
Brooks	Gillespie	Metcalfe	Schroder
Brown	Gingrich	Metzgar	Seip
Burns	Godshall	Micozzie	Shapiro
Buxton	Goodman	Millard	Siptroth
Caltagirone	Grell	Miller	Smith, K.
Carroll	Grove	Milne	Smith, M.
Casorio	Grucela	Mirabito	Smith, S.
Causar	Haluska	Moul	Solobay
Christiana	Hanna	Mundy	Sonney
Civera	Harhai	Murphy	Staback
Clymer	Harhart	Mustio	Stern
Cohen	Harkins	Myers	Stevenson
Conklin	Harper	O'Brien, D.	Sturla
Costa, D.	Harris	O'Brien, M.	Swanger
Costa, P.	Helm	O'Neill	Tallman
Cox	Hennessey	Oberlander	Taylor, J.
Creighton	Hess	Oliver	Taylor, R.
Curry	Hickernell	Pallone	Thomas
Cutler	Hornaman	Parker	True
Day	Houghton	Pashinski	Turzai
Deasy	Hutchinson	Payne	Vereb
Delozier	Johnson	Payton	Vitali
DeLuca	Josephs	Peifer	Vulakovich
Denlinger	Kauffman	Perzel	Walko
DePasquale	Keller, M.K.	Petrarca	Wansacz
Dermody	Keller, W.	Petri	Waters
DeWeese	Kessler	Phillips	Watson

DiGirolamo	Killion	Pickett	Wheatley
Donatucci	Kirkland	Preston	White
Drucker	Knowles	Pyle	Williams
Eachus	Kortz	Quigley	Youngblood
Ellis	Kotik	Quinn	Yudichak
Evans, D.	Krieger	Rapp	
Evans, J.	Kula	Readshaw	McCall,
Everett	Levdansky	Reed	Speaker

NAYS—0

NOT VOTING—0

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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

* * *

Mr. BRIGGS called up **HR 347, PN 2069**, entitled:

A Resolution designating June 13, 2009, as "Alex's Lemonade Stand Day" in Pennsylvania and encouraging all citizens to contribute to the Alex's Lemonade Stand Foundation and other pediatric cancer research programs.

On the question,
Will the House adopt the resolution?

The SPEAKER. On that question, the Chair recognizes Representative Briggs from Montgomery County.

Mr. BRIGGS. Thank you, Mr. Speaker.

I rise to ask my colleagues to join me in paying tribute to a wonderful young lady, Alexandra "Alex" Scott, who resided in my legislative district with her parents and brothers. HR 347 is a resolution designating June 13, 2009, "Alex's Lemonade Stand Day" in Pennsylvania.

Alex was diagnosed with a childhood cancer just before her first birthday in 1997. After enduring extensive chemotherapy, surgery to eliminate her tumor, a stem cell transplant, and experimental treatment, Alex thought only about others. She selflessly decided she wanted to set up a lemonade stand and give the money raised to her doctors for research in an effort to help other children also fighting cancer.

Alex's first stand raised \$2,000, which she donated to pediatric cancer research efforts at Children's Hospital in Philadelphia. Alex's goal was to raise \$1 million, and thus, she inspired others to join her cause.

Since Alex set up that first stand, there have been thousands more held across the nation, resulting in over \$25 million being raised for the Alex's Lemonade Stand Foundation, which was formed in 2005 in tribute to carrying on Alex's goal.

Alex passed away in 2004 at the age of 8. Today cancer is the leading cause of death by disease for children under 20 years of age. However, due to advances in oncological research, the cure rate has risen to an impressive 80 percent.

The establishment of Alex's Lemonade Stand Day will allow this trend to continue by encouraging Pennsylvanians to support Alex's Lemonade Stand Foundation.

Thank you very much.

The SPEAKER. The Chair thanks the gentleman.

On the question recurring,
Will the House adopt the resolution?

The following roll call was recorded:

YEAS—194

Adolph	Fabrizio	Longiotti	Reese
Baker	Fairchild	Maher	Reichley
Barbin	Farry	Mahoney	Roae
Barrar	Fleck	Major	Rock
Bear	Frankel	Manderino	Roebuck
Benninghoff	Freeman	Mann	Rohrer
Beyer	Gabig	Markosek	Ross
Bishop	Gabler	Marshall	Sabatina
Boback	Galloway	Marsico	Sainato
Boyd	Geist	Matzie	Samuelson
Boyle	George	McGeehan	Santarsiero
Bradford	Gerber	McI. Smith	Santoni
Brennan	Gergely	Melio	Saylor
Briggs	Gibbons	Mensch	Scavello
Brooks	Gillespie	Metcalfe	Schroder
Brown	Gingrich	Metzgar	Seip
Burns	Godshall	Micozzie	Shapiro
Buxton	Goodman	Millard	Siptroth
Caltagirone	Grell	Miller	Smith, K.
Carroll	Grove	Milne	Smith, M.
Casorio	Grucela	Mirabito	Smith, S.
Causar	Haluska	Moul	Solobay
Christiana	Hanna	Mundy	Sonney
Civera	Harhai	Murphy	Staback
Clymer	Harhart	Mustio	Stern
Cohen	Harkins	Myers	Stevenson
Conklin	Harper	O'Brien, D.	Sturla
Costa, D.	Harris	O'Brien, M.	Swanger
Costa, P.	Helm	O'Neill	Tallman
Cox	Hennessey	Oberlander	Taylor, J.
Creighton	Hess	Oliver	Taylor, R.
Curry	Hickernell	Pallone	Thomas
Cutler	Hornaman	Parker	True
Day	Houghton	Pashinski	Turzai
Deasy	Hutchinson	Payne	Vereb
DeLozier	Johnson	Payton	Vitali
DeLuca	Josephs	Peifer	Vulakovich
Denlinger	Kauffman	Perzel	Walko
DePasquale	Keller, M.K.	Petrarca	Wansacz
Dermody	Keller, W.	Petri	Waters
DeWeese	Kessler	Phillips	Watson
DiGirolamo	Killion	Pickett	Wheatley
Donatucci	Kirkland	Preston	White
Drucker	Knowles	Pyle	Williams
Eachus	Kortz	Quigley	Youngblood
Ellis	Kotik	Quinn	Yudichak
Evans, D.	Krieger	Rapp	
Evans, J.	Kula	Readshaw	McCall,
Everett	Levdansky	Reed	Speaker

NAYS—0

NOT VOTING—0

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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

* * *

Mr. FAIRCHILD called up **HR 348, PN 2076**, entitled:

A Resolution designating the week of June 6 through June 14, 2009, as "Fishing and Boating Week" in Pennsylvania.

On the question,
Will the House adopt the resolution?

The following roll call was recorded:

YEAS—194

Adolph	Fabrizio	Longiotti	Reese
Baker	Fairchild	Maher	Reichley
Barbin	Farry	Mahoney	Roae
Barrar	Fleck	Major	Rock
Bear	Frankel	Manderino	Roebuck
Benninghoff	Freeman	Mann	Rohrer
Beyer	Gabig	Markosek	Ross
Bishop	Gabler	Marshall	Sabatina
Boback	Galloway	Marsico	Sainato
Boyd	Geist	Matzie	Samuelson
Boyle	George	McGeehan	Santarsiero
Bradford	Gerber	McI. Smith	Santoni
Brennan	Gergely	Melio	Saylor
Briggs	Gibbons	Mensch	Scavello
Brooks	Gillespie	Metcalfe	Schroder
Brown	Gingrich	Metzgar	Seip
Burns	Godshall	Micozzie	Shapiro
Buxton	Goodman	Millard	Siptroth
Caltagirone	Grell	Miller	Smith, K.
Carroll	Grove	Milne	Smith, M.
Casorio	Grucela	Mirabito	Smith, S.
Causar	Haluska	Moul	Solobay
Christiana	Hanna	Mundy	Sonney
Civera	Harhai	Murphy	Staback
Clymer	Harhart	Mustio	Stern
Cohen	Harkins	Myers	Stevenson
Conklin	Harper	O'Brien, D.	Sturla
Costa, D.	Harris	O'Brien, M.	Swanger
Costa, P.	Helm	O'Neill	Tallman
Cox	Hennessey	Oberlander	Taylor, J.
Creighton	Hess	Oliver	Taylor, R.
Curry	Hickernell	Pallone	Thomas
Cutler	Hornaman	Parker	True
Day	Houghton	Pashinski	Turzai
Deasy	Hutchinson	Payne	Vereb
Delozier	Johnson	Payton	Vitali
DeLuca	Josephs	Peifer	Vulakovich
Denlinger	Kauffman	Perzel	Walko
DePasquale	Keller, M.K.	Petrarca	Wansacz
Dermody	Keller, W.	Petri	Waters
DeWeese	Kessler	Phillips	Watson
DiGirolamo	Killion	Pickett	Wheatley
Donatucci	Kirkland	Preston	White
Drucker	Knowles	Pyle	Williams
Eachus	Kortz	Quigley	Youngblood
Ellis	Kotik	Quinn	Yudichak
Evans, D.	Krieger	Rapp	
Evans, J.	Kula	Readshaw	McCall,
Everett	Levdansky	Reed	Speaker

NAYS—0

NOT VOTING—0

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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

BILL ON THIRD CONSIDERATION

The House proceeded to third consideration of **HB 594, PN 651**, entitled:

An Act providing for a program for the disposal of home-generated medical sharps, and for powers and duties of the Department of Environmental Protection.

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

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

(Bill analysis was read.)

The SPEAKER. The question is, shall the bill pass finally?

On that question, the Chair recognizes the gentleman from Monroe County, Representative Siptroth.

Mr. SIPTROTH. Thank you, Mr. Speaker.

Mr. Speaker, this is the same bill that was passed in the House of Representatives and went over to the Senate and passed the Environmental Committee in the Senate last session and ran out of time.

There are over 300 medical sharps used in this country every year, including needles, syringes, lances, and other sharp objects used for medical testing and the delivery of medication in the home. Certainly, we do not want to put any of our young people walking the streets at risk if in fact a medical syringe is in that bag, nor do we want our sanitation workers infected possibly by a stick, by a needle that has been improperly disposed of.

I certainly hope that my colleagues will again support this particular piece of legislation. Thank you.

The SPEAKER. The Chair recognizes the gentlelady from Lehigh County, Representative Mann.

Miss MANN. Thank you, Mr. Speaker.

I very quickly just want to commend the maker of this bill. I had a personal experience relating to proper disposal of used syringes on behalf of a constituent who was properly using a sharps container and called my office and said, well, what do I do with it now? And honestly, when I called our city waste department and asked, nobody knew the answer.

This is a very, very serious issue as our citizens are dealing with more chronic illnesses and are doing more home care. The proper disposal of this hazardous waste material is very, very important, and I certainly hope that we can, of course, pass this bill today but have more success than we did last session and ultimately see it signed into law.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentlelady.

On the question recurring,
Shall the bill pass finally?

The SPEAKER. Agreeable to the provisions of the Constitution, the yeas and nays will now be taken.

The following roll call was recorded:

YEAS—192

Adolph	Fabrizio	Maher	Reichley
Baker	Fairchild	Mahoney	Roae
Barbin	Farry	Major	Rock
Barrar	Fleck	Manderino	Roebuck
Bear	Frankel	Mann	Rohrer
Benninghoff	Freeman	Markosek	Ross
Beyer	Gabig	Marshall	Sabatina
Bishop	Gabler	Marsico	Sainato
Boback	Galloway	Matzie	Samuelson
Boyd	Geist	McGeehan	Santarsiero
Boyle	George	McI. Smith	Santoni
Bradford	Gerber	Melio	Saylor
Brennan	Gergely	Mensch	Scavello
Briggs	Gibbons	Metzgar	Schroder
Brooks	Gillespie	Micozzie	Seip
Brown	Gingrich	Millard	Shapiro
Burns	Godshall	Miller	Siptroth
Buxton	Goodman	Milne	Smith, K.
Caltagirone	Grell	Mirabito	Smith, M.
Carroll	Grove	Moul	Smith, S.
Casorio	Grucela	Mundy	Solobay
Causar	Haluska	Murphy	Sonney
Christiania	Hanna	Mustio	Staback
Civera	Harhai	Myers	Stern
Clymer	Harhart	O'Brien, D.	Stevenson
Cohen	Harkins	O'Brien, M.	Sturla
Conklin	Harper	O'Neill	Swanger
Costa, D.	Harris	Oberlander	Tallman
Costa, P.	Helm	Oliver	Taylor, J.
Cox	Hennessey	Pallone	Taylor, R.
Creighton	Hess	Parker	Thomas
Curry	Hickernell	Pashinski	True
Cutler	Hornaman	Payne	Turzai
Day	Houghton	Payton	Vereb
Deasy	Johnson	Peifer	Vitali
Delozier	Josephs	Perzel	Vulakovich
DeLuca	Kauffman	Petrarca	Walko
Denlinger	Keller, M.K.	Petri	Wansacz
DePasquale	Keller, W.	Phillips	Waters
Dermody	Kessler	Pickett	Watson
DeWeese	Killion	Preston	Wheatley
DiGirolamo	Kirkland	Pyle	White
Donatucci	Knowles	Quigley	Williams
Drucker	Kortz	Quinn	Youngblood
Eachus	Kotik	Rapp	Yudichak
Ellis	Krieger	Readshaw	
Evans, D.	Kula	Reed	McCall,
Evans, J.	Levdansky	Reese	Speaker
Everett	Longietti		

NAYS—2

Hutchinson Metcalfe

NOT VOTING—0

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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 concurrence.

RESOLUTION REPORTED FROM COMMITTEE

HR 333, PN 2006

By Rep. DeLUCA

A Resolution memorializing the President and the Congress of the United States to extend the time frame for assessment of Medicaid managed care organizations.

INSURANCE.

The SPEAKER. The resolution will be placed on the House calendar.

BILLS REPORTED FROM COMMITTEE, CONSIDERED FIRST TIME, AND RECOMMITTED TO COMMITTEE ON RULES

HB 1602, PN 2095 (Amended)

By Rep. ROEBUCK

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 compulsory school attendance and for exceptions to compulsory school attendance; and requiring all public school districts in this Commonwealth to conduct interviews for all students who withdraw or are illegally absent from school.

EDUCATION.

HB 1618, PN 2096 (Amended)

By Rep. ROEBUCK

An Act providing for data collection relating to dropouts by the Department of Education.

EDUCATION.

APPROPRIATIONS COMMITTEE MEETING

The SPEAKER. The Chair recognizes the gentleman from Luzerne County, the majority leader, Representative Eachus, for the purpose of an announcement.

Mr. EACHUS. Mr. Speaker, we are going to take a brief break for an Appropriations Committee meeting. The two chairmen are going to— I believe they are going to take up that meeting very quickly, and we will be back to the House floor right around 1:30.

I believe there are a number of other chairmen who asked for consideration in that short period to do some bill reporting as well, and I think the Speaker might recognize those members. Thank you.

The SPEAKER. The Chair thanks the gentleman.

Appropriations will meet immediately at the break.

HEALTH AND HUMAN SERVICES COMMITTEE MEETING

The SPEAKER. The Chair recognizes the gentleman from Philadelphia County, Representative Oliver, for the purpose of an announcement.

Mr. OLIVER. Thank you, Mr. Speaker.

There will be a meeting of the Health and Human Services Committee when we break in room 60E. It will be a very brief, short meeting. Thank you.

The SPEAKER. The Chair thanks the gentleman.

Health and Human Services will meet in room 60E at the break.

The Chair recognizes the gentleman from Delaware County, Representative Civera.

Mr. CIVERA. Thank you, Mr. Speaker.

Mr. Speaker, if I could ask the majority leader a question, because I want to correct the time.

It was read across by the Speaker that the Appropriations Committee meeting would be at 1:30? Am I correct?

Mr. EACHUS. Mr. Speaker, the gentleman from the Appropriations Committee is on the House floor. My understanding— It may be clarified with him, if you would give me just a minute. Thank you.

Okay. We are going to do that at 1:30 and be back by 1:45.

Mr. CIVERA. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

Are there any further announcements?

ANNOUNCEMENT BY MR. BENNINGHOFF

The SPEAKER. For what purpose does the gentleman rise?

Mr. BENNINGHOFF. Thank you, Mr. Speaker.

I just wanted to make a comment to the Republican members of the State Government Committee, if I might, so I do not miss anybody.

If they would indulge me, we would like to have a quick meeting in this room directly behind me. It will take 5 minutes. That would be the Republican members of State Government.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

Are there any further announcements?

RECESS

The SPEAKER. This House does now stand in recess until 1:45 p.m., unless sooner recalled by the Speaker.

AFTER RECESS

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

The SPEAKER. Members will please report to the floor of the House.

HOUSE BILLS INTRODUCED AND REFERRED

No. 1648 By Representatives EACHUS, BOBACK, BOYLE, CARROLL, D. COSTA, DALLY, GOODMAN, JOHNSON, McCALL, MELIO, MUNDY, MURPHY, PASHINSKI, PAYTON, SIPTROTH, WALKO, WANSACZ, YUDICHAK and BRIGGS

An Act establishing a joint legislative, executive and judicial commission on juvenile justice.

Referred to Committee on JUDICIARY, June 10, 2009.

No. 1649 By Representatives McILVAINE SMITH, YUDICHAK, BENNINGHOFF, BELFANTI, BEYER, BRIGGS, CREIGHTON, BROWN, EVERETT, CALTAGIRONE, HARPER, CONKLIN, MILLARD, D. COSTA, MILNE, DEASY, PHILLIPS, FRANKEL, SWANGER, FREEMAN, J. TAYLOR, GEORGE, VULAKOVICH, HALUSKA, HORNAMAN, HOUGHTON, JOHNSON, JOSEPHS, KULA, McGEEHAN, MELIO, MUNDY, PARKER, SANTARSIERO, SIPTROTH, K. SMITH, STURLA, WALKO, WHITE and YOUNGBLOOD

An Act amending Title 7 (Banks and Banking) of the Pennsylvania Consolidated Statutes, providing for predatory student lending protection.

Referred to Committee on COMMERCE, June 10, 2009.

No. 1650 By Representatives FAIRCHILD, BAKER, BELFANTI, BENNINGHOFF, BEYER, BOBACK, BRENNAN, CALTAGIRONE, CARROLL, CAUSER, COHEN, D. COSTA, CREIGHTON, DEASY, EVERETT, GIBBONS, GINGRICH, GOODMAN, GRELL, GROVE, GRUCELA, HALUSKA, HARRIS, HENNESSEY, HESS, HICKERNELL, KAUFFMAN, M. KELLER, KOTIK, KULA, MANN, MARSHALL, MICOZZIE, MILLER, MOUL, MURT, O'NEILL, PAYNE, PHILLIPS, PICKETT, PYLE, QUINN, RAPP, READSHAW, REICHLEY, SAYLOR, SIPTROTH, K. SMITH, SONNEY, STABACK, STERN, STEVENSON, SWANGER, TALLMAN, J. TAYLOR, VULAKOVICH and YOUNGBLOOD

An Act amending the act of June 29, 1953 (P.L.304, No.66), known as the Vital Statistics Law of 1953, further providing for death and fetal death registration; providing for deceased veteran notification to county government; and further providing for referral of deaths to coroner, for permits concerning dead bodies and fetal remains, for registration permits concerning dead bodies and fetal remains, for regulations and for registrations.

Referred to Committee on HEALTH AND HUMAN SERVICES, June 10, 2009.

No. 1651 By Representatives KIRKLAND, BARRAR, SCAVELLO, YOUNGBLOOD, SIPTROTH, LONGIETTI, CALTAGIRONE, READSHAW, BRENNAN, HELM, HENNESSEY, D. COSTA, STURLA, RAPP, PARKER, JOSEPHS, CARROLL and MOUL

An Act amending the act of March 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971, further providing, in hotel occupancy tax, for definitions.

Referred to Committee on TOURISM AND RECREATIONAL DEVELOPMENT, June 10, 2009.

No. 1652 By Representatives MENSCH, REICHLEY, BEYER, BRENNAN, CREIGHTON, DENLINGER, GINGRICH, HENNESSEY, HORNAMAN, KORTZ, MAHER, MURT, PICKETT, SCAVELLO, SIPTROTH, SWANGER and VULAKOVICH

An Act amending the act of July 7, 1980 (P.L.380, No.97), known as the Solid Waste Management Act, further providing for definitions; and regulating the application of paunch manure.

Referred to Committee on AGRICULTURE AND RURAL AFFAIRS, June 10, 2009.

No. 1653 By Representatives WANSACZ, MURPHY, K. SMITH, MUNDY, CUTLER, BRENNAN, BROWN, BUXTON, CALTAGIRONE, CREIGHTON, J. EVANS, GINGRICH, KILLION, KOTIK, McILVAINE SMITH, MURT, SANTONI, SIPTROTH, VULAKOVICH, YOUNGBLOOD and HESS

An Act amending the act of December 21, 1984 (P.L.1253, No.238), known as the Speech-Language and Hearing Licensure Act, further providing for definitions, for the board, for licensure, for applications, for examinations and for fees; providing for the use of a title; and further providing for waivers, for enforcement and for injunction.

Referred to Committee on PROFESSIONAL LICENSURE, June 10, 2009.

No. 1654 By Representatives DALEY and HESS

An Act amending Title 7 (Banks and Banking) of the Pennsylvania Consolidated Statutes, in mortgage loan industry licensure and consumer protection, further providing for scope, for definitions, for license requirements, for exceptions to license requirements, for general requirements, for powers of licensees in mortgage loan business, for mortgage lending authority and for license applications; providing for prelicensing and continuing education; further providing for license fees, for license issuance, for licensee requirements, for administration and for sanctions; and providing for procedure for determination of noncompliance with Federal law.

Referred to Committee on COMMERCE, June 10, 2009.

No. 1655 By Representatives DALEY and ROSS

An Act amending the act of October 9, 2008 (P.L.1421, No.117), known as the Debt Management Services Act, establishing a moratorium on applicability to debt settlement services pending regulatory action.

Referred to Committee on COMMERCE, June 10, 2009.

No. 1656 By Representatives DALEY and ROSS

An Act amending the act of May 15, 1933 (P.L.565, No.111), known as the Department of Banking Code, further providing for administration and for employee protection.

Referred to Committee on COMMERCE, June 10, 2009.

No. 1657 By Representatives KIRKLAND, HARKINS, WHEATLEY, CALTAGIRONE, PAYTON, JOSEPHS, BUXTON, KORTZ, MAHONEY, YOUNGBLOOD, D. COSTA, JOHNSON, SIPTROTH, EACHUS and BEYER

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 education empowerment districts.

Referred to Committee on EDUCATION, June 10, 2009.

No. 1658 By Representatives WANSACZ, K. SMITH, PICKETT, SIPTROTH, CALTAGIRONE, COHEN, DEASY, DONATUCCI, EVERETT, FREEMAN, GOODMAN, HALUSKA, HARPER, JOSEPHS, LEVDANSKY, MOUL, MURT, M. O'BRIEN, QUINN, READSHAW, REICHLEY, SONNEY, STURLA, SWANGER, WHITE and YOUNGBLOOD

An Act amending Title 7 (Banks and Banking) of the Pennsylvania Consolidated Statutes, further providing for general requirements.

Referred to Committee on COMMERCE, June 10, 2009.

No. 1659 By Representatives HOUGHTON, SHAPIRO, McILVAINE SMITH, BRIGGS, BRADFORD, FREEMAN, HARHAI, STURLA, WANSACZ, BENNINGHOFF, BEYER, BOYD, D. COSTA, DONATUCCI, GEORGE, GIBBONS, GROVE, HARKINS, HELM, HENNESSEY, HORNAMAN, MAHONEY, MANN, MILNE, MUSTIO, PAYTON, PETRARCA, PRESTON, SAINATO, SEIP, SOLOBAY, SIPTROTH, VULAKOVICH, YOUNGBLOOD and BROWN

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 duties of public institutions of higher education, for the Transfer and Articulation Oversight Committee and for participation by independent institutions of higher education or State-related institution.

Referred to Committee on EDUCATION, June 10, 2009.

No. 1661 By Representatives YUDICHAK, DERMODY, FRANKEL, P. COSTA, D. COSTA, DEASY, KORTZ, KOTIK, READSHAW, WALKO, WHITE, CARROLL, DENLINGER, GERBER, HORNAMAN, W. KELLER, LEVDANSKY, MARSHALL, MARSICO, MATZIE, MURT, OBERLANDER, O'NEILL, SABATINA, SCAVELLO, M. SMITH, SOLOBAY, SWANGER, YOUNGBLOOD and GERGELY

An Act providing for a temporary moratorium of court-ordered countywide reassessments.

Referred to Committee on URBAN AFFAIRS, June 10, 2009.

No. 1662 By Representatives PHILLIPS, BOYD and S. H. SMITH

An Act amending the act of October 17, 2008 (P.L.1645, No.132), known as the Home Improvement Consumer Protection Act, further providing for procedures for registration as a contractor.

Referred to Committee on CONSUMER AFFAIRS, June 10, 2009.

SENATE BILL FOR CONCURRENCE

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

SB 687, 1135

Referred to Committee on EDUCATION, June 10, 2009.

BILLS REREPORTED FROM COMMITTEE**HB 1, PN 1872** By Rep. D. EVANS

An Act establishing the Expanded Adult Basic Coverage Insurance Program; making appropriations; and making related repeals.

APPROPRIATIONS.**HB 352, PN 2056** By Rep. D. EVANS

An Act amending Title 75 (Vehicles) of the Pennsylvania Consolidated Statutes, further providing for accidents involving death or personal injury and for subsequent convictions of certain offenses.

APPROPRIATIONS.

The SPEAKER. Those bills will be placed on the House supplemental calendar.

CALENDAR CONTINUED**BILL ON THIRD CONSIDERATION**

The House proceeded to third consideration of **HB 174, PN 2067**, entitled:

An Act amending Title 3 (Agriculture) of the Pennsylvania Consolidated Statutes, codifying the Public Eating and Drinking Place Law and the Food Act; providing for the protection of public health and for regulations; requiring licensing; further providing for food employee certification and for farmers' market; providing for penalties; and making related repeals.

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

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

(Bill analysis was read.)

The SPEAKER. The question is, shall the bill pass finally?
Agreeable to the provisions of the Constitution, the yeas and nays will now be taken.

The following roll call was recorded:

YEAS—102

Barbin	Evans, D.	Longietti	Sainato
Bishop	Fabrizio	Mahoney	Samuelson
Boback	Frankel	Manderino	Santarsiero
Boyle	Freeman	Mann	Santoni
Bradford	Galloway	Markosek	Seip

Brennan	George	Matzie	Shapiro
Briggs	Gerber	McGeehan	Siptroth
Brown	Gergely	McI. Smith	Smith, K.
Burns	Gibbons	Melio	Smith, M.
Buxton	Goodman	Mirabito	Solobay
Caltagirone	Grucela	Mundy	Staback
Carroll	Haluska	Murphy	Sturla
Casorio	Hanna	Myers	Taylor, R.
Cohen	Harhai	O'Brien, M.	Thomas
Conklin	Harkins	Oliver	Vitali
Costa, D.	Hornaman	Pallone	Walko
Costa, P.	Houghton	Parker	Wansacz
Curry	Johnson	Pashinski	Waters
Deasy	Josephs	Payton	Wheatley
DeLuca	Keller, W.	Petrarca	White
DePasquale	Kessler	Preston	Williams
Dermoddy	Kirkland	Quigley	Youngblood
DeWeese	Kortz	Readshaw	Yudichak
Donatucci	Kotik	Roebuck	
Drucker	Kula	Ross	McCall,
Eachus	Levdansky	Sabatina	Speaker

NAYS—92

Adolph	Farry	Maher	Quinn
Baker	Fleck	Major	Rapp
Barrar	Gabig	Marshall	Reed
Bear	Gabler	Marsico	Reese
Benninghoff	Geist	Mensch	Reichley
Beyer	Gillespie	Metcalfe	Roae
Boyd	Gingrich	Metzgar	Rock
Brooks	Godshall	Micozzie	Rohrer
Causar	Grell	Millard	Saylor
Christiana	Grove	Miller	Scavello
Civera	Harhart	Milne	Schroder
Clymer	Harper	Moul	Smith, S.
Cox	Harris	Mustio	Sonney
Creighton	Helm	O'Brien, D.	Stern
Cutler	Hennessey	O'Neill	Stevenson
Day	Hess	Oberlander	Swanger
Delozier	Hickernell	Payne	Tallman
Denlinger	Hutchinson	Peifer	Taylor, J.
DiGirolamo	Kauffman	Perzel	True
Ellis	Keller, M.K.	Petri	Turzai
Evans, J.	Killion	Phillips	Vereb
Everett	Knowles	Pickett	Vulakovich
Fairchild	Krieger	Pyle	Watson

NOT VOTING—0**EXCUSED—9**

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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 concurrence.

REMARKS SUBMITTED FOR THE RECORD

The SPEAKER. For what purpose does the gentleman from Luzerne, Representative Carroll, rise?

Mr. CARROLL. Mr. Speaker, just to announce that I will submit remarks for the record on HB 174.

The SPEAKER. The gentleman is in order. The Chair thanks the gentleman.

Mr. CARROLL submitted the following remarks for the Legislative Journal:

At a time when food-borne illnesses are on the rise, passage of HB 174 will establish Pennsylvania as a leader in regulating food safety. Linking license issuance or renewal with inspection and posting of results on the Internet will enhance the public's faith in our State's food safety while advancing a transparent process.

While enhancing safety, this bill continues Pennsylvania's long tradition of encouraging charitable and nonprofit activities that benefit the community. Many events sponsored by these organizations include the sale and marketing of food. Section 5702(b) of HB 174 allows the Agriculture Department and other licensors to exempt certain activities from license requirements. Specifically, the department could exempt food banks, soup kitchens, retail food facilities that operate 3 days or less per year, school cafeterias, and organizations that promote and encourage youth activities. Examples of activities that would fall under this section include Little League hot dog stands, church bake sales, neighborhood lemonade stands, school cafeterias, and band booster concession stands at football games. The department would retain authority to inspect school cafeterias.

I was pleased to work with many advocates and colleagues in the development of this legislation and am thankful for their support of this important measure.

SUPPLEMENTAL CALENDAR B

BILL ON THIRD CONSIDERATION

The House proceeded to third consideration of **HB 352, PN 2056**, entitled:

An Act amending Title 75 (Vehicles) of the Pennsylvania Consolidated Statutes, further providing for accidents involving death or personal injury and for subsequent convictions of certain offenses.

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

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

(Bill analysis was read.)

The SPEAKER. The question is, shall the bill pass finally?
Agreeable to the provisions of the Constitution, the yeas and nays will now be taken.

The following roll call was recorded:

YEAS—193

Adolph	Fabrizio	Longiotti	Reese
Baker	Fairchild	Maher	Reichley
Barbin	Farry	Mahoney	Roae
Barrar	Fleck	Major	Rock
Bear	Frankel	Manderino	Roebuck
Benninghoff	Freeman	Mann	Rohrer
Beyer	Gabig	Markosek	Ross
Bishop	Gabler	Marshall	Sabatina
Boback	Galloway	Marsico	Sainato
Boyd	Geist	Matzie	Samuelson

Boyle	George	McGeehan	Santarsiero
Bradford	Gerber	McI. Smith	Santoni
Brennan	Gergely	Melio	Saylor
Briggs	Gibbons	Mensch	Scavello
Brooks	Gillespie	Metcalfe	Schroder
Brown	Gingrich	Metzgar	Seip
Burns	Godshall	Micozzie	Shapiro
Buxton	Goodman	Millard	Siptroth
Caltagirone	Grell	Miller	Smith, K.
Carroll	Grove	Milne	Smith, M.
Casorio	Grucela	Mirabito	Smith, S.
Causar	Haluska	Moul	Solobay
Christiana	Hanna	Mundy	Sonney
Civera	Harhai	Murphy	Staback
Clymer	Harhart	Mustio	Stern
Cohen	Harkins	Myers	Stevenson
Conklin	Harper	O'Brien, D.	Sturla
Costa, D.	Harris	O'Brien, M.	Swanger
Costa, P.	Helm	O'Neill	Tallman
Cox	Hennessey	Oberlander	Taylor, J.
Creighton	Hess	Oliver	Taylor, R.
Curry	Hickernell	Pallone	Thomas
Cutler	Hornaman	Parker	True
Day	Houghton	Pashinski	Turzai
Deasy	Hutchinson	Payne	Vereb
Delozier	Johnson	Payton	Vulakovich
DeLuca	Josephs	Peifer	Walko
Denlinger	Kauffman	Perzel	Wansacz
DePasquale	Keller, M.K.	Petrarca	Waters
Dermody	Keller, W.	Petri	Watson
DeWeese	Kessler	Phillips	Wheatley
DiGirolamo	Killion	Pickett	White
Donatucci	Kirkland	Preston	Williams
Drucker	Knowles	Pyle	Youngblood
Eachus	Kortz	Quigley	Yudichak
Ellis	Kotik	Quinn	
Evans, D.	Krieger	Rapp	McCall,
Evans, J.	Kula	Readshaw	Speaker
Everett	Levdansky	Reed	

NAYS—1

Vitali

NOT VOTING—0

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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 concurrence.

BILL ON SECOND CONSIDERATION

The House proceeded to second consideration of **HB 1, PN 1872**, entitled:

An Act establishing the Expanded Adult Basic Coverage Insurance Program; making appropriations; and making related repeals.

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

Mr. **SCHRODER** offered the following amendment
No. **A01374**:

Amend Bill, page 1, lines 1 through 16; page 2, lines 1 through 10, by striking out all of said lines on said pages and inserting
Amending the act of March 20, 2002 (P.L.154, No.13), entitled "An act reforming the law on medical professional liability; providing for patient safety and reporting; establishing the Patient Safety Authority and the Patient Safety Trust Fund; abrogating regulations; providing for medical professional liability informed consent, damages, expert qualifications, limitations of actions and medical records; establishing the Interbranch Commission on Venue; providing for medical professional liability insurance; establishing the Medical Care Availability and Reduction of Error Fund; providing for medical professional liability claims; establishing the Joint Underwriting Association; regulating medical professional liability insurance; providing for medical licensure regulation; providing for administration; imposing penalties; and making repeals," further providing for the Medical Care Availability and Reduction of Error Fund, for definitions, for abatement program, for eligibility, for procedure, for certificate of retention, for reporting, for cooperation, for confidentiality, for violations, for refunds or credits, for practice clarification, for the Health Care Provider Retention Account, for penalties and for expiration; providing for the Expanded Adult Basic Coverage Insurance Program; and making a related repeal.
Amend Bill, page 2, lines 13 through 30; pages 3 through 21, lines 1 through 30; page 22, lines 1 through 23, by striking out all of said lines on said pages and inserting

Section 1. Section 712 of the act of March 20, 2002 (P.L.154, No.13), known as the Medical Care Availability and Reduction of Error (Mcare) Act, is amended to read:

Section 712. Medical Care Availability and Reduction of Error Fund.

(a) Establishment.—There is hereby established within the State Treasury a special fund to be known as the Medical Care Availability and Reduction of Error Fund. Money in the fund shall be used to pay claims against participating health care providers for losses or damages awarded in medical professional liability actions against them in excess of the basic insurance coverage required by section 711(d), liabilities transferred in accordance with subsection (b) and for the administration of the fund.

(b) Transfer of assets and liabilities.—

(1) (i) The money in the Medical Professional Liability Catastrophe Loss Fund established under section 701(d) of the former act of October 15, 1975 (P.L.390, No.111), known as the Health Care Services Malpractice Act, is transferred to the fund.

(ii) The rights of the Medical Professional Liability Catastrophe Loss Fund established under section 701(d) of the former Health Care Services Malpractice Act are transferred to and assumed by the fund.

(2) The liabilities and obligations of the Medical Professional Liability Catastrophe Loss Fund established under section 701(d) of the former Health Care Services Malpractice Act are transferred to and assumed by the fund.

(c) Fund liability limits.—

(1) For calendar year 2002, the limit of liability of the fund created in section 701(d) of the former Health Care Services Malpractice Act for each health care provider that conducts more than 50% of its health care business or practice within this Commonwealth and for each hospital shall be \$700,000 for each occurrence and \$2,100,000 per annual aggregate.

(2) The limit of liability of the fund for each participating health care provider shall be as follows:

(i) For calendar year 2003 and each year thereafter, the limit of liability of the fund shall be

\$500,000 for each occurrence and \$1,500,000 per annual aggregate.

(ii) If the basic insurance coverage requirement is increased in accordance with section 711(d)(3) and, notwithstanding subparagraph (i), for each calendar year following the increase in the basic insurance coverage requirement, the limit of liability of the fund shall be \$250,000 for each occurrence and \$750,000 per annual aggregate.

(iii) If the basic insurance coverage requirement is increased in accordance with section 711(d)(4) and, notwithstanding subparagraphs (i) and (ii), for each calendar year following the increase in the basic insurance coverage requirement, the limit of liability of the fund shall be zero.

(d) Assessments.—

(1) For calendar year 2003 and for each year thereafter, the fund shall be funded by an assessment on each participating health care provider. Assessments shall be levied by the department on or after January 1 of each year. The assessment shall be based on the prevailing primary premium for each participating health care provider and shall, in the aggregate, produce an amount sufficient to do all of the following:

(i) Reimburse the fund for the payment of reported claims which became final during the preceding claims period.

(ii) Pay expenses of the fund incurred during the preceding claims period.

(iii) Pay principal and interest on moneys transferred into the fund in accordance with section 713(c).

(iv) Provide a reserve that shall be 10% of the sum of subparagraphs (i), (ii) and (iii).

(2) The department shall notify all basic insurance coverage insurers and self-insured participating health care providers of the assessment by November 1 for the succeeding calendar year.

(3) Any appeal of the assessment shall be filed with the department.

(e) Discount on surcharges and assessments.—

(1) For calendar year 2002, the department shall discount the aggregate surcharge imposed under section 701(e)(1) of the Health Care Services Malpractice Act by 5% of the aggregate surcharge imposed under that section for calendar year 2001 in accordance with the following:

(i) Fifty percent of the aggregate discount shall be granted equally to hospitals and to participating health care providers that were surcharged as members of one of the four highest rate classes of the prevailing primary premium.

(ii) Notwithstanding subparagraph (i), 50% of the aggregate discount shall be granted equally to all participating health care providers.

(iii) The department shall issue a credit to a participating health care provider who, prior to the effective date of this section, has paid the surcharge imposed under section 701(e)(1) of the former Health Care Services Malpractice Act for calendar year 2002 prior to the effective date of this section.

(2) For calendar years 2003 and 2004, the department shall discount the aggregate assessment imposed under subsection (d) for each calendar year by 10% of the aggregate surcharge imposed under section 701(e)(1) of the former Health Care Services Malpractice Act for calendar year 2001 in accordance with the following:

(i) Fifty percent of the aggregate discount shall be granted equally to hospitals and to participating health care providers that were assessed as members of one of

the four highest rate classes of the prevailing primary premium.

(ii) Notwithstanding subparagraph (i), 50% of the aggregate discount shall be granted equally to all participating health care providers.

(3) [For calendar years 2005 and thereafter, if the basic insurance coverage requirement is increased in accordance with section 711(d)(3) or (4), the department may discount the aggregate assessment imposed under subsection (d) by an amount not to exceed the aggregate sum to be deposited in the fund in accordance with subsection (m).] Beginning the calendar year following the year in which the Insurance Commissioner increases the basic insurance coverage requirement under section 711(d)(4), the department shall discount the aggregate assessment imposed under subsection (d) by an amount not to exceed the aggregate sum of the amount to be deposited in the fund in accordance with subsection (m) and the amount under section 1112(c).

(f) Updated rates.—The joint underwriting association shall file updated rates for all health care providers with the commissioner by May 1 of each year. The department shall review and may adjust the prevailing primary premium in line with any applicable changes which have been approved by the commissioner.

(g) Additional adjustments of the prevailing primary premium.—The department shall adjust the applicable prevailing primary premium of each participating health care provider in accordance with the following:

(1) The applicable prevailing primary premium of a participating health care provider which is not a hospital may be adjusted through an increase in the individual participating health care provider's prevailing primary premium not to exceed 20%. Any adjustment shall be based upon the frequency of claims paid by the fund on behalf of the individual participating health care provider during the past five most recent claims periods and shall be in accordance with the following:

(i) If three claims have been paid during the past five most recent claims periods by the fund, a 10% increase shall be charged.

(ii) If four or more claims have been paid during the past five most recent claims periods by the fund, a 20% increase shall be charged.

(2) The applicable prevailing primary premium of a participating health care provider which is not a hospital and which has not had an adjustment under paragraph (1) may be adjusted through an increase in the individual participating health care provider's prevailing primary premium not to exceed 20%. Any adjustment shall be based upon the severity of at least two claims paid by the fund on behalf of the individual participating health care provider during the past five most recent claims periods.

(3) The applicable prevailing primary premium of a participating health care provider not engaged in direct clinical practice on a full-time basis may be adjusted through a decrease in the individual participating health care provider's prevailing primary premium not to exceed 10%. Any adjustment shall be based upon the lower risk associated with the less-than-full-time direct clinical practice.

(4) The applicable prevailing primary premium of a hospital may be adjusted through an increase or decrease in the individual hospital's prevailing primary premium not to exceed 20%. Any adjustment shall be based upon the frequency and severity of claims paid by the fund on behalf of other hospitals of similar class, size, risk and kind within the same defined region during the past five most recent claims periods.

(h) Self-insured health care providers.—A participating health care provider that has an approved self-insurance plan shall be assessed

an amount equal to the assessment imposed on a participating health care provider of like class, size, risk and kind as determined by the department.

(i) Change in basic insurance coverage.—If a participating health care provider changes the term of its medical professional liability insurance coverage, the assessment shall be calculated on an annual basis and shall reflect the assessment percentages in effect for the period over which the policies are in effect.

(j) Payment of claims.—Claims which became final during the preceding claims period shall be paid on or before December 31 following the August 31 on which they became final.

(k) Termination.—Upon satisfaction of all liabilities of the fund, the fund shall terminate. Any balance remaining in the fund upon such termination shall be [returned by the department to the participating health care providers who participated in the fund in proportion to their assessments in the preceding calendar year] deposited in the Budget Stabilization Fund.

(l) Sole and exclusive source of funding.—Except as provided in subsection (m) and section 1112(c), the surcharges imposed under section 701(e)(1) of the Health Care Services Malpractice Act and assessments on participating health care providers and any income realized by investment or reinvestment shall constitute the sole and exclusive sources of funding for the fund. Nothing in this subsection shall prohibit the fund from accepting contributions from nongovernmental sources. A claim against or a liability of the fund shall not be deemed to constitute a debt or liability of the Commonwealth or a charge against the General Fund.

(m) Supplemental funding.—Notwithstanding the provisions of 75 Pa.C.S. § 6506(b) (relating to surcharge) to the contrary, beginning January 1, 2004, [and for a period of nine calendar years thereafter,] all surcharges levied and collected under 75 Pa.C.S. § 6506(a) by any division of the unified judicial system shall be remitted to the Commonwealth for deposit in the Medical Care Availability and Restriction of Error Fund. These funds shall be used to reduce surcharges and assessments [in accordance with subsection (e). Beginning January 1, 2014, and each year thereafter, the surcharges levied and collected under 75 Pa.C.S. § 6506(a) shall be deposited into the General Fund] for calendar years beginning the year following the year in which the Insurance Commissioner increases the basic insurance coverage requirement under section 711(d)(4).

(n) Waiver of right to consent to settlement.—A participating health care provider may maintain the right to consent to a settlement in a basic insurance coverage policy for medical professional liability insurance upon the payment of an additional premium amount.

Section 2. Section 1101 of the act, amended or added December 22, 2005 (P.L.458, No.88) and October 27, 2006 (P.L.1198, No.128), is amended to read:

Section 1101. Definitions.

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

"Account." The Health Care Provider Retention Account established in section 1112.

["Applicant." A health care provider that is located in, resides in or practices in this Commonwealth and who applies for an abatement under section 1104.

"Assessment." The assessment imposed under section 712(d).

"Emergency physician." A physician who is certified by the American Board of Emergency Medicine or by the American Osteopathic Board of Emergency Medicine and who is either employed full time by a trauma center or a hospital for the performance of services in the hospital emergency department or is working under an exclusive contract with a trauma center or a hospital for the performance of services in the hospital emergency department.

"Health care provider." An individual who is all of the following:

(1) A physician, licensed podiatrist, certified nurse midwife or nursing home.

(2) A participating health care provider as defined in section 702.

"Licensing board." Any of the following, as appropriate to the licensee:

- (1) State Board of Medicine.
- (2) State Board of Osteopathic Medicine.
- (3) State Board of Podiatry.]

"Program." The Health Care Provider Retention Program established in section 1102.

["Trauma center." A hospital accredited by the Pennsylvania Trauma Systems Foundation as a Level I, Level II or Level III Trauma Center.]

Section 3. Section 1102 of the act, amended October 27, 2006 (P.L.1198, No.128), is amended to read:

Section 1102. Abatement program.

(a) Establishment.—There is hereby established within the Insurance Department a program to be known as the Health Care Provider Retention Program. [The Insurance Department, in conjunction with the Department of Public Welfare, shall administer the program.] The program shall provide assistance in the form of assessment abatements to health care providers [for calendar years 2003, 2004, 2005, 2006 and 2007, except that licensed podiatrists shall not be eligible for calendar years 2003 and 2004, and nursing homes shall not be eligible for calendar years 2003, 2004 and 2005].

[(b) Other abatement.—Emergency physicians not employed full time by a trauma center or working under an exclusive contract with a trauma center shall retain eligibility for an abatement Section pursuant to section 1104(b)(2) for calendar years 2003, 2004, 2005 and 2006. Commencing in calendar year 2007, these emergency physicians shall be eligible for an abatement pursuant to section 1104(b)(1).]

Section 4. Sections 1103, 1104, 1105, 1106, 1107, 1108, 1109, 1110 and 1111 of the act, added December 22, 2005 (P.L.458, No.88), are repealed:

[Section 1103. Eligibility.

A health care provider shall not be eligible for assessment abatement under the program if any of the following apply:

- (1) The health care provider's license has been revoked in any state within the ten most recent years or a health care provider has a license revoked during a year in which an abatement was received.
- (2) The health care provider's ability, if any, to dispense or prescribe drugs or medication has been revoked in this Commonwealth or any other state within the ten most recent years.
- (3) The health care provider has had three or more medical liability claims in the past five most recent years in which a judgment was entered against the health care provider or a settlement was paid on behalf of the health care provider, in an amount equal to or exceeding \$500,000 per claim.
- (4) The health care provider has been convicted of or has entered a plea of guilty or no contest to an offense which is required to be reported under section 903(3) or (4) within the ten most recent years.
- (5) The health care provider has an unpaid surcharge or assessment under this act.

Section 1104. Procedure.

(a) Application.—A health care provider may apply to the Insurance Department for an abatement of the assessment imposed for the previous calendar year specified on the application. The application must be submitted by the second Monday of February of the calendar year specified on the application and shall be on the form required by the Insurance Department. The department shall require that the application contain all of the following supporting information:

- (1) A statement of the applicant's field of practice, including any specialty.
- (2) Except for physicians enrolled in an approved residency or fellowship program, a signed certificate of retention.

(3) A signed certification that the health care provider is an eligible applicant under section 1103 for the program.

(4) Such other information as the Insurance Department may require.

(a.1) Electronically filed application.—A hospital may submit an electronic application on behalf of all health care providers when the hospital is responsible for payment of the health care provider's assessment under this act and the hospital has received prior written approval from the Insurance Department.

(b) Review.—Upon receipt of a completed application, the Insurance Department shall review the applicant's information and grant the applicable abatement of the assessment for the previous calendar year specified on the application in accordance with all of the following:

(1) The Insurance Department shall notify the Department of Public Welfare that the applicant has self-certified as eligible for a 100% abatement of the imposed assessment if the health care provider was assessed under section 712(d) as:

- (i) a physician who is assessed as a member of one of the four highest rate classes of the prevailing primary premium;
- (ii) an emergency physician;
- (iii) a physician who routinely provides obstetrical services in rural areas as designated by the Insurance Department; or
- (iv) a certified nurse midwife.

(2) The Insurance Department shall notify the Department of Public Welfare that the applicant has self-certified as eligible for a 50% abatement of the imposed assessment if the health care provider was assessed under section 712(d) as:

- (i) a physician but is a physician who does not qualify for abatement under paragraph (1);
- (ii) a licensed podiatrist; or
- (iii) a nursing home.

(c) Refund.—If a health care provider paid the assessment for the calendar year prior to applying for an abatement under subsection (a), the health care provider may, in addition to the completed application required by subsection (a), submit a request for a refund. The request shall be submitted on the form required by the Insurance Department. If the Insurance Department grants the health care provider an abatement of the assessment for the calendar year in accordance with subsection (b), the Insurance Department shall either refund to the health care provider the portion of the assessment which was abated or issue a credit to the health care provider's professional liability insurer.

Section 1105. Certificate of retention.

(a) Certificate.—The Insurance Department shall prepare a certificate of retention form. The form shall require a health care provider seeking an abatement under the program to attest that the health care provider will continue to provide health care services in this Commonwealth for at least one full calendar year following the year for which an abatement was received pursuant to this chapter.

(a.1) Hospital responsibility.—When a hospital has submitted an application on behalf of a health care provider, the hospital shall be responsible for ensuring compliance with the certificate of retention and shall indemnify the health care provider retention account for each health care provider who fails to continue to provide medical services within this Commonwealth for the year following receipt of the abatement.

(b) Repayment.—

(1) Except as provided in paragraph (2), if a health care provider receives an abatement but, prior to the end of the retention period, ceases providing health care services in this Commonwealth, the health care provider shall repay to the Commonwealth 100% of the abatement received plus administrative and legal costs, if applicable. A health care provider subject to this paragraph shall provide written notice to the Insurance Department within 60 days of the date of cessation of health care services.

(2) Paragraph (1) shall not apply to a health care provider who is any of the following:

(i) A health care provider who is enrolled in an approved residency or fellowship program.

(ii) A health care provider who dies prior to the end of the retention period.

(iii) A health care provider who is disabled and unable to practice prior to the end of the retention period.

(iv) A health care provider who is called to active military duty prior to the end of the retention period.

(v) A health care provider who retires and who is at least 70 years of age prior to the end of the retention period.

(c) Tax.—An amount owed the Commonwealth under subsection (b) shall be considered a tax under section 1401 of the act of April 9, 1929 (P.L.343, No.176), known as The Fiscal Code. The Department of Revenue shall provide assistance to the Insurance Department in any collection effort. Any amount collected under this chapter, including administrative and legal costs, shall be deposited into the Health Care Provider Retention Account.

(d) Failure to pay.—The Insurance Department shall notify the appropriate licensing board of any failure to pay an amount required of a licensee under this section. Upon such notification, the licensing board shall suspend or revoke the license of the licensee.

Section 1106. Reporting.

(a) Report.—By May 15 of 2004 and 2006, the Insurance Department shall submit a report to the Governor, the chairperson and the minority chairperson of the Banking and Insurance Committee of the Senate and the chairperson and the minority chairperson of the Insurance Committee of the House of Representatives regarding the program. The report shall include all of the following:

(1) The number of health care providers who applied for abatement under the program.

(2) The number of health care providers granted 100% abatement under the program.

(3) The number of health care providers granted 50% abatement under the program.

(4) Based upon available information, the number of health care providers who have left this Commonwealth after receiving abatement under the program.

(5) The number of and reason for any unapproved applications.

(6) Any other information relevant to assessing the success of the program.

(b) Exception.—The report shall not release information which could reasonably be expected to reveal the individual identity of a health care provider.

Section 1107. Cooperation.

Notwithstanding any law to the contrary, all departments under the jurisdiction of the Governor shall cooperate with the Insurance Department in its administration of the program.

Section 1108. Confidentiality.

Any information submitted by an applicant to the Insurance Department under this chapter shall be confidential by law and privileged and shall not be deemed a public record under the act of June 21, 1957 (P.L.390, No.212), referred to as the Right-to-Know Law, except that the Insurance Department may release information necessary and proper for administration and processing of specific applications or certificates of retention.

Section 1109. Violations.

The following shall apply:

(1) Any person who willfully submits false or fraudulent information under section 1104 commits a violation of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and shall, upon conviction, be subject to punishment as provided by law. Any penalty imposed for violating 18 Pa.C.S. § 4904 shall be in addition to any penalty imposed in accordance with this chapter.

(2) Any person who willfully divulges or makes known individual specific information submitted under this chapter, permits individual specific information to be seen or examined by any person or prints, publishes or makes known in any manner individual specific information commits a misdemeanor of the third degree and shall, upon conviction, be sentenced to pay a fine not exceeding \$2,500 and the costs of prosecution or to undergo imprisonment for not more than one year, or both.

Section 1110. Refunds or credits.

The Insurance Department shall either issue refunds or credits for moneys due health care providers under this chapter.

Section 1111. Practice clarification.

Notwithstanding any other act to the contrary, health care providers that conduct less than 50% of their health care business or practice within this Commonwealth shall insure their professional liability consistent with the limits established under section 711.]

Section 5. Section 1112 of the act, added December 22, 2005 (P.L.458, No.88), is amended to read:

Section 1112. Health Care Provider Retention Account.

(a) Fund established.—There is established within the General Fund a special account to be known as the Health Care Provider Retention Account. Funds in the account shall be subject to an annual appropriation by the General Assembly [to the Department of Public Welfare. The Department of Public Welfare shall administer funds appropriated under this section consistent with its duties under section 201(1) of the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.

(b) Transfers from Mcare Fund.—By December 31 of each year, the Secretary of the Budget may transfer from the Medical Care Availability and Reduction of Error (Mcare) Fund established in section 712(a) to the account an amount equal to the difference between the amount deposited under section 712(m) and the amount granted as discounts under section 712(e)(2) for that calendar year.] and shall be used to pay for the liabilities and the administration of the Mcare Fund.

(c) Transfers from account.—[The Secretary of the Budget may annually transfer from the account to the Medical Care Availability and Reduction of Error (Mcare) Fund an amount up to the aggregate amount of abatements granted by the Insurance Department under section 1104(b).

(d) Other deposits.—The Department of Public Welfare may deposit any other funds received by the department which it deems appropriate in the account.] Beginning the calendar year following the year in which the Insurance Commissioner increases the basic insurance coverage requirement under section 711(d)(4), the Secretary of the Budget shall annually transfer from the account to the Medical Care Availability and Reduction of Error (Mcare) Fund an amount equal to the difference between the aggregate assessment imposed under section 712(d) and the sum of the balance of the Mcare Fund and the amount deposited in the Mcare Fund in accordance with section 712(m). If the sum of the balance of the Mcare Fund and the amount deposited in the Mcare Fund in accordance with section 712(m) is greater than the aggregate assessment imposed under section 712(d) for that year, the Secretary of the Budget shall not make a transfer from the account for that year.

(e) Administration assistance.—The Insurance Department shall [provide assistance to the Department of Public Welfare in administering] administer the account.

Section 6. Section 1113 of the act, added December 22, 2005 (P.L.458, No.88), is repealed:

[Section 1113. Penalties.

The penalties imposed under this chapter or any other applicable act shall be cumulative.]

Section 7. Section 1115 of the act, amended October 27, 2006 (P.L.1198, No.128), is repealed:

[Section 1115. Expiration.

The Health Care Provider Retention Program established under this chapter shall expire December 31, 2008.]

Section 8. The act is amended by adding a chapter to read:

CHAPTER 17

EXPANDED ADULT BASIC COVERAGE INSURANCE

PROGRAM

SUBCHAPTER A

PRELIMINARY PROVISIONS

Section 1701. Scope of chapter.

This chapter relates to the Expanded Adult Basic Coverage Insurance Program.

Section 1702. Definitions.

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

"Commissioner." The Insurance Commissioner of the Commonwealth.

"Department." The Insurance Department of the Commonwealth.

SUBCHAPTER B

PENNSYLVANIA EXPANDED ADULT BASIC COVERAGE INSURANCE PROGRAM

Section 1711. Scope of subchapter.

This subchapter relates to offering health care coverage to eligible adults.

Section 1712. Definitions.

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

"Behavioral health services." Mental health or substance abuse services.

"Benefit package." Insurance coverage which provides the benefits set forth under section 1713(h) for eligible adults.

"Children's Health Insurance Program." The Children's Health Care Program established under Article XXIII of the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921.

"Chronic care and disease management." A model of health care that manages chronic diseases in accordance with evidence-based treatment guidelines and includes all of the following:

(1) Planned, regular interactions with caregivers to systematically assess the patient's condition and guide patient self-care to prevent exacerbation and complications of the chronic illness.

(2) Support for the patient's role as self-manager through education and continuing follow-up initiated by the health care practice.

(3) Use of information systems to organize care and monitor patient progress.

"Contractor." An insurer or other entity or its subsidiaries awarded a contract to provide health care services under this subchapter.

"Eligible adult." A low-income adult who meets all of the following:

(1) Legally resides within the United States.

(2) Is a resident of this Commonwealth at the time of application to the program.

(3) Is not currently covered by a health insurance plan, a self-insurance plan or a self-funded plan.

(4) Has not been covered by a health insurance plan, a self-insurance plan or a self-funded plan during the six months immediately preceding the determination of eligibility, except if one of the following apply:

(i) The low-income adult is eligible to receive benefits under the act of December 5, 1936 (2nd Sp.Sess., 1937 P.L.2897, No.1), known as the Unemployment Compensation Law.

(ii) The low-income adult was covered under a health insurance plan, a self-insurance plan or a self-funded plan but, at the time of application for coverage,

is no longer employed and is ineligible to receive benefits under the Unemployment Compensation Law.

(iii) The low-income adult lost coverage as a result of divorce or separation from a covered individual or the death of a covered individual.

(iv) The low-income adult lost coverage as a result of a change in employment status of a covered individual resulting in either of the exceptions set forth under subparagraph (i) or (ii) and both the eligible adult and the spouse are low-income adults and applying for coverage.

(v) The low-income adult is transferring from another government-subsidized health insurance program, including a transfer that occurs as a result of failure to meet income eligibility requirements.

(5) The low-income adult is ineligible to receive continuous eligibility coverage under Title XIX or XXI of the Social Security Act (49 Stat. 620, 42 U.S.C. § 301 et seq.), except for benefits authorized under a waiver granted by the United States Department of Health and Human Services to implement the program.

(6) The low-income adult is ineligible for Medicare.

"Enrollee." An eligible adult who meets all the requirements of this subchapter and is enrolled in the Pennsylvania Expanded Adult Basic Coverage Insurance Program.

"Health benefit plan." An insurance coverage plan that provides the benefits set forth under section 1713(h). The term shall not include any of the following:

(1) An accident-only policy.

(2) A credit-only policy.

(3) A long-term care or disability income policy.

(4) A specified-disease policy.

(5) A Medicare supplement policy.

(6) A Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) supplement policy.

(7) A fixed-indemnity policy.

(8) A dental-only policy.

(9) A vision-only policy.

(10) A workers' compensation policy.

(11) An automobile medical payment policy under 75 Pa.C.S. (relating to vehicles).

(12) Other similar policies providing for limited benefits.

"Health maintenance organization" or "HMO." An entity organized and regulated under the act of December 29, 1972 (P.L.1701, No.364), known as the Health Maintenance Organization Act.

"Hospital." A hospital as defined and licensed under the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act.

"Hospital plan corporation." A hospital plan corporation as defined in 40 Pa.C.S. § 6101 (relating to definitions).

"Insurer." A company or health insurance entity licensed in this Commonwealth to issue any individual or group health, sickness or accident policy or subscriber contract or certificate or plan that provides medical or health care coverage by a health care facility or licensed health care provider that is offered or governed under any of the following:

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

(2) The act of December 29, 1972 (P.L.1701, No.364), known as the Health Maintenance Organization Act.

(3) The act of May 18, 1976 (P.L.123, No.54), known as the Individual Accident and Sickness Insurance Minimum Standards Act.

(4) 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations) or 63 (relating to professional health services plan corporations).

"Low-income adult." An individual who is at least 19 years of age but less than 65 years of age and whose household income is less than 200% of the Federal poverty level at the time of eligibility determination.

"Medical assistance." The State program of medical assistance established under the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.

"Medicare." The Federal program established under Title XVIII of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1395 et seq.).

"Offeror." An insurer that submits a bid or proposal in response to a solicitation issued under section 1713(h).

"Pre-existing condition." A disease or physical condition for which medical advice, diagnosis, care or treatment was recommended or received prior to the effective date of coverage.

"Premium assistance program." A component of the Pennsylvania Expanded Adult Basic Coverage Insurance Program, approved under a State plan or approved waiver, under which the Commonwealth pays part or all of the premium for an enrollee's group health insurance or coverage under a group health plan.

"Prescription drug." A controlled substance, other drug or device for medication dispensed by order of an appropriately licensed medical professional.

"Professional health services plan corporation." A not-for-profit corporation operating under the provisions of 40 Pa.C.S. Ch. 63 (relating to professional health services plan corporations).

"Program." The Pennsylvania Expanded Adult Basic Coverage Insurance Program.

"Unemployment Compensation Law." The act of December 5, 1936 (2nd Sp.Sess., 1937 P.L.2897, No.1), known as the Unemployment Compensation Law.

"Wait-list enrollee." An eligible adult who meets all the requirements of this subchapter who is not enrolled in the program due to insufficient appropriations, but who individually purchases the benefit package.

Section 1713. Pennsylvania Expanded Adult Basic Coverage Insurance Program.

(a) Program establishment.—There is established in the department the Pennsylvania Expanded Adult Basic Coverage Insurance Program. The program is contingent on, and shall not be authorized without, sufficient Federal financial participation to fund the program. Appropriations to the department for the program shall be used for contracts to provide basic health care insurance for eligible adults and administration of outreach activities and for program operating costs. The department shall, to the greatest extent practicable, ensure that all eligible adults in this Commonwealth have access to the program established in this section.

(b) Eligible adult responsibilities.—An eligible adult seeking to purchase coverage under the program shall:

(1) Submit an application to the department or a contractor.

(2) Pay to the department, or the contractor with whom the eligible adult is to be enrolled, the amount of the premium specified under this subsection. Except to the extent that changes may be necessary to meet Federal requirements under section 1720, subsidies for the 2009-2010 fiscal year shall result in the following premium amount based on household income for a health benefit plan:

(i) For an enrollee whose household income is not greater than 150% of the Federal poverty level, a monthly premium of \$0.

(ii) For an enrollee whose household income is greater than 150% but not greater than 175% of the Federal poverty level, a monthly premium of \$40.

(iii) For an enrollee whose household income is greater than 175% but not greater than 200% of the Federal poverty level, a monthly premium of \$50.

(3) Be responsible for any required copayments for health care services rendered under the benefit package in subsection (h).

(4) Notify the department or the contractor with whom the eligible adult is enrolled of any change in the eligible adult's household income.

(c) Purchase of insurance.—An eligible adult's payment to the department or the contractor with whom the eligible adult is enrolled under subsection (b)(2) shall be used to purchase the benefit package and shall be remitted so that it is received by the department or the contractor before the first day of the month for which coverage is provided. A grace period for remittance shall be permitted as provided by Federal or State law.

(d) Premium assistance program.—The department shall implement a premium assistance program permitted under Federal regulations and as permitted through a Federal waiver or State plan amendment made under this subchapter. Notwithstanding any other law to the contrary, in the event that it is more cost-effective to purchase health care from an enrollee's employer-based program and the employer-based program provides, at a minimum, the benefits package described in subsection (h)(8), employer-based coverage may be purchased in place of enrollment in the program established under this subchapter. An insurer shall honor a request for enrollment and purchase of employee group health insurance requested on behalf of an enrollee.

(e) Waiting list.—The department shall maintain a waiting list of eligible adults who have applied for coverage under the program but who are not enrolled due to insufficient appropriations. An eligible adult on the waiting list may purchase the benefit package at the monthly per-member premium cost negotiated by the department. The department shall create a procedure to remove eligible adults from the waiting list and enroll them in the program based upon available funding.

(f) Entitlements and claims.—Nothing in this subchapter shall constitute an entitlement derived from the Commonwealth or a claim on any funds of the Commonwealth. The Department of Public Welfare, in conjunction with the department, shall seek approval of State plan amendments and revisions to Federal waivers as are necessary to ensure that expenditures in the program shall not exceed available funding.

(g) Department responsibilities.—The department shall work in consultation and cooperation with other appropriate Commonwealth agencies, including the Department of Public Welfare, to carry out the functions of this subchapter and shall:

(1) Administer the program on a Statewide basis.

(2) Enter into contracts for health care insurance for the benefit package. Contracts may be awarded on a multiple-award basis.

(3) (i) In order to effectuate the program promptly upon receipt of all applicable waivers and approvals from the Federal government, contracts as currently exist under the Adult Basic Program or the Physical Health Health Choices Program of the Department of Public Welfare may be amended to provide benefits under the program established in this section or may otherwise procure services outside the competitive procurement process.

(ii) This paragraph shall expire at the same time as the contracts awarded under this section, but not later than 18 months after the effective date of this section.

(4) Subject to Federal requirements, impose reasonable cost-sharing arrangements establishing and adjusting copayments to be incorporated into the program by contractors, thereby encouraging appropriate use by contractors of cost-effective health care providers who will provide quality health care. Changes to copayments shall be forwarded to the Legislative Reference Bureau for publication as notices in the Pennsylvania Bulletin.

(5) Conduct monitoring, oversight and audits of executed contracts for enforcement purposes.

(6) Ensure that the eligibility of enrollees receiving subsidization of the benefit package is redetermined on an annual basis.

(7) Monitor, review and evaluate each contractor's benefit package for the adequacy, accessibility and availability of the services required under subsection (h).

(8) Establish and coordinate development, implementation and supervision of an outreach plan to ensure that all those who may be eligible are aware of the program. The outreach plan shall include provisions for:

(i) Reaching special populations, including nonwhite and non-English speaking individuals and individuals with disabilities.

(ii) Reaching different geographic areas, including rural and inner-city areas.

(iii) Assuring that special efforts are coordinated within the overall outreach activities throughout this Commonwealth.

(iv) Allowing for the acceptance of applications at county assistance offices operated by the Department of Public Welfare.

(9) Prepare and submit, by March 1, 2010, and annually thereafter, a report to the chairman and minority chairman of the Banking and Insurance Committee of the Senate and to the chairman and minority chairman of the Insurance Committee of the House of Representatives regarding the number of eligible adults purchasing coverage under the program with a geographic distribution, the identity of the contractors, the scope of the services being provided, the level of outreach, the cost of the insurance and the amount an eligible adult contributes toward the insurance, including any copayments and adjustments to the premiums. The annual report shall be made available for public inspection and posted on the department's publicly accessible Internet website.

(10) Undertake efforts as are required to seek receipt of and qualify for Federal financial participation.

(h) Solicitation.—The department shall solicit bids or proposals for the program. The solicitation shall require an offeror to assure that if selected as a contractor it will do all of the following:

(1) Ensure that enrollees and wait-list enrollees have access to qualified, cost-effective health care providers.

(2) Contract with qualified, cost-effective health care providers, which shall include primary health care physicians, certified registered nurse practitioners, physician assistants, clinical nurse specialists, nurse-midwives, clinics and health maintenance organizations, to provide health care for organizations, to provide health care for enrollees and wait-list enrollees in a manner that best manages the costs of the services and utilizes other appropriate medical cost-effective methods and in a manner consistent with the provider's permitted scope of practice.

(3) Ensure that the individual applying for coverage is an eligible adult. If a review of the individual's application for coverage indicates that the individual is not eligible for adult basic coverage insurance, but may be eligible for medical assistance, the application for benefits and all accompanying documentation shall be promptly transmitted to the appropriate county assistance office for a determination of eligibility for medical assistance or other Federal, State and local resources available to the individual.

(4) Not prohibit enrollment based upon a preexisting condition nor exclude a diagnosis or treatment for the condition based on the condition's preexistence.

(5) Provide an insurance identification card to each enrollee or wait-list enrollee covered under a contract executed

under this section. The card shall not identify the enrollee or wait-list enrollee as low income.

(6) Require each provider providing primary care services under this section to make necessary arrangements for admission to hospitals and for necessary specialty care.

(7) Not pay any claim on behalf of an enrollee or wait-list enrollee unless all other Federal, State and local resources are first utilized and utilize subrogation and coordination of benefits processes so that the program is the payor of last resort.

(8) Provide a benefit package to enrollees and wait-list enrollees consistent with the scope and duration requirements determined by the department. The Commonwealth may elect to provide any benefit independently and outside the scope of any contract entered into with any contractor to provide the benefit package under the program. The benefit package determined by the department may include any of the following services:

(i) Preventive and wellness care.

(ii) Outpatient primary care and specialist services.

(iii) Inpatient hospitalization.

(iv) Outpatient services.

(v) Emergency care.

(vi) Laboratory and radiology.

(vii) Clinic services.

(viii) Prescription drugs.

(ix) Diabetic medical supplies and equipment.

(x) Emergency dental care.

(xi) Maternity care.

(xii) Skilled nursing.

(xiii) Home health, palliative and hospice care.

(xiv) Chronic care and disease management.

(xv) Inpatient and outpatient behavioral health services.

(i) Bids or proposals.—Each professional health service plan corporation, hospital plan corporation, health maintenance organization owned or controlled by a professional health service plan corporation or a hospital plan corporation and each entity that provides services under the Department of Public Welfare's Physical Health HealthChoices Program shall be required to submit a bid or proposal to the department to carry out the purposes of this subchapter. Each professional health service plan corporation and hospital plan corporation, and subsidiaries and affiliates doing business in this Commonwealth, shall submit a bid or proposal to the department to carry out the purposes of this section in the geographic area serviced by that entity. Each health maintenance organization owned or controlled by a health service plan corporation or hospital plan corporation shall submit a bid or proposal with all eligible licenses and certificates of authority under its control, in all service zones in which it is licensed to do business in more than 50% of the counties in that zone. The service zones shall be determined by the department in consultation with the Department of Health and the Department of Public Welfare. Each entity that provides services under the Physical Health HealthChoices Program of the Department of Public Welfare shall submit a bid or proposal in all counties in which it provides the services. All other insurers may submit a bid or proposal to the department to carry out the purposes of this section.

(j) Reviewing, scoring and selecting bids or proposals.—The department, in consultation with the Department of Public Welfare, shall review and score bids or proposals on the basis of all of the requirements for the program. The department may include other criteria in the solicitation and in the scoring and selection of the bids or proposals that the department, in the exercise of its administrative duties under this section and in consultation with the Department of Public Welfare, deems necessary. The department shall:

(1) Select, to the greatest extent practicable, offerors that contract with providers to provide health care services on a cost-effective basis and that use appropriate cost-management

methods that enable the program to provide coverage to the maximum number of eligible adults and that, whenever possible, pursue and utilize available public and private funds.

(2) Select, to the greatest extent practicable, only offerors that comply with all procedures relating to coordination of benefits as required by the department and the Department of Public Welfare.

(3) Select offerors that limit administrative expenses to no more than 10% of the amount of the contract. If a contractor presents documented evidence that administrative expenses for operational changes from the previous AdultBasic Program to the program implemented under this chapter are in excess of 10% of the amount of the contract, the department shall make an additional allotment of funds, not to exceed 1% of the amount of the contract, to the contractor to the extent that the department finds the expenses reasonable and necessary.

(k) Rates and negotiations.—Rates for the program shall be approved annually by the department and may vary by region and contractor. Rates shall be based on an actuarially sound and adequate review. The department shall not negotiate a contract for a period in excess of four years.

(l) Limitation.—In no case shall the total aggregate amount of annual contracts entered into pursuant to this section exceed the amount of the aggregate annual appropriations to the department for the program.

Section 1714. Duties of contractors.

A contractor that contracts with the department to provide a health benefit plan to eligible adults:

(1) Shall process claims for the coverage.

(2) Shall implement copayment adjustments as soon as practicable following publication in the Pennsylvania Bulletin, but in no event more than 120 days following publication.

(3) May not deny coverage to an eligible adult who has been approved by the department to participate in the program.

(4) Shall provide to the department all data, including individual claims data, as the department determines is necessary for use in performance measurement and program improvement.

(5) Shall fulfill all requirements of any contract issued to it pursuant to this section.

Section 1715. Premiums and charges.

(a) Limitation on fees.—No eligible adult shall be assessed a fee or other charge, other than those specified in this subchapter, as a requirement for participating in the program.

(b) Premium adjustment.—For each fiscal year beginning after June 30, 2010, the department may adjust the premium amounts under section 1713(b)(2) to reflect changes in the cost of medical services and shall forward notice of the new premium amounts to the Legislative Reference Bureau for publication as a notice in the Pennsylvania Bulletin.

(c) Copayment adjustment.—For each fiscal year beginning after June 30, 2010, the department may adjust the copayment amounts under section 1713(b)(3) to reflect changes in the cost of medical services and shall forward notice of the new premium amounts to the Legislative Reference Bureau for publication as a notice in the Pennsylvania Bulletin.

Section 1716. Data matching.

(a) Covered adults.—All entities providing health insurance or health care coverage within this Commonwealth shall, at least once every month, provide the names, identifying information and any additional information on coverage and benefits as the department may specify for persons for whom the entities provide insurance or coverage.

(b) Use of information.—The department shall use the information obtained under subsection (a) to determine whether another entity has primary liability for health care claims paid by the program. If a determination is made that the enrollee or wait-list enrollee has other health care coverage, the eligibility of the enrollee or wait-list enrollee shall be reevaluated, as shall the most cost-effective

means of providing coverage for that enrollee or wait-list enrollee.
Section 1717. Information sharing.

Notwithstanding any provision of law to the contrary, the program and other departments or programs of the Commonwealth with information relating to the eligibility of individuals for a Commonwealth program, shall share the information with each other for purposes of determining and coordinating eligibility for any State program. Those departments and programs include, but are not limited to, the Department of Revenue, the Department of Labor and Industry, the Department of Public Welfare, the Children's Health Insurance Program and the program. The information shall be confidential, shall be exempt from disclosure under the act of February 14, 2008 (P.L.6, No.3), known as the Right-to-Know Law, and may not be subject to subpoena and may not be made public by any department or program, except that it may be disclosed to another Commonwealth agency or law enforcement official of the Federal or State government at any time so long as the agency or office receiving the information agrees in writing to hold it confidential and in a manner consistent with this chapter. No individual who receives information while acting under the authority of this chapter shall be permitted or required to testify in a private civil or other action concerning the information subject to this section.

Section 1718. Regulations.

The department may promulgate regulations for the implementation and administration of the program. Until final regulations are adopted, the department shall operate the program under interim guidelines consistent with this subchapter.

Section 1719. Funding.

(a) Funding contingency for subsidization.—Subsidization of premiums and copayments paid under subsection (b) is contingent upon the amount of the funding available to the program and the Federal poverty levels approved by the Federal waiver or State plan amendments granted under section 1720, and is limited to eligible adults who are in compliance with the requirements under this subchapter.

(b) Use of funding.—Funding shall be used by the department to pay the difference between the total monthly cost of the health benefit plan and the premium payments and copayments by the eligible adult and for administration and outreach activities required under subsection 1713(g).

Section 1720. Federal waivers or State plan amendments.

(a) Application for waivers or amendments.—The Department of Public Welfare, in cooperation with the department, shall apply for all applicable waivers from the Federal Government and shall seek approval to amend the State plan under Title XIX of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1396 et seq.) as necessary to carry out the provisions of this subchapter.

(b) Notice of approval.—If the Department of Public Welfare receives approval of a waiver or approval of a State plan amendment, it shall notify the department and shall transmit notice of the waiver or State plan amendment approvals to the Legislative Reference Bureau for publication as a notice in the Pennsylvania Bulletin.

(c) Program changes.—The department is authorized to change the benefits under section 1713(h), the premium amounts payable under section 1713(b) and any eligibility requirements under this subchapter in order for the program to meet Federal requirements.

Section 1721. Federal funds.

Notwithstanding any other provision of law, the Department of Public Welfare, in cooperation with the department, shall do all of the following:

(1) Seek the receipt of Federal financial participation under Title XIX of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1396 et seq.) for coverage and services provided under this article.

(2) Qualify for available Federal financial participation under Title XIX of the Social Security Act.

Section 1722. Federal programs.

If the Federal Government enacts programs similar to the

program, the program shall be construed to only supplement the Federal programs; and adults qualified for coverage under the Federal program shall utilize that Federal program before utilizing the program. Section 1723. Establishment.

There is established within the State Treasury a special fund to be known as the Pennsylvania Expanded Adult Basic Coverage Insurance Program Fund.

Section 1724. Deposits into fund and appropriation.

(a) (Reserved.)

(b) Tobacco Settlement Act.—Notwithstanding the repeal of Chapter 13 of the act of June 26, 2001 (P.L.755, No.77), known as the Tobacco Settlement Act, funds appropriated under section 306(b)(1)(vi) of the Tobacco Settlement Act, for the program established in former Chapter 13 of that act, shall be deposited into the Pennsylvania Expanded Adult Basic Coverage Insurance Program Fund.

(c) Premium tax.—Commencing with calendar years beginning after December 31, 2010, every hospital plan corporation and professional health service plan corporation operating in this Commonwealth shall pay the tax on gross premiums payable under Article IX of the act of March 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971. The tax payable in calendar year 2011 shall be for gross premiums received in calendar year 2010. Notwithstanding the provisions of any law to the contrary, the sums received by the Commonwealth as a result of this tax shall be deposited into the Pennsylvania Expanded Adult Basic Coverage Insurance Program Fund. This subsection shall not be effective if the Agreement on Community Health Reinvestment entered into February 2, 2005, by the department and Capital BlueCross, Highmark, Inc., Hospital Service Association of Northeastern Pennsylvania and Independence Blue Cross and published in the Pennsylvania Bulletin at 35 Pa.B. 4155 (July 23, 2005) is extended or otherwise renegotiated to continue, at least, at the level of Annual Community Health Reinvestment contributed under that agreement. In that event, the sums received by the Commonwealth shall be deposited into the Pennsylvania Expanded Adult Basic Coverage Insurance Program Fund.

(d) Appropriation.—Money in the Pennsylvania Expanded Adult Basic Coverage Insurance Program Fund is appropriated, upon approval of the Governor, for health care coverage and services under this subchapter.

Section 9. Repeals are as follows:

(1) The General Assembly declares that the repeal under paragraph (2) is necessary to effectuate the following:

(i) The amendment of sections 712, 1101, 1102 and 1112 of the act.

(ii) The repeal of sections 1103, 1104, 1105, 1106, 1107, 1108, 1109, 1110, 1111, 1113 and 1115 of the act.

(2) Section 1211 of the act of March 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971, is repealed.

(3) The General Assembly declares that the repeal under paragraph (4) is necessary to effectuate the addition of Chapter 17 of the act.

(4) Chapter 13 of the act of June 26, 2001 (P.L.755, No.77), known as the Tobacco Settlement Act, is repealed.

(5) All acts and parts of acts are repealed insofar as they are inconsistent with this act.

Section 10. This act shall take effect as follows:

(1) The following provisions shall take effect in 90 days:

(i) The addition of Chapter 17 of the act.

(ii) Section 9 (3) and (4) of this act.

(2) The remainder of this act shall take effect immediately.

On the question,

Will the House agree to the amendment?

The SPEAKER. The House will be at ease.

The House will come to order.

BILL REPORTED FROM COMMITTEE, CONSIDERED FIRST TIME, AND RECOMMITTED TO COMMITTEE ON RULES

HB 825, PN 2097 (Amended)

By Rep. OLIVER

An Act providing for electronic prescriptions and for duties of the Department of Health; establishing the Medical Assistance Health Information Technology Incentive Payment Program in the Department of Public Welfare; and imposing penalties.

HEALTH AND HUMAN SERVICES.

BILLS REPORTED FROM COMMITTEE, CONSIDERED FIRST TIME, AND TABLED

SB 47, PN 32

By Rep. OLIVER

An Act amending the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code, further providing for establishment of county boards and expenses.

HEALTH AND HUMAN SERVICES.

SB 446, PN 759

By Rep. OLIVER

An Act amending the act of June 29, 1953 (P.L.304, No.66), known as the Vital Statistics Law of 1953, further providing for registration districts and local registrars' duties, for death and fetal death registrations and for reports.

HEALTH AND HUMAN SERVICES.

RESOLUTION REPORTED FROM COMMITTEE

HR 286, PN 1725

By Rep. OLIVER

A Resolution pledging support to the Shriners Hospitals for Children in dealing with a budget shortfall which threatens to close six hospitals throughout the country, one of which is located in Erie, and encouraging the Shriners Hospital System to explore every available option for making the system financially sound and for keeping open the Erie hospital, which serves the needs of children and families in a five-state area.

HEALTH AND HUMAN SERVICES.

The SPEAKER. The resolution will be placed on the House calendar.

The House will be at ease.

The House will come to order.

CONSIDERATION OF HB 1 CONTINUED

The SPEAKER. On the question before the House, will the House adopt amendment A01374, the Chair recognizes the gentleman from Lancaster County, Representative Boyd.

Mr. BOYD. Thank you, Mr. Speaker.

Mr. Speaker, this amendment is a part of the result of the Republican policy task force's package of legislation that – ultimately what this amendment does is it securitizes the reserve fund that has been built up in the physician retention account. That money is incredibly important to the people of Pennsylvania to absolutely dealing with the unfunded liability that is in that account. We do not believe that it is prudent to take that money knowing that we have a potentially \$1.8 billion-plus liability that the taxpayers of Pennsylvania will be on the hook for.

So this provision just simply puts in HB 1 a mechanism to securitize that account until we have that liability clearly identified. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the question, the Chair recognizes the majority leader, Representative Eachus.

Mr. EACHUS. Thank you, Mr. Speaker.

Mr. Speaker, amendment 1374 really sets up a stark contrast between the difference in the Republican policy as it relates to access to health care and what we are trying to advance in the Democratic Caucus.

What the gentleman's amendment will do is eliminate any attempts to expand additional access to health care under the model that I am presenting in HB 1, because it takes the reserve Mcare (Medical Care Availability and Reduction of Error) money and it guarantees that physicians get that money and not the consumers that we are trying to expand health-care access to.

The other key perversions of this amendment are that it allows for doctors who have licenses that are suspended to get an abatement, which under the current abatement system does not exist. It also allows for doctors with really bad records as it relates to Mcare payouts to get abatements. It not only advances a policy against those whom we are trying to advance health-care access to by giving physicians really an abatement during the most difficult of times, but it also gives some of the worst-performing physicians in the Commonwealth the guarantee that that abatement goes to them, which goes beyond even the former Mcare program that we had.

Mr. Speaker, I say that this is an ace dynamic in stark difference between where the House Democratic Caucus's plan for expanding to 130,000 additional people on the adultBasic program and the Republican amendment which would allow for physicians to get more money at a time when people are really struggling.

I am asking that the body oppose this amendment. Thank you, Mr. Speaker.

The SPEAKER. The Chair recognizes the minority whip, Representative Turzai, on the amendment.

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

With all due respect to the majority leader, the Republican plan with respect to health care that was headed up by my colleagues from Lancaster County and from Bucks County actually does address, in significant part, maintaining quality health care, expanding coverage, particularly in a market-oriented setting, and—

POINT OF ORDER

Mr. EACHUS. Mr. Speaker, a point of order.

The SPEAKER. The gentleman will state his point of order.

Mr. EACHUS. I am not sure the gentleman is speaking to the content on the Boyd amendment. I just wanted to make sure that I set some clarity around that.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

Mr. TURZAI. Thank you very much, Mr. Leader. Yes; just this introductory sentence and we will move right into that, and I appreciate it.

Thank you, Mr. Leader, and thank you, Mr. Speaker.

As I indicated, the leader for the majority was trying to contrast a Republican perspective from a Democratic perspective in saying that this particular amendment somehow says that we are only taking care of providers. I think a very important point is that the Republican plan put forth by our task force and headed up by my colleagues from Lancaster and Bucks Counties works to ensure quality health care for all Pennsylvanians, recognizes that there is a need to have providers – doctors, nurses, other specialists – to maintain that quality health care, to expand coverage in a market-oriented perspective, and that would not be government mandated or government run but would in fact work with the private sector to expand that coverage. I think that is very, very important.

We want quality health care with expanded coverage, and we want to be fiscally prudent in how we approach that. But I must say that with respect to this particular amendment, and this is a particular component part of that larger package, this particular component recognizes a number of important points.

One, if you do not have providers, if you do not have providers, you cannot have quality health care. The State, unfortunately, long ago got into the business of providing insurance for medical malpractice, and there is this huge unfunded liability that is sitting out there that is a disincentive for medical providers in particular, particularly specialists – ob-gyns (obstetricians-gynecologists) or radiologists or neurosurgeons, amongst others – to stay or to locate in Pennsylvania despite all the medical schools and residency programs that we have.

A component part of that says, look, let us use this health-care provider retention fund, which comes out of motor vehicle fees, which comes out of cigarette taxes, and which comes out of fees paid by physicians and hospitals into this fund and says, let us get rid of this unfunded liability that is sitting out there and then we can get the State of Pennsylvania out of the business of medical liability insurance. I think that would be a beginning attraction for many of our residents and our medical students to stay in Pennsylvania, because right now that percentage is somewhere less than 5 percent. That is an important thing.

And why did the State get into the business of providing coverage in the first place? Well, the reason is because Pennsylvania, from a lawsuit perspective, is one of the States that has a very, very difficult climate – many suits filed in this particular State and high amounts in terms of jury verdicts and settlements.

I think this is a very commonsense component part, a component part. It is by no means— You will be seeing all the various amendments that are offered; it is a component part, and it is common sense. It says, let us use that Health Care Provider Retention Account to pay off this unfunded liability so that we can help to maintain quality health care in this State, that we have the providers that we need in this State, and then we can get to the other amendments that will be on that will help to expand coverage for all Pennsylvanians so that everybody has that access to quality health care.

I rise in support of this particular amendment. I think it is a commonsense component provision of where we need to go in this State. Thank you.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the gentleman from Lancaster County, Representative Boyd.

Mr. BOYD. Thank you, Mr. Speaker.

Just two real brief follow-up points.

First of all, I appreciated the majority leader's point about accessibility and that HB 1 is about providing accessibility to health care. We absolutely affirm that having access to quality health care is a priority of this legislature and a priority of our caucus.

This amendment goes directly to that point, simply because it guarantees the fact that we will have quality health-care providers. The number one reason that we are not retaining physicians in this State, while we are going to consider an amendment later from the gentleman from Montgomery County that has to do with loan forgiveness, and that is important, but the number one reason young physicians do not want to stay in this State is they do not want to inherit their share, that they had nothing to do with, of a \$1.8 billion liability. If we do not secure this fund – and everybody knows, when money lays around in Harrisburg, everybody has got their hands on it – we are going to pillage this fund for the budget.

I mean, we have used this fund about eight times over. If we do not secure this fund, new physicians are not going to stay in this State; they are going to go elsewhere. This is a practical, pragmatic amendment that will really go a long way towards helping us retain the new and the quality physicians that we train here in Pennsylvania and get them to stay here.

This is a good amendment, Mr. Speaker, and it is important for the accessibility of our future health-care providers. I would encourage the members to support this amendment. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

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

The following roll call was recorded:

YEAS–94

Adolph	Farry	Major	Rapp
Baker	Fleck	Marshall	Reed
Barrar	Gabig	Marsico	Reese
Bear	Gabler	Mensch	Reichley
Benninghoff	Geist	Metcalfe	Roae
Beyer	Gillespie	Metzgar	Rock

Boback	Gingrich	Micozzie	Rohrer
Boyd	Godshall	Millard	Ross
Brooks	Grell	Miller	Saylor
Causar	Grove	Milne	Scavello
Christiana	Harhart	Moul	Schroder
Civera	Harper	Mustio	Smith, S.
Clymer	Harris	O'Neill	Sonney
Cox	Helm	Oberlander	Stern
Creighton	Hennessey	Payne	Stevenson
Cutler	Hess	Peifer	Swanger
Day	Hickernell	Perzel	Tallman
Delozier	Hutchinson	Petri	Taylor, J.
Denlinger	Kauffman	Phillips	True
DiGirolamo	Keller, M.K.	Pickett	Turzai
Ellis	Killion	Pyle	Vereb
Evans, J.	Knowles	Quigley	Vulakovich
Everett	Krieger	Quinn	Watson
Fairchild	Maher		

NAYS–100

Barbin	Fabrizio	Mahoney	Samuelson
Bishop	Frankel	Manderino	Santarsiero
Boyle	Freeman	Mann	Santoni
Bradford	Galloway	Markosek	Seip
Brennan	George	Matzie	Shapiro
Briggs	Gerber	McGeehan	Siptroth
Brown	Gergely	McI. Smith	Smith, K.
Burns	Gibbons	Melio	Smith, M.
Buxton	Goodman	Mirabito	Solobay
Caltagirone	Grucela	Mundy	Staback
Carroll	Haluska	Murphy	Sturla
Casorio	Hanna	Myers	Taylor, R.
Cohen	Harhai	O'Brien, D.	Thomas
Conklin	Harkins	O'Brien, M.	Vitali
Costa, D.	Hornaman	Oliver	Walko
Costa, P.	Houghton	Pallone	Wansacz
Curry	Johnson	Parker	Waters
Deasy	Josephs	Pashinski	Wheatley
DeLuca	Keller, W.	Payton	White
DePasquale	Kessler	Petrarca	Williams
Dermody	Kirkland	Preston	Youngblood
DeWeese	Kortz	Readshaw	Yudichak
Donatucci	Kotik	Roebuck	
Drucker	Kula	Sabatina	McCall,
Eachus	Levdansky	Sainato	Speaker
Evans, D.	Longietti		

NOT VOTING–0

EXCUSED–9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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

GUESTS INTRODUCED

The SPEAKER. To the left of the Speaker, the Chair welcomes the Loudon family – Randy, Sue, and Jonathan. They are the guests of Representative Matt Gabler and the leader, Sam Smith. Their son, Christopher, was killed in Iraq in 2006 while serving in Iraq. Welcome to the hall of the House, and our condolences to you and the family.

CONSIDERATION OF HB 1 CONTINUED

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

Mr. **MUSTIO** offered the following amendment
No. **A01393**:

Amend Bill, page 1, lines 1 through 16; page 2, lines 1 through 10, by striking out all of said lines on said pages and inserting
Providing for adult health basic coverage insurance; and making a related repeal.

Amend Bill, page 2, lines 13 through 30; pages 3 through 21, lines 1 through 30; page 22, lines 1 through 23, by striking out all of said lines on said pages and inserting
Section 1. Short title.

This act shall be known and may be cited as the Adult Health Basic Coverage Insurance Act.

Section 2. Definitions.

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

"Benefit package." Insurance coverage which provides the benefits set forth under section 3(f)(2) for eligible adults.

"Chronic disease or condition." A disease or condition that is long lasting or recurrent, or that does not resolve spontaneously and is rarely completely cured.

"Contractor." An insurer or other entity or its subsidiaries operating under 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations) or 63 (relating to professional health services plan corporations), or both, selected for a contract under section 3(h).

"Department." The Insurance Department of the Commonwealth.

"Eligible adult." A low-income adult who meets all of the following:

- (1) Legally resides within the United States.
- (2) Has been domiciled in this Commonwealth for at least 90 days prior to enrollment.
- (3) Is not covered by a health insurance plan, a self-insurance plan or a self-funded plan.
- (4) Has not been covered by a health insurance plan, a self-insurance plan or a self-funded plan during the three months immediately preceding the determination of eligibility, except if one of the following apply:
 - (i) The low-income adult is eligible to receive benefits under the act of December 5, 1936 (2nd Sp.Sess., 1937 P.L.2897, No.1), known as the Unemployment Compensation Law.
 - (ii) The low-income adult was covered under one of the plans listed under this paragraph but at the time of application for coverage is no longer employed and is ineligible to receive benefits under the Unemployment Compensation Law.
 - (iii) The low-income adult is the spouse of a person who meets either of the exceptions set forth under subparagraph (i) or (ii) and both the eligible adult and the spouse are low income and applying for coverage.
 - (iv) The low-income adult has purchased a limited benefit policy offer by an entity or its subsidiaries that operate subject to the provisions of 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations) or 63 (relating to professional health services plan corporations), or both.
- (5) The low-income adult is ineligible for medical assistance or Medicare.

"Hospital." A hospital as defined and licensed under the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act.

"Insurer." An insurance company, association, reciprocal, health maintenance organization, fraternal benefit society or a risk-bearing preferred provider organization that offers health care benefits and is subject to regulation under the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921, or the act of December 29, 1972 (P.L.1701, No.364), known as the Health Maintenance Organization Act.

"Low-income adult." An individual who is at least 19 years of age but less than 65 years of age and whose household income is less than 200% of the Federal poverty level at the time of eligibility determination.

"Medical assistance." The State program of medical assistance established under the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.

"Medicare." The Federal program established under Title XVIII of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1395 et seq.).

"Offeror." An insurer that submits a proposal in response to the Insurance Department's request for proposals issued under section 3(f).

"Preexisting condition." A disease or physical condition for which medical advice or treatment has been received prior to the effective date of coverage.

"Program." The adult basic coverage insurance program.

"Rolling basis." Within 30 days of a determination that an individual in the program and receiving a subsidized benefit package is no longer an eligible adult, the enrollment of an eligible adult from the waiting list in the program for a subsidized benefit package.

Section 3. Adult basic coverage insurance program.

(a) Program establishment.—There is established in the department an adult basic coverage insurance program. Fund appropriations to the department for the program shall be used for contracts to provide basic health care insurance for eligible adults. The department shall, to the greatest extent practicable, ensure that all eligible adults in this Commonwealth have access to the program established in this section.

(b) Eligible adult responsibilities.—

(1) An eligible adult whose household income is less than 151% of the Federal poverty level and seeking to purchase adult basic coverage insurance shall do all of the following:

- (i) Submit an application to the department.
- (ii) Pay to the department or its contractor once enrolled an amount of \$35 per month of coverage. Beginning January 1, 2010, the monthly payment amount shall be adjusted based on the annual change in the Consumer Price Index for the 12 preceding months for which data is available. Notification of any change in the monthly payment amount shall be provided to eligible adults participating in the program.
- (iii) Be responsible for any required copayments and deductibles for health care services rendered under the benefit package under subsection (f)(2).
- (iv) Notify the department or its contractor of any change in the eligible adult's income.

(2) An eligible adult whose household income is 151% or more of the Federal poverty level and seeking to purchase adult basic coverage insurance shall do all of the following:

- (i) Submit an application to the department.
- (ii) Pay to the department or its contractor once enrolled an amount of \$65 per month of coverage. Beginning January 1, 2010, the monthly payment amount shall be adjusted based on the annual change in the Consumer Price Index for the 12 preceding months for which data is available. Notification of any change in the monthly payment amount shall be provided to eligible adults participating in the program.
- (iii) Be responsible for any required copayments and deductibles for health care services rendered under the benefit package under subsection (f)(2).

(iv) Notify the department or its contractor of any change in the eligible adult's income.

(c) Purchase of insurance.—An eligible adult's payment to the department or its contractor under subsection (b)(1)(ii) or (2)(ii) shall be used to purchase the benefit package and shall be received in a timely manner. The appropriations for the program shall be used by the department to pay the difference between the premium cost of the benefit package and the eligible adult's payment. Subsidization of the benefit package shall be contingent upon the amount of the appropriations to the program and limited to eligible adults in compliance with subsection (b). Nothing under this section shall constitute an entitlement derived from the Commonwealth or a claim on any funds of the Commonwealth.

(d) Potential waiting list.—The department shall maintain a waiting list of eligible adults who have applied for adult basic coverage insurance but who are not enrolled due to insufficient appropriations. An eligible adult on the waiting list may purchase the benefit package at the monthly per member premium cost negotiated by the department.

(e) Department responsibilities.—The department shall:

(1) Administer the adult basic coverage insurance program on a Statewide basis.

(2) Enter into contracts for health care insurance in accordance with 62 Pa.C.S. (relating to procurement). The department may award contracts on a multiple-award basis.

(3) Conduct monitoring, oversight and audits of executed contracts for enforcement purposes.

(4) Ensure that the eligibility of individuals who have submitted an application and who are receiving subsidization of the benefit package or are on the waiting list is redetermined on a semiannual basis. If the department determines that an individual who was receiving subsidization of the benefit package was not eligible for a subsidized benefit package, the department shall seek reimbursement for the subsidization of the benefit package and impose a penalty not to exceed \$50 per month if ineligible.

(5) In consultation with appropriate Commonwealth agencies, monitor, review and evaluate the insurer's benefit package for the adequacy, accessibility and availability of the services required under subsection (f).

(6) Offer subsidization of the benefit package to individuals on a rolling basis.

(7) By November 30, 2010, and annually thereafter, prepare and submit a report, which shall be made available for public inspection and posted on the department's publicly accessible Internet website, to the chair and minority chair of the Banking and Insurance Committee of the Senate and to the chair and minority chair of the Insurance Committee of the House of Representatives regarding all of the following:

(i) The number of eligible adults purchasing the adult basic coverage insurance, with a geographic distribution.

(ii) The insurers participating in the program.

(iii) The scope of the services being provided.

(iv) The cost of the insurance.

(v) The amount an eligible adult contributes toward the insurance, including any copayments, deductibles and adjustments due to the Consumer Price Index adjustment factor under subsection (b)(2).

(f) Request for proposals.—In accordance with subsection (e)(2), the department shall issue a request for proposals for the adult basic coverage insurance. The request shall require:

(1) An offeror to assure that if selected as a contractor it will do all of the following:

(i) Ensure that eligible adults have access to primary health care physicians and nurse practitioners.

(ii) Contract with qualified, cost-effective providers, which may include primary health care physicians, nurse practitioners, clinics and health maintenance organizations, to provide health care for

eligible adults in a manner that best manages the costs of the services and utilizes other appropriate medical cost-management methods.

(iii) Ensure that the individual applying for coverage is an eligible adult. If a review of the individual's application for coverage indicates that the individual is not eligible for adult basic coverage insurance but may be eligible for medical assistance, the application for benefits and all accompanying documentation shall be promptly transmitted to the appropriate county assistance office for a determination of eligibility for medical assistance or other Federal, State and local resources available to the individual.

(iv) Not prohibit enrollment based upon a preexisting condition nor exclude a diagnosis or treatment for the condition based on the condition's preexistence.

(v) Provide the benefit package to eligible adults consistent with the scope and duration requirements of the request for proposals.

(vi) Provide an insurance identification card to each eligible adult covered under a contract executed under this section. The card shall not identify the eligible adult as low income.

(vii) Require each primary care physician providing primary care services under this section to make necessary arrangements for admission to hospitals and for necessary specialty care.

(viii) Not pay any claim on behalf of an eligible adult unless all other Federal, State and local resources are first utilized.

(2) A benefit package with scope, copayments, deductibles and duration determined by the department that includes:

(i) Preventive care. The department may not enter into a contract which imposes a copayment or which requires the satisfaction of any deductible for preventative care services.

(ii) Physician services. If physician services are rendered for the treatment of a chronic disease or condition, the department may not enter into a contract which imposes a copayment or which requires the satisfaction of any deductible for these health care services.

(iii) Diagnosis and treatment of illness or injury, including all medically necessary covered services related to the diagnosis and treatment of sickness and injury and other conditions provided on an ambulatory basis, such as laboratory tests, x-rays, wound dressing and casting to immobilize fractures.

(iv) Inpatient hospitalization.

(v) Outpatient hospital services.

(vi) Emergency accident and emergency medical care. If emergency accident and emergency medical services are ambulatory, the department shall enter into a contract which imposes a copayment for these health care services not to exceed \$50.

(g) Proposals.—Upon publication of a request for proposals, an entity and its subsidiaries that operate subject to the provisions of 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations) or 63 (relating to professional health services plan corporations), or both, shall submit a proposal to the department to carry out the purposes of this section. Upon publication of a request for proposals, an insurer doing business in this Commonwealth may submit a proposal to the department to carry out the purposes of this section.

(h) Reviewing, scoring and selection of proposals.—The department shall review and score the proposals on the basis of all of the requirements for the adult basic coverage insurance program. The

department may include any other criteria in the request for proposals and in the scoring and selection of the proposals that the department, in the exercise of its administrative duties under this section, deems necessary, except that the department shall do all of the following:

(1) Select, to the greatest extent practicable, offerors that contract with providers to provide health care services on a cost-effective basis. The department shall select offerors that use appropriate cost-management methods that enable the program to provide coverage to the maximum number of eligible adults and that, whenever possible, pursue and utilize available public and private funds.

(2) Select, to the greatest extent practicable, only offerors that comply with all procedures relating to coordination of benefits as required by the department and the Department of Public Welfare.

(3) Select offerors that limit administrative expenses to no more than 10% of the amount of any contract. If after the first two full years of operation any contractor presents documented evidence that administrative expenses are in excess of 10% of the amount of the contract, the department may make an additional payment, not to exceed 1% of the amount of the contract, for future administrative expenses to the contractor to the extent that the department finds the expenses reasonable and necessary.

(i) Negotiations.—The department shall not negotiate a contract for a period in excess of two years.

(j) Limitation.—The total aggregate amount of annual contracts entered into under this section may not exceed the amount of the aggregate annual appropriations to the department for the adult basic coverage insurance program.

(k) Supplemental coverage.—Notwithstanding any other law to the contrary, in the event it is more cost effective to purchase health care insurance offered an eligible adult in a former employer's employer-based program and the former employer-based program meets the minimum coverage requirements of subsection (f)(2), the department or contractor shall purchase the former employer-based coverage in place of enrollment in the program. An insurer shall honor a request for enrollment and purchase of employee group health insurance requested on behalf of an eligible adult applying for coverage under this section if that individual:

(1) is an eligible adult; and

(2) meets the uninsured period, except that any delay due to an enrollment restriction, which may not exceed 90 days, or due to the length of the department's cost-effectiveness determination shall be counted toward calculating the uninsured period.

Section 4. Accountability.

Three years after the effective date of this section, the department shall conduct a performance review of the insurance contractors selected to provide services under the adult basic coverage insurance program. The performance review shall be based on the report prepared under section 3(e)(7) and shall include all of the following:

(1) The strategic goals and objectives for the program.

(2) A determination of whether the strategic goals and objectives were achieved by the contractors.

(3) Specific methodology for evaluating the results along with any proposed recommendations for improvement.

Section 5. Repeals.

Repeals are as follows:

(1) The General Assembly declares that the repeal under paragraph (2) is necessary to effectuate the purpose of this act.

(2) Chapter 13 of the act of June 26, 2001 (P.L.755, No. 77), known as the Tobacco Settlement Act, is repealed.

Section 6. Continuation.

This act is a continuation of Chapter 13 of the act of June 26, 2001 (P.L.755, No.77), known as the Tobacco Settlement Act. Except as otherwise provided under this act, all activities initiated under Chapter 13 of the Tobacco Settlement Act shall continue and remain in full force and effect and may be completed under this act, including

any appropriations made under any statutes for a purpose under Chapter 13 of the Tobacco Settlement Act. Orders, regulations, rules and decisions which were made under Chapter 13 of the Tobacco Settlement Act and which are in effect on the effective date of this section shall remain in full force and effect until revoked, vacated or modified under this act. Contracts, obligations and collective bargaining agreements entered into under Chapter 13 of the Tobacco Settlement Act are not affected nor impaired by the repeal of Chapter 13 of the Tobacco Settlement Act.

Section 20. Effective date.

This act shall take effect in 60 days.

On the question,

Will the House agree to the amendment?

The SPEAKER. On that question, the Chair recognizes the gentleman from Allegheny County, Representative Mustio.

Mr. MUSTIO. Thank you, Mr. Speaker.

This amendment will expand the number of persons in Pennsylvania that are covered under the adultBasic program.

The SPEAKER. On the amendment, the Chair recognizes the majority leader, Representative Eachus.

Mr. EACHUS. Thank you, Mr. Speaker.

I rise to oppose the gentleman's amendment for the clear fact that it will disqualify us from Federal money that could come. There are two key components that CMS (Centers for Medicare & Medicaid Services) requires for Federal waiver money. The gentleman's amendment will disqualify us from the Federal waiver money, and for that reason I am asking the body to oppose the amendment.

Thank you, Mr. Speaker.

The SPEAKER. On the question, the Chair recognizes, for the second time, the gentleman from Allegheny County, Representative Mustio.

Mr. MUSTIO. Thank you, Mr. Speaker.

I think we need to finish the story. Certainly, first of all, the waiver needs to be granted by the Federal government, and secondly, the funding he is referring to only is there for 1 year. So basically, we can look at this as just another grab of lowering incomes. You know, we hear a lot about raising taxes, but I think the correct terminology should be "lowering incomes" for residents of Pennsylvania.

This plan does not, or this amendment does not increase costs on those taxpayers in Pennsylvania that the majority leader indicated would take place if the Federal funding is provided for 1 year and then goes away. This plan expands the numbers that will be covered, and I think it is a much more fiscally prudent way to do it without reducing the incomes of hardworking Pennsylvanians. Thank you.

The SPEAKER. The Chair thanks the gentleman.

Will the House agree to the amendment? On that question, the Chair recognizes the gentleman from York County, Representative Saylor.

Mr. SAYLOR. Mr. Speaker, I would like to ask the sponsor of the bill if he would stand for a question concerning the amendment? The question is on the bill as he stated—

The SPEAKER. The question before the House is the Mustio amendment. The appropriate question would be to the maker of the amendment, not to the maker of the bill.

Mr. SAYLOR. Mr. Speaker, the speaker— You will answer it? Okay; to Mr. Mustio then.

The SPEAKER. The gentleman is in order and may proceed.

Mr. SAYLOR. Mr. Speaker, I would like to know exactly what in this amendment disqualifies us from receiving Federal dollars, seeking the waiver as such.

Mr. MUSTIO. Mr. Speaker, I guess that is the additional part of the story that was not told. Nothing in this amendment does that. Nothing in this amendment will prohibit us from doing that.

Mr. SAYLOR. So we would still be able to apply for the waiver?

Mr. MUSTIO. Certainly. And as I said, there is no guarantee that that waiver will be approved, but certainly that could be done; yes.

Mr. SAYLOR. Okay. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS—95

Adolph	Farry	Major	Rapp
Baker	Fleck	Marshall	Reed
Barrar	Gabig	Marsico	Reese
Bear	Gabler	Mensch	Reichley
Benninghoff	Geist	Metcalfe	Roae
Beyer	Gillespie	Metzgar	Rock
Boback	Gingrich	Micozzie	Rohrer
Boyd	Godshall	Millard	Ross
Brooks	Grell	Miller	Saylor
Causar	Grove	Milne	Scavello
Christiana	Harhart	Mirabito	Schroder
Civera	Harper	Moul	Smith, S.
Clymer	Harris	Mustio	Sonney
Cox	Helm	O'Neill	Stern
Creighton	Hennessey	Oberlander	Stevenson
Cutler	Hess	Payne	Swanger
Day	Hickernell	Peifer	Tallman
Delozier	Hutchinson	Perzel	Taylor, J.
Denlinger	Kauffman	Petri	True
DiGiroloamo	Keller, M.K.	Phillips	Turzai
Ellis	Killion	Pickett	Vereb
Evans, J.	Knowles	Pyle	Vulakovich
Everett	Krieger	Quigley	Watson
Fairchild	Maher	Quinn	

NAYS—99

Barbin	Fabrizio	Longietti	Samuelson
Bishop	Frankel	Mahoney	Santarsiero
Boyle	Freeman	Manderino	Santoni
Bradford	Galloway	Mann	Seip
Brennan	George	Markosek	Shapiro
Briggs	Gerber	Matzie	Siptroth
Brown	Gergely	McGeehan	Smith, K.
Burns	Gibbons	McI. Smith	Smith, M.
Buxton	Goodman	Melio	Solobay
Caltagirone	Grucela	Mundy	Staback
Carroll	Haluska	Murphy	Sturla
Casorio	Hanna	Myers	Taylor, R.
Cohen	Harhai	O'Brien, D.	Thomas
Conklin	Harkins	O'Brien, M.	Vitali
Costa, D.	Hornaman	Oliver	Walko
Costa, P.	Houghton	Pallone	Wansacz
Curry	Johnson	Parker	Waters
Deasy	Josephs	Pashinski	Wheatley
DeLuca	Keller, W.	Payton	White
DePasquale	Kessler	Petrarca	Williams
Dermody	Kirkland	Preston	Youngblood
DeWeese	Kortz	Readshaw	Yudichak

Donatucci
Drucker
Eachus
Evans, D.

Kotik
Kula
Levdansky

Roebuck
Sabatina
Sainato

McCall,
Speaker

NOT VOTING—0

EXCUSED—9

Belfanti
Cruz
Daley

Dally
Lentz

Miccarelli
Murt

Perry
Wagner

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

GUESTS INTRODUCED

The SPEAKER. In the balcony, the Chair welcomes Tom Cara from the Tamaqua Borough Council; Joe Shevokis from Barnesville and his son, Joe Shevokis, from St. Clair. Also a Marian grad, I see, in Mr. Knowles's notes. They are the guests of Representative Knowles and Representative Goodman. Will the guests please rise. Tom, welcome to the hall of the House.

CONSIDERATION OF HB 1 CONTINUED

On the question recurring,

Will the House agree to the bill on second consideration?

Mr. **REICHLEY** offered the following amendment
No. **A01578**:

Amend Bill, page 8, line 21, by inserting after "amount"
, which shall be adjusted based on the annual change in the
Consumer Price Index for the 12 preceding months for
which data is available

Amend Bill, page 8, line 25, by striking out "\$0" and inserting
\$35

On the question,

Will the House agree to the amendment?

The SPEAKER. It is the Chair's understanding that you are withdrawing amendment A01638?

Mr. **REICHLEY**. Mr. Speaker, yes; 1638 would be withdrawn.

PARLIAMENTARY INQUIRY

Mr. **REICHLEY**. But I was going to ask you a point of parliamentary inquiry.

I have not withdrawn A01403. Is that still on your list of amendments to be run? Just numerically, that was before—

The SPEAKER. The gentleman is correct.

Mr. **REICHLEY**. Okay. Numerically, I was just interested. But this was sort of second to that, so—

The SPEAKER. It is on the list, yes.

Mr. **REICHLEY**. Okay.

On the amendment, Mr. Speaker?

The SPEAKER. On the question before the House, will the House adopt amendment A01578, the Chair recognizes the gentleman from Lehigh County, Representative Reichley, on the amendment.

Mr. REICHLEY. Thank you, Mr. Speaker.

Mr. Speaker, this is a cost-saving measure where we are attempting to minimize the overall impact of this particular benefit which is being offered by the majority leader.

The SPEAKER. Has the gentleman concluded his remarks on the amendment?

Mr. REICHLEY. No; I am sorry, Mr. Speaker. Can we go over this temporarily, Mr. Speaker?

The SPEAKER. The House will be at ease.

The House will come to order.

On the amendment, the Chair recognizes the gentleman from Lehigh County, Representative Reichley.

Mr. REICHLEY. Initially, Mr. Speaker— I apologize; with all the number of amendments, what I had intended to withdraw was 1686, not 1638 as you had mentioned. So if I can clarify the record to that effect.

The SPEAKER. We have that at the desk. Not a problem.

Mr. REICHLEY. All right. Thank you, Mr. Speaker.

Now, moving on to 1578, which is the amendment you called up before the House.

The SPEAKER. On the question, the gentleman is in order and may proceed.

Mr. REICHLEY. Thank you.

Mr. Speaker, this would merely reinstitute the current Federal requirement to be able to charge up to 5 percent of monthly income for the premium for the adultBasic program.

Right now the legislation would reduce that down to zero dollars, greatly impacting the overall costs to the Commonwealth and to taxpayers if you completely eliminate any premium whatsoever. As a result, we would merely be seeking to maintain the current language. There is no requirement from the Federal stimulus money or any other Medicaid or medical assistance waiver legislation before Congress which would mandate a reduction of the premium down to zero dollars.

So we believe that while maintaining this program, it is necessary to have the premium remain at its current level. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the majority leader, Representative Eachus, on the amendment.

Mr. EACHUS. Thank you, Mr. Speaker.

I rise to oppose the gentleman from Lehigh's amendment.

This amendment guarantees that Federal money will not flow to those who need health-care access in Pennsylvania. The Federal government prohibits any charge for people between 100 to 150 percent of poverty. The gentleman's amendment guarantees that we do not get access to those Federal dollars, which is absolutely essential to try and reach our citizens who need health care and cannot wait for it.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

PARLIAMENTARY INQUIRY

The SPEAKER. On the question, the Chair recognizes the gentleman from Lehigh County, Representative Reichley, for the second time.

Mr. REICHLEY. Mr. Speaker, a point of parliamentary inquiry.

Am I allowed to question the majority leader, the sponsor of the bill, on that information he just related?

The SPEAKER. If the majority leader is inclined to stand for interrogation.

Mr. REICHLEY. I am asking that, Mr. Speaker.

The SPEAKER. The gentleman indicates he will not stand for interrogation.

On the question, will the House adopt the amendment, the Chair recognizes the gentleman from Lehigh County, Representative Reichley.

Mr. REICHLEY. Thank you, Mr. Speaker.

I am hoping that this is not a precursor of the way in which the majority leader intends to respond to questions the entire afternoon and into the evening, Mr. Speaker, because what may be the first casualty in this debate is truth, and certainly, the majority leader is guilty of—

The SPEAKER. The gentleman will yield. The gentleman will yield.

The question before the House is the adoption of the Reichley amendment.

Mr. REICHLEY. And I am trying to address that, Mr. Speaker, because if we do not have truth about what the majority leader has stated, then the members cannot adequately consider that what he has said is factually incorrect, that there is no connection whatsoever, based upon communication we have had with the Centers for Medicare & Medicaid Services, that what he has said is in any way, in any shred, truthful, that in fact there is no requirement to reduce a premium to zero with a demonstration 1115 Medicaid project.

So if we are going to have an honest debate in this chamber today, let us agree that we are going to talk the truth to the constituents and to the recipients of this very program and not try to spin with all sorts of jargon out there to confuse the issue, that what we are looking at is a massively expensive program as the bill is currently written. And what this amendment will do is restore some fiscal sanity to it by keeping in place the current Federal requirements, which allow a premium to be charged to these individuals up to 5 percent.

There is no legislation from the Federal government in any way whatsoever that would justify or support what the majority leader has just said. And I caution the members against relying upon statements that are made in this way, or else this is going to be a very unseemly, ugly debate all day long with half-truths being spread throughout the chamber.

I would urge the members to think carefully about doing the responsible fiscal step of keeping costs in line with this particular program, and I urge approval of the amendment. Thank you.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the majority leader, Representative Eachus.

Mr. EACHUS. Mr. Speaker, I am going to confine my comments to our staff's interpretation of the gentleman's amendment.

Federal regulations, in our consultations with our Federal counterparts in Washington, have concluded that no other State that implemented what the gentleman recommends would qualify for Federal waiver money to assist citizens of this Commonwealth who need access to health care under the model developed in HB 1. That is the fact and conclusion of our staff in consultation with our Federal counterparts. And while the gentleman may disagree with that, that is our conclusion, and I once again ask respectfully – I will say it twice – respectfully to oppose this amendment. Thank you.

The SPEAKER. The Chair thanks the gentleman.

Will the House agree to the amendment? The Chair recognizes the gentleman from Lancaster County, Representative Boyd.

Mr. BOYD. Yes; just real quickly in response to the last comment by the majority leader.

We have made some contacts with CMS and spoken to people there, and we know that under the current proposal that is before us, there has been no 1115 waiver granted to any other State. So this amendment does not necessarily have an effect on that, and in fact, we have been told very specifically that any provider tax which is included in this HB 1 would preclude any Federal waiver money.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the question, the Chair recognizes the gentleman from Lehigh County, Representative Day.

Mr. DAY. Thank you, Mr. Speaker.

May I question the maker of the amendment, please?

The SPEAKER. The gentleman is in order and may proceed.

Mr. DAY. Mr. Speaker, your amendment, the way I understand the bill is while we are looking for \$3 billion, this bill that the amendment amends intends to spend over \$500 million on this bill. Your amendment attempts to relieve some of that financial burden. Is that correct?

Mr. REICHLEY. Yes, Mr. Speaker.

I think it is important to understand that when the adultBasic program was established under the Ridge administration in 2001, it was critical to use the moneys gained under the tobacco settlement for the health-care needs of the Commonwealth at that time.

But equally important, this was intended as an insurance program, one where all participants contributed and paid a premium for the coverage. If this amendment is defeated, what you would be doing is reversing the current system and the Federal legislation by essentially adding all current wait-list-eligible adults to the welfare rolls without any cost, any contribution from them for their health-care coverage through the adultBasic program, vastly increasing the cost of this program, which does not even have the necessary Medicaid waiver that the majority leader referred to in the first place. So this is absent the funding you need.

This is a commonsense approach to driving down those costs by having some small contribution from the recipients toward that coverage.

Mr. DAY. Thank you.

Thank you, Mr. Speaker. I have another question.

Will CMS allow us to require enrollees to share in the cost of their care?

Mr. REICHLEY. Yes, Mr. Speaker. And in fact, I think that since the majority leader referred to some documents supposedly they have, before the debate goes much further, he should produce that document for all of us to be able to see to verify this interpretation, supposedly, that he was informed of.

But CMS, the Centers for Medicare & Medicaid Services, would in fact allow a contribution from the recipients; yes.

Mr. DAY. One moment, please.

Thank you, Mr. Speaker. I think I only have one or two more questions.

Mr. Speaker, relating to the benefits, is it required that new enrollees receive the same benefits as existing enrollees? Of Medicaid, I should say. Existing— I will restate the question: Relating to benefits, is it required that new enrollees receive the same benefits as existing enrollees for Medicare? Medicaid; I am sorry.

Mr. REICHLEY. No, Mr. Speaker. There is not any requirement from the Federal government or from CMS, the Centers for Medicare & Medicaid Services, that the States are compelled to offer the same medical assistance benefit going forward as was currently available under law. That also allows us, though, to continue to have a premium or a charge to those recipients up to 5 percent of their income, which includes a \$35 per month contribution.

Mr. DAY. Mr. Speaker, it would occur to me that in light of the answers that you just gave to those questions, that this amendment would not do what the majority leader stood up and said. Is that correct?

Mr. REICHLEY. That is correct, Mr. Speaker, because the majority leader criticized the amendment as somehow claiming that this would prevent Pennsylvania from being able to draw down on Federal funds, and that is just factually incorrect. There has not been any documentation provided that would support what the majority leader said.

In fact, to the contrary, we have been informed, and I believe the gentleman from Lancaster County confirmed, that there is not any State that has received a waiver demonstration project under section 1115, and this premium or this contribution charge is allowable in the absence of any Federal legislation to the contrary.

Plus, it helps to hold down costs. We are talking about holding down the health-care costs here in Pennsylvania, and this allows us to do that – the cost to taxpayers.

Mr. DAY. Thank you.

Mr. Speaker, may I speak on the amendment?

The SPEAKER. The gentleman is in order and may proceed.

Mr. DAY. Mr. Speaker, I am on the Insurance Committee, and as both chairmen will tell you, I had quite a few questions about this bill when it came before our committee.

I would urge all members, please take a look at some of these amendments. Try to make this piece of legislation a little bit better than it is right now.

I am walking around my district and everybody keeps asking me questions: What is it like for a new legislator? What are you doing? And I had the opportunity to use this House bill to talk to people and say, I sat on the floor and we are looking for \$3 billion. We went to recess. I went to a committee meeting to discuss this bill, think about these amendments and making amendments to it such as the one we are discussing right now. Three billion dollars here, and we walk over into another room and we talk about spending another \$500, more than \$500 million.

I would just urge my colleagues on both sides of the aisle, please consider not just a party-line vote on some – any – of these amendments. Thank you very much.

The SPEAKER. The Chair thanks the gentleman.

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

The following roll call was recorded:

YEAS—95

Adolph	Farry	Major	Rapp
Baker	Fleck	Marshall	Reed
Barrar	Gabig	Marsico	Reese
Bear	Gabler	Mensch	Reichley
Benninghoff	Geist	Metcalfe	Roae
Beyer	Gillespie	Metzgar	Rock
Boback	Gingrich	Micozzie	Rohrer
Boyd	Godshall	Millard	Ross
Brooks	Grell	Miller	Saylor
Causar	Grove	Milne	Scavello
Christiana	Harhart	Mirabito	Schroder
Civera	Harper	Moul	Smith, S.
Clymer	Harris	Mustio	Sonney
Cox	Helm	O'Neill	Stern
Creighton	Hennessey	Oberlander	Stevenson
Cutler	Hess	Payne	Swanger
Day	Hickernell	Peifer	Tallman
Delozier	Hutchinson	Perzel	Taylor, J.
Denlinger	Kauffman	Petri	True
DiGirolamo	Keller, M.K.	Phillips	Turzai
Ellis	Killion	Pickett	Vereb
Evans, J.	Knowles	Pyle	Vulakovich
Everett	Krieger	Quigley	Watson
Fairchild	Maher	Quinn	

NAYS—99

Barbin	Fabrizio	Longietti	Samuelson
Bishop	Frankel	Mahoney	Santarsiero
Boyle	Freeman	Manderino	Santoni
Bradford	Galloway	Mann	Seip
Brennan	George	Markosek	Shapiro
Briggs	Gerber	Matzie	Siptroth
Brown	Gergely	McGeehan	Smith, K.
Burns	Gibbons	McI. Smith	Smith, M.
Buxton	Goodman	Melio	Solobay
Caltagirone	Grucela	Mundy	Staback
Carroll	Haluska	Murphy	Sturla
Casorio	Hanna	Myers	Taylor, R.
Cohen	Harhai	O'Brien, D.	Thomas
Conklin	Harkins	O'Brien, M.	Vitali
Costa, D.	Hornaman	Oliver	Walko
Costa, P.	Houghton	Pallone	Wansacz
Curry	Johnson	Parker	Waters
Deasy	Josephs	Pashinski	Wheatley
DeLuca	Keller, W.	Payton	White
DePasquale	Kessler	Petrarca	Williams
Dermody	Kirkland	Preston	Youngblood
DeWeese	Kortz	Readshaw	Yudichak
Donatucci	Kotik	Roebuck	
Drucker	Kula	Sabatina	McCall,
Eachus	Levdansky	Sainato	Speaker
Evans, D.			

NOT VOTING—0

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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 second consideration?

Mr. **REICHLEY** offered the following amendment
No. **A01581**:

Amend Bill, page 14, lines 2 through 24, by striking out "The Commonwealth may elect to" in line 2 and all of lines 3 through 24 and inserting

The health benefit plan shall be the package in effect on the effective date of this section under former Chapter 13 of the act of June 26, 2001 (P.L.755, No.77), known as the Tobacco Settlement Act.

Amend Bill, page 15, lines 23 through 28, by striking out "The department may" in line 23, all of lines 24 through 27 and "necessary." in line 28

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

The SPEAKER. On the amendment, the Chair recognizes the gentleman from Lehigh County, Representative Reichley.

Mr. REICHLEY. Excuse me, Mr. Speaker. I was just getting the fiscal note from this amendment.

Mr. Speaker, this amendment includes a number of different provisions in that it allows the Commonwealth to currently, under the language of the bill, elect any provider to provide a benefit independently and outside the scope of any contract. We are attempting to return the benefit package included in HB 1 to the current benefit package offered under adultBasic.

As was mentioned in the previous dialogue, there is no requirement from the Federal government to have certain kinds of coverages offered except for those that are federally mandated, and that would specifically exempt pharmaceutical coverage and behavioral health coverage from the requirements of what the State must offer under this. So this amendment would return the benefit package to that currently offered under the adultBasic program.

And importantly, for those members whose constituents are served by managed-care organizations, it would prevent any potential carveout of pharmaceutical benefits from the universal coverage offered through that managed-care organization. This is a feature very important to those members, particularly in urban areas, where managed-care organizations cover the bulk of the recipients in those locations.

So I would caution those members who are in urban areas to please specifically remember that for the last 3 years the General Assembly has fought the Department of Public Welfare on the issue of a pharmaceutical carveout. This amendment would prevent the department from pursuing that in any kind of program which is offered.

And then thirdly, this amendment would remove the provision that would provide discretion to the department to add any other criteria in the solicitation process without legislative approval.

So in terms of, again, a cost-saving measure, we are looking to try to retain the benefit package offered to that which is currently available under adultBasic. But most importantly, for those members who have managed-care organizations, it retains

the policy of this House for the last 3 years in budget negotiations to remove a pharmaceutical carveout from the department's capacity within that program.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the question, the Chair recognizes the majority leader, Representative Eachus, on the amendment.

Mr. EACHUS. Mr. Speaker, I rise to oppose the gentleman's amendment, and I will tell you why and I will give you the logic that our staff has been working on.

The gentleman's amendment would narrowly disqualify a pharmacy benefit to the folks within the adultBasic expansion model that we presented today. That will once again disqualify us, is our interpretation, that this will disqualify us once again for the Federal waiver dollars that are a part of the model. The Federal government requires that pharmacy is an essential part of the component for the Federal waiver money. Without it, we will not be able to expand to 130,000 people covered under HB 1, and I oppose the amendment for that reason.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the question, the Chair recognizes the gentleman from Lehigh County, Representative Reichley, for the second time.

Mr. REICHLEY. A point of parliamentary inquiry, Mr. Speaker.

The SPEAKER. The gentleman will state his point of parliamentary inquiry.

Mr. REICHLEY. Would the majority leader stand for brief interrogation on the points he just made?

The SPEAKER. On the amendment, the gentleman will stand for interrogation.

Mr. REICHLEY. Thank you, Mr. Speaker.

Mr. Speaker, the gentleman has referred to an interpretation that his staff has. Does he have a document which shows that interpretation that at least myself and the staff could review to determine what exactly it is that he is claiming?

Mr. EACHUS. Our able counsel has been meeting with various members of the Governor's Health Care Reform Office, folks within the administration, and having dialogues at the same time to counterparts in Washington. It is from those conversations that we have determined that your amendment, Mr. Speaker, will disqualify us for the CMS waiver.

Mr. REICHLEY. And, Mr. Speaker, would you be able to confirm then that from your own conversations, your staff's conversations with the Centers for Medicare & Medicaid Services, that in fact behavioral health and pharmaceutical benefits are not a required aspect of coverage through that agency's interpretation of Federal law?

Mr. EACHUS. I believe I answered that, Mr. Speaker, with my last response.

Mr. REICHLEY. Well, with all due respect, Mr. Speaker, all you said was that you had consulted, or your staff had consulted with the Governor's Office, the Office of Health Care Reform, and CMS, and what I am asking is, is it not true then that CMS told you that a pharmaceutical benefit and a behavioral health benefit are not in fact required under any current or existing Federal law or anything contemplated within the Federal stimulus funds that would be released to Pennsylvania as well?

Mr. EACHUS. Mr. Speaker, I have to say that the gentleman's interpretation of the context of our staff's

conversation is strange to begin with, but at the end of the day, Mr. Speaker, I made it very plain that it is our interpretation that this will disqualify us from the CMS waiver. I have made it very plain, and that is our interpretation.

Mr. REICHLEY. Those are all the questions I have for the gentleman, Mr. Speaker. Thank you.

The SPEAKER. The Chair thanks the gentleman.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS—94

Adolph	Farry	Major	Rapp
Baker	Fleck	Marshall	Reed
Barrar	Gabig	Marsico	Reese
Bear	Gabler	Mensch	Reichley
Benninghoff	Geist	Metcalfe	Roae
Beyer	Gillespie	Metzgar	Rock
Boback	Gingrich	Micozzie	Rohrer
Boyd	Godshall	Millard	Ross
Brooks	Grell	Miller	Saylor
Causera	Grove	Milne	Scavello
Christiana	Harhart	Moul	Schroder
Civera	Harper	Mustio	Smith, S.
Clymer	Harris	O'Neill	Sonney
Cox	Helm	Oberlander	Stern
Creighton	Hennessey	Payne	Stevenson
Cutler	Hess	Peifer	Swanger
Day	Hickernell	Perzel	Tallman
Delozier	Hutchinson	Petri	Taylor, J.
Denlinger	Kauffman	Phillips	True
DiGirolamo	Keller, M.K.	Pickett	Turzai
Ellis	Killion	Pyle	Vereb
Evans, J.	Knowles	Quigley	Vulakovich
Everett	Krieger	Quinn	Watson
Fairchild	Maher		

NAYS—100

Barbin	Fabrizio	Mahoney	Samuelson
Bishop	Frankel	Manderino	Santarsiero
Boyle	Freeman	Mann	Santoni
Bradford	Galloway	Markosek	Seip
Brennan	George	Matzie	Shapiro
Briggs	Gerber	McGeehan	Siptroth
Brown	Gergely	McI. Smith	Smith, K.
Burns	Gibbons	Melio	Smith, M.
Buxton	Goodman	Mirabito	Solobay
Caltagirone	Grucela	Mundy	Staback
Carroll	Haluska	Murphy	Sturla
Casorio	Hanna	Myers	Taylor, R.
Cohen	Harhai	O'Brien, D.	Thomas
Conklin	Harkins	O'Brien, M.	Vitali
Costa, D.	Hornaman	Oliver	Walko
Costa, P.	Houghton	Pallone	Wansacz
Curry	Johnson	Parker	Waters
Deasy	Josephs	Pashinski	Wheatley
DeLuca	Keller, W.	Payton	White
DePasquale	Kessler	Petrarca	Williams
Dermody	Kirkland	Preston	Youngblood
DeWeese	Kortz	Readshaw	Yudichak
Donatucci	Kotik	Roebuck	
Drucker	Kula	Sabatina	McCall,
Eachus	Levdansky	Sainato	Speaker
Evans, D.	Longiatti		

NOT VOTING—0

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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 second consideration?

Mr. **BOYD** offered the following amendment No. **A01369**:

Amend Bill, page 21, lines 16 through 30; page 22, lines 1 through 6, by striking out "Premium tax.—Commencing with calendar years beginning" in line 16, all of lines 17 through 30, page 21 and all of lines 1 through 6, page 22 and inserting
(Reserved).

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

The SPEAKER. On that question, the Chair recognizes the gentleman from Lancaster County, Representative Boyd.

Mr. **BOYD**. Thank you, Mr. Speaker.

Mr. Speaker, this is a very short amendment. What it does is, HB 1 is proposing a new tax. It is a premium tax on the nonprofit Blues providers.

This amendment actually strikes the language and removes that new 2-percent premium tax that is being assessed by this piece of legislation on our nonprofit insurers of last resort in Pennsylvania — the Blues.

So it is a very simple amendment. It is just eliminating the new tax that is proposed in this bill. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the question, the Chair recognizes the majority leader, Representative Eachus.

Mr. **EACHUS**. Mr. Speaker, let me be clear that I once again oppose the gentleman's amendment.

We have pursued a financially sound program that is sustainable going forward. In order for that plan to remain sustainable, we have a provision that states if the Blues across the State, the Blue Cross companies across the State, do not renegotiate the CHR (Community Health Reinvestment) agreement that has helped substantiate the adultBasic program by 2010, that that will trigger the application of a 2-percent tax that is applied to all other lines of insurance in Pennsylvania, whether it be auto insurance or life insurance.

The Blues are the only ones that do not pay that tax. What we are asking them to do is do the exact same thing they have done before and make a commitment from the \$5 billion — I will repeat that number — they have a \$5 billion surplus at the moment that we are asking a portion of those dollars go back to help cover people with health insurance access at this very difficult time in Pennsylvania's history, when people are losing their jobs at a rate of 10 percent, approaching 10 percent statewide.

That is the reason why I oppose the amendment, because it will alleviate that option and not keep those companies at the table for the consumers we are trying to protect today.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman and recognizes the gentleman from Philadelphia County, Representative Thomas, on the amendment.

Mr. **THOMAS**. Thank you, Mr. Speaker.

Mr. Speaker, to respond to this allegation that we are taxing the Blues, I have a different interpretation of HB 1 as it relates to the Blues.

When you take a look at the number of programs, publicly funded programs that the Blues are managing, and when you look at the surplus that the Blues have been able to accumulate as a result of this public-private partnership, I would not call this a tax; I would call it shared prosperity.

The Blues are giving something back to the people who have made it possible for them to have a surplus. So let us not call it a tax; let us call it shared prosperity that is going to reach 130,000 people.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the gentlelady from Montgomery County, Representative Harper, on the question.

Ms. **HARPER**. Mr. Speaker, I would like to ask my colleagues to vote in favor of the Boyd amendment.

In Pennsylvania, 70 percent of the people in this State are insured, and most of them are insured through their employment. If we tax the Blues, the cost of health insurance for these businesses — small, medium, and large — will invariably increase. Thus, such a tax would discourage our employers from giving health insurance as a benefit and ultimately result in more people who need government-funded insurance. That part of the bill is at odds with the gentleman's intention to cover more people with health insurance.

Taxing insurers is a tax on employers who provide health insurance. It is a misguided notion. Therefore, Mr. Speaker, I respectfully ask my colleagues to vote against a tax on health insurers that will invariably be passed along to the employers who are currently providing most of the health insurance in the Commonwealth.

Thank you very much, Mr. Speaker.

The SPEAKER. The Chair thanks the lady.

The Chair recognizes the gentleman from Cumberland County, Representative Gabig.

Mr. **GABIG**. Thank you, Mr. Speaker.

Would the maker of the amendment stand for brief interrogation? Mr. Boyd, would he stand for brief interrogation on the amendment?

The SPEAKER. The gentleman, Representative Boyd, indicates he will stand for interrogation. The gentleman is in order and may proceed.

Mr. **GABIG**. Thank you, Mr. Speaker.

I was just listening to the last couple of speakers, and I want to make sure that I understand the impact of your amendment. You are saying you are getting rid of what is basically a 2-percent tax on the Blues, and one of the members from the Democratic side said that is shared prosperity. But if

I understood the gentlelady from Montgomery County, is there anything in the bill, the underlying bill, that would prevent that tax from being passed on to employers or employees that pay for health-care plans? Is there anything in the bill that prevents this from being passed on to the consumer, in other words?

Mr. BOYD. No.

Mr. GABIG. Thank you very much.

That would complete my interrogation. May I speak on the amendment?

The SPEAKER. The gentleman is in order and may proceed.

Mr. GABIG. I believe that the Republican Policy Committee over the last several years has done an outstanding job of exploring one of the most difficult issues facing our Commonwealth and certainly one of the most important issues in my district – the rising cost of health care on the families and businesses in the State of Pennsylvania, and it is, of course, a national issue.

And what the underlying bill has done without this amendment is to increase that cost on the employers and the employees. And what the gentleman's amendment will do is to try to protect the employers and employees, the families and businesses in Pennsylvania, the middle-class, hardworking people, 97 percent of them who have secured coverage, health-care coverage, to increase their cost. That is a bad prescription for Pennsylvania. That is wrongheaded. It is illogical. It is going backwards, not forwards.

I want to commend the gentleman from Lancaster for his commonsense, sound amendment, and I would ask my colleagues to support him.

The SPEAKER. The Chair recognizes the gentleman from Allegheny County, Representative Mustio.

Mr. MUSTIO. Thank you, Mr. Speaker.

I would like to interrogate the maker of the amendment.

The SPEAKER. The gentleman indicates he will stand for interrogation. The gentleman is in order and may proceed.

Mr. MUSTIO. Thank you.

Mr. Speaker, one of the previous speakers indicated a concern about the amount of surplus, and I was wondering if the maker of the amendment knows exactly what a surplus is?

Mr. BOYD. I do not know the number of the surplus. Is that the essence of the question? I had a hard time hearing.

Mr. MUSTIO. Not the number, but what is a surplus? Why does an insurance company have a surplus?

Mr. BOYD. I think that it is important to understand that the Insurance Department requires the Blues or requires all insurers to have a certain number of reserves, a certain amount of reserves that they will adequately be able to meet obligations under plans that they have, under the contracts that they have entered into.

And the Insurance Department has established a level of reserves that they are required to keep. So when we talk about reserves, we are not talking about pots of excess cash; we are talking about numbers that the Insurance Department has established that they are required to have. In point of fact, in 2005 the Insurance Department established what those reserves would be as a part of the Community Health Reinvestment agreement.

Mr. MUSTIO. So basically, those reserves, if I understand you correctly, those reserves are there to pay claims.

Mr. BOYD. I am sorry, Mr. Speaker. Could you repeat the question?

Mr. MUSTIO. If I am understanding that definition or description correctly, those reserves are there to pay claims.

Mr. BOYD. Absolutely, Mr. Speaker.

Mr. MUSTIO. They are not company profits. They are not there to "share the wealth" type thing, as was alluded to earlier.

Mr. BOYD. Right.

Mr. MUSTIO. They are there to make sure that when somebody gets sick and has to go to the hospital, there is money there to pay the doctors – if there are any left – to pay the doctors for that care. Right?

Mr. BOYD. Yes. That is absolutely correct, Mr. Speaker.

And in point of fact, somebody around me whispered the words "swine flu." In case we would be hit with an epidemic of swine flu – and in point of fact, there would be an absolute glut of claims that would have to go in and be paid by the Blues – there would be reserves to make sure that the care was provided for all of those people who are under contract, who are sick and need health care. Those reserves are there to make sure that we are safe.

Mr. MUSTIO. Right. And what we are trying to do then under the amendment and some other amendments is to find ways to cover those people that may get ill with swine flu that do not have insurance, in addition to keeping costs down for those that do have it.

Mr. BOYD. Correct, Mr. Speaker.

Mr. MUSTIO. Okay.

Now, if, for example, the Insurance Department says the reserves are not adequate to pay claims, what recourse— Well, I am not supposed to ask questions that I know the answers to.

The recourse is that the Blues then would go to the ratepayer to pay a higher premium, right? And then at that point, we are going to tax 2 percent more of a higher premium, which is going to further reduce the reserves. So it is kind of like a pyramid scheme here, sort of – Ponzi scheme, I guess, is more appropriate.

The SPEAKER. Is the gentleman asking a question or is he now on—

Mr. MUSTIO. I am thinking out loud. I will ask the question.

Mr. Speaker, it was alluded to earlier that this was a sharing of the wealth or spreading of the wealth. Would it make more sense to not tax but to give reserves, if they were determined to be excess, back to the policyholders or policy payers? At least that is what the trade unions in my district said when they were upset the first time the Governor had these negotiations on this money, that they wanted the money to go back to further reduce their costs. Is that fair to say?

Mr. BOYD. Yes.

Mr. MUSTIO. Thank you, Mr. Speaker.

On the amendment, I would encourage my colleagues to vote in favor. Certainly, all this tax would do would be to further deplete reserves, which further causes the Blues to go for more rate increases, which exacerbates the problem. Thank you.

The SPEAKER. The Chair thanks the gentleman and recognizes, for the second time, the gentleman from Philadelphia, Representative Thomas.

Mr. THOMAS. Thank you, Mr. Speaker.

Mr. Speaker, I am not sure that an appropriate line of questioning is defining the word "surplus," but assuming that it is and assuming that the previous speaker's conclusions were correct, then I would like to just set the record straight.

For moderates and progressives, we call it shared responsibility. For hard-liners, you can call it shared responsibility. Either way, at the end of the day, it is about all of us carrying something to make sure that 130,000 people have access to health care.

We need to stop quibbling about tax and this and all of that. It is all of us giving something, plus the commitment to bring 130,000 people into an arena where there is access to quality health care – real easy.

The SPEAKER. The Chair recognizes the gentleman from Lancaster County, Representative Boyd.

Mr. BOYD. Thank you, Mr. Speaker.

Mr. Speaker, I just want to follow up with some additional comments on this amendment.

First of all, this amendment takes out one provision of the funding mechanism within this bill. It does not gut and replace the bill. It does not eliminate the bill. It takes out one of the funding mechanisms. So that is an important part of understanding what this does.

A second issue is, you might want to say, well, why am I considering doing this? Why would I have offered this amendment? Well, there are a couple of reasons.

First of all, in committee, there were some questions about whether or not this was an and/or provision, meaning the way this was presented is that this would be, if they chose not to continue the community reinvestment or health reinvestment agreement, that this tax would kick in. But the way this is written, our staff has advised that it could be both, that they could be— If the community reinvestment agreement is agreed to at a level below the current number, it could actually trigger the tax anyway. It is not a zero-sum game.

So it is very likely that when the community reinvestment dollars, that agreement expires, that the insurers, the Blues, could be put into a position where they are forced to pay the dollar amount under the agreement and assess the 2-percent premium tax in the way the bill was structured. And that question, when asked in committee, was not answered as to whether this language is clear or not.

The next issue I would like to bring up is this issue of the surpluses and reserves and all of this discussion. It is very clear, in 2005 when the community health reinvestment agreement was struck, it was struck without legislative approval. It was done with an agreement between the administration and the Blues. And in point of fact, Mr. Speaker, those agreements were based on, at the time, what was defined as "excess surpluses" or "excess reserves." Those excess reserves were based on the market returns of mid-2000.

Does anybody remember what the stock market was in 2005? It was close to 14,000. What is the market at today? It is tinkering around 8,000-whatever, 82-8300. My point, Mr. Speaker, is in committee, I asked this question: Please, somebody tell me what the Blues' reserves are today? No one would answer that question. We do not know what the Blues' reserves are, yet we are about to pass a piece of legislation that will put into law the ability for the legislature to extract money. We do not even know what is there. We do not know if there are adequate reserves to meet their statutory requirements to provide an adequate safety net for the contracts that they have had, let alone that we are going to take a bunch more money from them or we are going to hit them with the new tax.

Another very important point – and please, I ask the members to listen to this, because I am not killing this bill. I am

extracting this one provision, and this one provision— We checked with CMS, and there is no other State that has ever been granted an 1115 waiver that has shown that it is using provider dollars as a part of its matching funds. These are provider dollars, and in point of fact to the gentleman, the majority leader's point, this provision actually kills the 1115 waiver. Without my amendment, that waiver will not be granted by CMS. So if you truly believe that you want to try and move HB 1 in a positive direction, you will vote for this amendment. It is absolutely essential to securing the waiver.

Mr. Speaker, in point of fact, the majority leader may argue that point. We asked to have hearings that we could invite CMS in, somebody from CMS, and ask those questions. This bill, I believe, was introduced on May 25 and it was run in committee about a week later. We were denied the motion to table and denied the motion to have those hearings. Our information tells us, without this amendment, Mr. Speaker, that waiver is not granted. I do not think that that is what this chamber should be going to try and do.

Mr. Speaker, I believe that that concludes my remarks. I know I spoke for the second time. I would just suggest to the members, this is not a death bill, does not wipe the bill out, just removes one portion of the funding and, Mr. Speaker, I believe that without this amendment, this bill is DOA, and maybe that is what folks want anyway. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the gentleman from Bucks County, Representative Clymer.

Mr. CLYMER. Thank you, Mr. Speaker.

Mr. Speaker, I need to make some remarks about the gentleman from Philadelphia, who made the comments that it does not matter whether these taxes are on the business community or not, we are all in here together. Small businesses are bipartisan. Many Democrats I know understand the turmoil and distress that small businesses are undergoing as Republicans. And one of the things that we both recognize to get our businesses moving in the right direction is to keep the bureaucrats from frustrating them in their ability to move forward, to keep the taxes down, to encourage them, because they are in a struggle for their very lives. The very businesses that we count on to create jobs and to move the economy forward, to create new wealth, these are the companies that are out there struggling. In another year we are going to take off caps, perhaps, on the electric rates, and I can assure you, in visiting many of the businesses in my district and elsewhere, as have my colleagues on the other side of the aisle, they are struggling, and the last thing we need to do is put another tax on top of them that they are going to have to have pay.

So, Mr. Speaker, I just wanted to make those shared comments, and I, too, support this amendment. Thank you.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS—97

Adolph	Farry	Major	Quinn
Baker	Fleck	Marshall	Rapp
Barrar	Gabig	Marsico	Reed
Bear	Gabler	Mensch	Reese
Benninghoff	Geist	Metcalf	Reichley

Beyer	Gillespie	Metzgar	Roae
Boback	Gingrich	Micozzie	Rock
Boyd	Godshall	Millard	Rohrer
Brooks	Grell	Miller	Ross
Causar	Grove	Milne	Saylor
Christiana	Harhart	Mirabito	Scavello
Civera	Harper	Moul	Schroder
Clymer	Harris	Mustio	Smith, S.
Cox	Helm	O'Neill	Sonney
Creighton	Hennessey	Oberlander	Stern
Cutler	Hess	Payne	Stevenson
Day	Hickernell	Peifer	Swanger
Delozier	Hutchinson	Perzel	Tallman
Denlinger	Kauffman	Petrarca	Taylor, J.
DiGirolamo	Keller, M.K.	Petri	True
Drucker	Killion	Phillips	Turzai
Ellis	Knowles	Pickett	Vereb
Evans, J.	Krieger	Pyle	Vulakovich
Everett	Maher	Quigley	Watson
Fairchild			

NAYS—97

Barbin	Fabrizio	Longietti	Santarsiero
Bishop	Frankel	Mahoney	Santoni
Boyle	Freeman	Manderino	Seip
Bradford	Galloway	Mann	Shapiro
Brennan	George	Markosek	Siptroth
Briggs	Gerber	Matzie	Smith, K.
Brown	Gergely	McGeehan	Smith, M.
Burns	Gibbons	McL. Smith	Solobay
Buxton	Goodman	Melio	Staback
Caltagirone	Gruclera	Mundy	Sturla
Carroll	Haluska	Murphy	Taylor, R.
Casorio	Hanna	Myers	Thomas
Cohen	Harhai	O'Brien, D.	Vitali
Conklin	Harkins	O'Brien, M.	Walko
Costa, D.	Hornaman	Oliver	Wansacz
Costa, P.	Houghton	Pallone	Waters
Curry	Johnson	Parker	Wheatley
Deasy	Josephs	Pashinski	White
DeLuca	Keller, W.	Payton	Williams
DePasquale	Kessler	Preston	Youngblood
Dermody	Kirkland	Readshaw	Yudichak
DeWeese	Kortz	Roebuck	
Donatucci	Kotik	Sabatina	McCall,
Eachus	Kula	Sainato	Speaker
Evans, D.	Levdansky	Samuelson	

NOT VOTING—0

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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 second consideration?

The SPEAKER. The Chair recognizes the gentlelady from Bucks County, Representative Watson, who offers amendment A01379.

The gentlelady has three amendments: 1379, 1498, and 1493. It is the understanding of the Chair that the gentlelady is offering amendment 1379 and withdrawing amendments 1498 and 1493?

So that is correct, Representative Watson? The gentlelady is offering amendment 1379 and withdrawing amendments 1498 and 1493.

Mrs. WATSON. Yes, Mr. Speaker. That is correct.
The SPEAKER. The Chair thanks the gentlelady.

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

Mrs. **WATSON** offered the following amendment
No. A01379:

Amend Bill, page 1, line 2, by inserting after "Program;"
providing for community-based health care;
Amend Bill, page 22, by inserting between lines 10 and 11
CHAPTER 42

COMMUNITY-BASED HEALTH CARE

Sec.

4201. Scope of chapter.

4202. Definitions.

4203. Establishment.

4204. Applications for grants.

4205. Review of applications.

4206. Approval of applications.

4207. Exception.

4208. Limitations.

4209. Departmental responsibilities.

4210. Department of Public Welfare responsibilities.

4211. Mobile Prenatal and Natal Care Demonstration Project.

Section 4201. Scope of chapter.

This chapter relates to community-based health care.

Section 4202. Definitions.

The following words and phrases when used in this chapter shall have the meaning given to them in this section unless the context clearly indicates otherwise:

"Advanced practice nurse." An individual who is licensed as a registered nurse by the State Board of Nursing in the Department of State and who practices as a nurse practitioner, certified registered nurse anesthetist, clinical nurse specialist or nurse midwife.

"Ancillary health care services." Dental, behavioral health and pharmacy services.

"Applicant." A person who applies for a grant under section 4204.

"Chronic care and disease management." Health care that includes all of the following:

(1) The provision of effective health management through support and information that promotes self-care for patients with chronic conditions.

(2) The use of evidence-based medicine to ensure appropriate treatment decisions by health care providers.

(3) The coordination of continuing care and use of reasonably accessible and updated patient information.

(4) The monitoring of clinical information for populations to guide treatment and effectively anticipate and address community health care issues.

"Community-based health care clinic." A nonprofit health care center located in this Commonwealth which provides comprehensive health care services without regard for a patient's ability to pay and which is all of the following:

(1) Serves either:

(i) A federally designated medically underserved area, a medically underserved population or a health professional shortage area.

(ii) A patient population whose majority population has a household income less than 200% of the Federal poverty income guidelines.

(2) Is any of the following:

(i) A federally qualified health center or a federally qualified health center look-alike.

(ii) A rural health clinic.

(iii) A health care clinic associated with a hospital.

(iv) A free or partial-pay health clinic that provides services by volunteer and nonvolunteer health care providers.

(v) A nurse-managed health care clinic which is managed by an advanced practice nurse and is associated with a nursing education program, a federally qualified health center or an independent nonprofit health or social services agency.

(3) Is a participating provider with the Department of Public Welfare under the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.

"Department." The Department of Health of the Commonwealth.

"Federally qualified health center." As defined in section 1905(l)(2)(B) of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1396d(l)(2)(B)).

"Federally qualified health center look-alike." A public or a private nonprofit entity which does all of the following:

(1) Serves, in whole or in part, a federally designated medically underserved area or medically underserved population.

(2) Meets the statutory, regulatory and program requirements for grantees supported under section 330 of the Public Health Service Act (58 Stat. 682, 42 U.S.C. § 254b).

(3) Complies with the policy implementation documents specified in section II of Public Information Notice 1998-10 (PIN 98-10) entitled "The Balanced Budget Act of 1997 Medicaid Managed Care Amendments: Implications for Federally Qualified Health Centers" issued April 28, 1998, by the Bureau of Primary Health Care, United States Department of Health and Human Services.

"Health care provider." A health care provider that is all of the following:

(1) Licensed to practice a component of the healing arts by a licensing board within the Department of State.

(2) A provider of health care services at a community-based health care clinic.

(3) A participating provider with the Department of Public Welfare under the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.

"Hospital." An entity located in this Commonwealth which is licensed as a hospital under the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act, and which is a participating provider with the Department of Public Welfare under the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.

"Low-income patient." A patient whose household income is below 200% of the Federal poverty income guidelines.

"Matching funds." Cash or the cash equivalent of in-kind services.

"Medical assistance." The State program of medical assistance established under Article IV(f) of the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.

"Medically underserved area." As defined in section 330I(a)(4) of the Public Health Service Act (58 Stat. 682, 42 U.S.C. § 254c-14(a)(4)).

"Medically underserved population." As defined in section 330(b)(3) of the Public Health Service Act (58 Stat. 682, 42 U.S.C. § 254b(b)(3)).

"Patient." An individual who receives health care from a health care provider at a community-based health care clinic.

"Program." The Community-Based Health Care Subsidy Program established in this chapter.

"Rural health clinic." As defined in section 1861(aa)(2) of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1395x(aa)(2)).

Section 4203. Establishment.

There is established within the department a program to be known as the Community-Based Health Care Subsidy Program. The program shall do all of the following:

(1) Expand and improve health care access and services, including preventive care, chronic care and disease management, prenatal, obstetric, postpartum and newborn care, dental treatment, behavioral health and pharmacy services.

(2) Reduce unnecessary utilization of hospital emergency services by providing an effective alternative health care delivery system.

(3) Encourage collaborative relationships among community-based health care clinics, hospitals and other health care providers.

Section 4204. Applications for grants.

A community-based health care clinic, health care provider or hospital may submit an application to the department requesting a grant for the expansion of an existing community-based health care clinic; the establishment of a new community-based health care clinic; improvements in prenatal, obstetric, postpartum or newborn care; improved access and services, including patient transportation, which are intended to reduce unnecessary emergency room utilization; or the establishment of collaborative relationships among community-based health care clinics, hospitals and other health care providers. The application shall be on the form required by the department and shall include or demonstrate all of the following:

(1) The applicant's name and address.

(2) A description of how the grant will be used. If the request is for the expansion of an existing community-based health care clinic or the establishment of a new community-based health care clinic, the application shall additionally state all of the following:

(i) The projected number of total patients to be served if the grant is awarded.

(ii) The number of current patients served, if any.

(iii) The projected number of low-income and uninsured patients to be served if the grant is awarded.

(iv) The number of current low-income and uninsured patients served, if any.

(v) If the grant will be used to expand or develop ancillary health care services or preventive and chronic care and disease management techniques.

(3) A statement of the amount of the grant sought.

(4) A statement of the amount of matching funds.

(5) The source of any matching funds.

(6) Any other information required by the board.

Section 4205. Review of applications.

The department shall review each application to determine all of the following:

(1) That the application is for the expansion of an existing community-based health care clinic; the establishment of a new community-based health care clinic; improvements in prenatal, obstetric, postpartum or newborn care; improved access and services which are intended to reduce unnecessary emergency room utilization; or the establishment of collaborative relationships among community-based health care clinics, hospitals and other health care providers.

(2) That the project will increase access to community-based health care services.

(3) That the statement of the estimated cost is reasonable based upon the locality of the project.

(4) That the amount of matching funds are at least 25% of the amount of the grant request.

(5) That the source of the matching funds is not the Commonwealth or a Commonwealth agency.

(6) That the applicant complied with all other criteria established by the department.

Section 4206. Approval of applications.

Upon being satisfied that all requirements have been met, the department may approve the application. If the applicant of an approved application is not a hospital, the department shall award the grant to the applicant. Except as provided in section 4207, if the applicant of an approved application is a hospital, the department shall transfer the grant funds to the Department of Public Welfare who shall distribute the grant to the applicant as a disproportionate share payment after seeking Federal matching funds.

Section 4207. Exception.

If the applicant of an approved application is a hospital and the disproportionate share payment limit of the hospital has been reached, the department shall award the hospital that portion of the grant funds which would be limited under the Social Security Act (49 Stat. 620, 42 U.S.C. § 301 et seq.) directly as a grant.

Section 4208. Limitations.

(1) A grant awarded under section 4206 shall be not more than \$500,000.

(2) A grant awarded under section 4206 shall be not more than 75% of the total amount of the project.

(3) Not more than 50% of the grants awarded under section 4206 in any one fiscal year shall be awarded for the expansion of or the establishment of a community-based health care clinic. Not more than 25% of the grants awarded under section 4206 in any one fiscal year shall be awarded for improvements in prenatal, obstetric, postpartum or newborn care. Not more than 20% of the grants awarded under section 4206 in any one fiscal year shall be awarded for improvements in access and services. Not more than 5% of the grants awarded under section 4206 in any one fiscal year shall be awarded for the establishment of collaborative relationships.

(4) Not more than 75% of the grants awarded under section 4206 in any one fiscal year shall be awarded to applicants who are federally qualified health centers or federally qualified health center look-alikes.

(5) Not more than 15% of the funds made available for the program authorized by this section may be awarded to applicants located within any one city, town, borough or township of this Commonwealth.

(6) For calendar years 2009, 2010 and 2011, a community-based health care clinic, health care provider or hospital directly receiving Federal funds under the American Recovery and Reinvestment Act of 2009 (Public Law 111-5, 123 Stat. 115) shall be ineligible to receive a grant under this chapter.

Section 4209. Departmental responsibilities.

The department shall do all of the following:

(1) Administer the program. The department shall seek any available private or Federal funds to supplement amounts appropriated to the program. The department shall cooperate with the Department of Public Welfare in awarding grants to applicants which are hospitals.

(2) Develop and provide a grant application form consistent with this chapter. The department shall provide applications for grants under this section to all known community-based health care clinics within 90 days of the effective date of this paragraph.

(3) Report annually to the chair and minority chair of the Public Health and Welfare Committee of the Senate and the chair and minority chair of the Health and Human Services Committee of the House of Representatives. The report shall be posted on the department's publicly accessible Internet website and shall include all of the following for each grant made in the prior calendar year:

- (i) The name of each grantee.
- (ii) The amount of each grant awarded.
- (iii) The use of each grant by each grantee.
- (iv) A summary of how each grant expanded access and services and improved the delivery and

quality of health care in the community, including a comparison of emergency room utilization in the community for the year immediately prior to the awarding of the grant with utilization in the community for the year of the awarding of the grant.

(v) Any recommendations for changes to the program.

(4) Audit grants awarded under this chapter to ensure that funds have been used in accordance with this chapter and the terms and standards adopted by the department.

(5) Establish and maintain an online database of community-based health care clinics.

(6) Establish a toll-free telephone number for individuals to obtain information about community-based health care clinics.

Section 4210. Department of Public Welfare responsibilities.

The Department of Public Welfare shall do all of the following:

(1) Within 45 days of the effective date of this paragraph, file an amendment of the Medicaid State plan with the Federal Government seeking approval of the disproportional share payments made under the programs.

(2) Cooperate with the department in administering the program when the grantee is a hospital.

Section 4211. Mobile Prenatal and Natal Care Demonstration Project.

(a) Establishment.—There is established within the department a program to be known as the Mobile Prenatal and Natal Care Demonstration Project. The program shall provide prenatal, obstetric, postpartum and newborn care to individuals on a mobile basis.

(b) Applications for planning grants.—A hospital or health care provider may submit an application to the department requesting a grant for costs associated with establishing a mobile unit to provide prenatal, obstetric, postpartum and newborn care. The application shall be on the form required by the department and shall include or demonstrate all of the following:

- (1) The applicant's name and address.
- (2) The geographic region where the unit will operate.
- (3) A statement of the services to be provided.
- (4) An estimate of the cost of the mobile unit.
- (5) Any other information required by the board.

(c) Review and approval of grant applications.—The department shall review the applications. Preference shall be given to applicants in communities where prenatal, obstetric, postpartum and newborn care are limited. Upon being satisfied that all requirements have been met, the department may approve four applications and award grants. One grant shall be awarded to an applicant which seeks to provide services in an urban setting, one grant shall be awarded to an applicant which seeks to provide services in a suburban setting, one grant shall be awarded to an applicant which seeks to provide services in a rural setting and one grant shall be awarded to an underserved area which is most likely to benefit from a mobile clinic. Grants awarded may not be more than \$500,000.

(d) Report.—By May 1, 2011, the department shall file a report with the chair and minority chair of the Public Health and Welfare Committee of the Senate and the chair and minority chair of the Health and Human Services Committee of the House of Representatives. The report shall additionally be posted on the department's publicly accessible Internet website and shall include all of the following for each grant made in the prior calendar year:

- (1) The name of each grantee.
- (2) The amount of each grant awarded.
- (3) The use of each grant by each grantee.
- (4) A summary of how each grant expanded access and services and improved the delivery and quality of health care in the community, including a comparison of the rate of infant mortality and low birth weight in the community for the year immediately prior to the award of the grant with those rates in the community for the year of the grant.
- (5) Any recommendations for changes to the program.

Amend Bill, page 22, by inserting between lines 12 and 13

Section 5101. Appropriations.

The following shall apply:

(1) The sum of \$25,000,000 is annually appropriated from the General Fund to the Department of Health from the proceeds of the tax imposed by section 1206 of the act of March 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971, for the Community-Based Health Care Subsidy Program.

(2) The sum of \$2,000,000 is appropriated from the General Fund to the Department of Health for the Mobile Prenatal and Natal Care Demonstration Project.

Amend Bill, page 22, line 13, by striking out "5101" and inserting

5102

Amend Bill, page 22, line 15, by striking out "repeal" and inserting

repeals

Amend Bill, page 22, line 15, by striking out "is" and inserting are

Amend Bill, page 22, line 17, by inserting after "Specific.—"

The following acts and parts of acts are repealed:

(1) Section 1211 of the act of March 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971.

(2)

Amend Bill, page 22, lines 18 and 19, by striking out ", is" in line 18 and "repealed" in line 19

Amend Bill, page 22, line 23, by striking out " in 90 days." and inserting as follows:

(1) Chapter 42 shall take effect July 1, 2009, or immediately, whichever is later.

(2) The remainder of this act shall take effect

On the question,

Will the House agree to the amendment?

The SPEAKER. On the amendment, the Chair recognizes the gentlelady from Bucks County, Representative Watson.

Mrs. WATSON. Thank you, Mr. Speaker.

Mr. Speaker, this amendment – let me be brief but explain it and actually read it in a brief form – this amendment establishes the Community-Based Health Care Subsidy Program. What will that program do? Certainly, in light of the discussion we have had this afternoon about the importance of getting people who have no care into care, and more importantly, out of emergency rooms that are there for purely emergency care but indeed into a medical home where they have consistent quality care. This is an access to care amendment and also gets to the heart of affordability. This will expand and improve health-care access and services, including – and I hope you are listening – preventive care, chronic care and disease management, prenatal, obstetric, postpartum and newborn care, dental treatment, behavioral health, and pharmacy services. It will reduce utilization of hospital emergency services by providing people who have no access to care an effective, alternative health-care delivery system.

Mr. Speaker, respectfully, for this amendment, its time has come – long overdue. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentlelady.

The Chair recognizes the majority leader, Representative Eachus, on the amendment.

Mr. EACHUS. Thank you, Mr. Speaker.

I rise to oppose this amendment for, really, a very clear reason: This bill spends \$25 million from the General Fund. I can tell you that that is not the way that I have tried to construct the funding for HB 1. General Fund obligations, at

least from our perspective, have to be made up somehow. If you are going to take \$25 million from the General Fund and spend it, that leaves a hole that is not explainable, and unless the gentlelady has an explanation of how she is going to make up for that gap in General Fund obligation, we would oppose the amendment.

The SPEAKER. On the question, the Chair recognizes the gentleman from Lancaster County, Representative Boyd.

Mr. BOYD. Thank you, Mr. Speaker. I will be very, very brief.

I just rise to support the amendment by the gentlelady from Bucks County. This is the one provision that all, I believe, all four caucuses and the administration have agreed to on the health-care debate over the last, say, 18 months. In the numerous meetings that I have had with the health-care reform task force; with individuals from the Governor's Office; from members across the aisle; from my colleague, the chairman of the Insurance Committee; this is the one provision everybody agreed on, that providing a safety net and a medical home through federally qualified health centers is essential to urban areas, to underserved areas, to rural areas. This piece of legislation, this amendment, is without a doubt, without a doubt, the finest provision of I think most of all of the work that any of the four or five caucuses and organizations that have worked on this have done. It is the one thing we all have agreed on.

In terms of where the money is going to come from, we are managing to get \$362 million in HB 1 that is going to come out of the retention account. We are not seeming to give a concern about taking that. We are not concerned about a new 2-percent premium tax on health-care providers. We are not concerned about taking the existing tobacco funds, but all of a sudden, wow, we just cannot find another \$25 million to provide a safety net for the uninsured, the poor, and middle-class people without insurance who can get free primary care – a medical home in a federally qualified health center.

Somehow, Mr. Speaker, I feel that that argument is a bit disingenuous, and I believe that if you really care about the uninsured and you care about providing a medical home and a safety net for people who truly are in dire need – and oh, by the way, this provision would not need to wait for any Federal waiver. It would be immediate on the adoption of this bill and it would give care right where it is needed, right now in this time of crisis. To vote against this is clearly to vote against care and concern for the un- and underinsured.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the gentleman from Bucks County, Representative Clymer.

Mr. CLYMER. Thank you, Mr. Speaker.

Would the gentlelady stand for brief interrogation?

The SPEAKER. The gentlelady indicates she will stand for interrogation. The gentleman, Mr. Clymer, is in order and may proceed.

Mr. CLYMER. Thank you.

From your observation, what has been the attitude of the doctors and nurses who have been employed and providing the service in these federally qualified health centers? I mean, are there sufficient numbers there to provide the care? Have you observed and seen where they are very pleased to be there to provide that care?

Mrs. WATSON. Yes, Mr. Speaker. If I can answer your question, but just with a clarification. You referred to one

group, which would be those who work in federally qualified health centers; however, this amendment would also work for those and it would include those who work in the rural health clinics, those who work in hospital-based health clinics, those who work in what we call look-alikes. Yes, I went to visit them. This amendment, sir, is actually about a year and a half to almost 2 years now in the making. They are doing a fine job and they actually do the job for less money, certainly, than an emergency room would do, and they do better because they are so wide.

What I learned from each group when I went and visited, they told me they could do more, but they need more staff and they want to expand the services that are available. That is the point of the money here. That is exactly what this is meant to do. It is to expand the small safety net that exists and make it an all-encompassing safety net so that those who do not have access to care will have consistent care, expansive care, which I think that is your question. Will we expand the number of people? Yes, sir; we will. Do they know about it and think it is a good idea? Yes, sir; I went to them first.

Mr. CLYMER. Mr. Speaker, that is really my interrogation. She answered a number of other questions I was going to ask her and she spoke very positively and very encouragingly about these outpatient clinics – generic term there – and how they are moving across the State. They are moving across—

The SPEAKER. Has the gentleman concluded his interrogation?

Mr. CLYMER. Yes.

The SPEAKER. Would he like to speak on the amendment?

Mr. CLYMER. Yes, I would.

The SPEAKER. The gentleman is in order and may proceed.

Mr. CLYMER. Thank you, Mr. Speaker.

Mr. Speaker, I support this amendment. It makes sense. It is something that we have been looking for for some time to provide the kind of quality care and yet at the same time to be cost-effective. I, too, would urge support of this amendment. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the gentleman from Cumberland County, Representative Gabig.

Mr. GABIG. Thank you, Mr. Speaker.

I want to commend the gentlelady for this amendment. I think if we look at the impact this amendment will have, we have to take a look at the health-care system as it exists without her amendment. As I think I said earlier, and it has been mentioned on this floor, I think 97 percent of Pennsylvanians, at least that number, are covered for health care, and that includes the poor, the very poor with Medicare, that includes the elderly with Medicaid, government programs, that includes employee-funded programs, self-funded programs, different types of programs.

In my district in Carlisle, in the Borough of Carlisle, right across the street from my district office is a federally qualified health clinic and dental clinic which covers this group, this statistically small group. We have heard a number, it is a lot of people, but in my district, it covers the groups that do not fit into this other system. If they want to come there, they can come there, and they do. So I think in my district everybody has quality health care. They keep saying they want to have quality health care. They get it in my district, and I know I am not the only one in Pennsylvania that has these. The last time I looked I think there were 15 or so in this expanding program. I know

the gentlelady said this includes even more under her particular amendment, the rural, the hospital-based, et cetera. So it is a great way to do it. For example, the doctors at mine, they are retired Army doctors that already have a Federal pension, if you will, and they come in there and serve the needs of these people for fairly low costs. It is a very cost-efficient way to do it. It is a great way to do it.

Representative John Evans from the northwest part of the State had a very similar bill in the past that I stood right here and supported, and it passed unanimously, both sides of the aisle. There was not this mean-spirited partisanship that seems to be going on. If a Republican's name is on the amendment, oh, we are against that even though it is a great idea and a great bill. Now, come on, this is a good amendment. It is going to help Pennsylvanians. It is a good, effective way to get doctors and medical care out there to some of the underserved areas of our State.

I would ask people from both sides of the aisle to put away this partisanship that seems to be developing here, to be bipartisan, to come together so people in Carbon County and Cumberland County and Erie and Allegheny County and Philadelphia can all come together and agree to this and serve more people here in Pennsylvania and give them better medical care. I would ask for a "yes" vote on this amendment.

The SPEAKER. The Chair recognizes the gentleman from Tioga County, Representative Baker, on the amendment.

Mr. BAKER. Thank you, Mr. Speaker.

I, too, rise to support strongly this very, very helpful health-care clinic, community health-care clinic legislation. Most of us have health-care clinics in our area and they really are a very integral part of the continuum of care that supplements the hospitals and other health-care providers. It just seems to me to make common sense to try to advance the health-care delivery system, particularly because they are nonprofits; it increases accessibility, affordability; it deals with the issue of disease management; it helps the poor, the low-income, the fee-based patients; and it helps our federally designated critical access, underserved areas, including rural areas. I have several clinics in my area, and without those clinics, some people may actually die.

Recently my father attended a clinic. He was in cardiac arrest. If he had not gone to that clinic and been rushed over by an ambulance to the hospital, he may have died. So we really need to do whatever we can, especially in areas that are demographically challenged, and this does it, to help provide advanced health-care opportunity for our citizens in Pennsylvania.

When you look at the bill, it is pretty simple. It helps patient populations whose household incomes are less than 200 percent of the Federal poverty guidelines. How can you be opposed to helping people that really need help financially when it comes to their health care? I know the gentleman who has proffered this bill is very concerned about providing additional health-care opportunities, and this amendment does just that. It provides help for our rural health clinics, health-care clinics associated with hospitals, federally qualified health centers, and look-alike health-care centers. It helps with free or partial-pay health clinics, nurse-managed health-care clinics.

It does a tremendous amount of good, and we have a great opportunity here to support an idea that will help all Pennsylvanians in all counties. Thank you, Mr. Speaker. I strongly support the amendment.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the gentleman from York County, Representative Saylor.

Mr. SAYLOR. Mr. Speaker, I rise also to support Representative Watson's amendment to this bill. So many times, many of us who talk in this chamber talk about prenatal care and the importance of preventive care in health care today. These clinics are essential today to mothers who do not have the money to go to normal doctors. These centers provide that care, that prenatal care that is so important to us. Children who are born without that prenatal care end up with any numerous illnesses and are very expensive to our health-care system.

What Representative Watson is doing here today is a real stroke of genius, in my opinion, and one that is very economical to us and our health-care system, a way to help more mothers in getting prenatal care. I ask you to please look at this amendment carefully at the cost that has already been assigned to it and realize that the \$25 million we are talking about will save us hundreds of millions of dollars in additional health-care costs because of the prenatal care that these mothers will have before having their children. So please, as you talk about prenatal care in your communities – and all of us do; we hear about it every year when we are going to health clinics in our areas or we are meeting with different family groups. We are hearing we need to do a better job of getting prenatal care for mothers and particularly those in poor communities.

This piece of legislation, this amendment, does exactly what we have been talking about for a long time. This is a real preventive care amendment and for a very minimal cost. Thank you very much. Please vote "yes" on Representative Watson's amendment.

The SPEAKER. The Chair recognizes the gentlelady from Bucks County, Representative Watson, for the second time.

Mrs. WATSON. Thank you, Mr. Speaker.

Mr. Speaker, point of order. Does that mean that I get the last word, sir?

The SPEAKER. Well, we do not see any other members standing at the mike, so yes, we hope you are getting the last word.

Mrs. WATSON. I like that. Thank you very much, Mr. Speaker. That was good ruling.

If I may then, on this amendment, and I would like to address very respectfully the majority leader. I understand his concern. He and I share a concern in that we want to help those who need this kind of care, who need better access, and we need to do it in an affordable way because we are responsible for paying the bills and seeing that everything is done. Understand, Mr. Speaker, and to the majority leader, the \$25 million technically looks like it comes from the General Fund, but it does not. It makes use of cigarette tax money that we are collecting. I would suggest to you that this is a particularly good use of cigarette tax money, because for that amount of money, as other speakers have said, you will reap a great health investment for those who have no access to care, for pregnant women who have no access to care and do not get good prenatal care, for those after they have their babies who do not have access to the postnatal care and the follow-up; this will expand that. In fact, I might add, there are, if you read through to almost the end – I know it is long – but there are demonstration projects within that.

Mr. Speaker, I try to make good use of money and time. It would require that those federally qualified health centers that

will be getting stimulus money cannot avail themselves of the grant money contained in this program. Why? Because it will stretch our money further. When I met with both the Medical Society and the Hospital Association and we looked at that \$25 million, because normally, it would find its way into the Health Care Provider Retention Account, they were all fine with me that I would take this cigarette tax money to use for this end to expand a program, to build that safety net, and that we could do it year after year.

I know how bad this budget is, Mr. Speaker. I think it keeps most of us up at night worrying about what are we going to do? What are we going to vote for? How are we going to do it? Can we find a way out? I would not do something that would endanger us, but I do think it is still— At this time, Mr. Speaker, we also have to be prudent with the money we do have. This is money that is coming in, no new tax, nothing to vote for, and we also need to be responsible to prioritize. Mr. Speaker, and to my colleagues, I would suggest this is a priority we all share, to take care of those and help those who do not have access to care, to provide for them in an affordable way that we can support, and indeed, to also make sure that they have consistent quality care, not an emergency room which hurts our hospitals, but a place to go, a medical home, essentially, a giant medical practice that they become associated with. That is what this will do. It will build that safety net that has existed and proved itself, and, Mr. Speaker, once again, it will do so with money that we actually have in hand. We are redirecting it and I think to a very good use and a fair use, Mr. Speaker.

So to my colleagues, please take a moment, please read if you have not all of the good things that are in here, and please consider voting "yes." It is that important to those who are listening and want access to care now. Some of the other things you have in mind will take time, at least a year. This can be done now. That is why I am for it. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentlelady.

The Chair recognizes the gentlelady from Mercer County, Representative Brooks.

Mrs. BROOKS. Thank you, Mr. Speaker. I will be very brief.

We were putting some numbers together and I just want to rise in support of this amendment. This amendment is about helping hardworking, struggling families and offering them accessibility to quality health care. The numbers I was putting together – Mercer County has at least seven of these, Lawrence County has one, and Crawford County has one that shares with another county.

So I would just ask my colleagues for rural Pennsylvania to support this amendment. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the lady.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS-97

Adolph	Fleck	Maher	Quinn
Baker	Gabig	Major	Rapp
Barrar	Gabler	Marshall	Reed
Bear	Geist	Marsico	Reese
Benninghoff	Gillespie	Mensch	Reichley

Beyer	Gingrich	Metcalf	Roae
Boback	Godshall	Metzgar	Rock
Boyd	Grell	Micozzie	Rohrer
Brooks	Grove	Millard	Ross
Causar	Harhart	Miller	Saylor
Christiana	Harper	Milne	Scavello
Civera	Harris	Mirabito	Schroder
Clymer	Helm	Moul	Smith, S.
Cox	Hennessey	Mustio	Sonney
Creighton	Hess	O'Neill	Stern
Cutler	Hickernell	Oberlander	Stevenson
Day	Hornaman	Payne	Swanger
Delozier	Hutchinson	Peifer	Tallman
Denlinger	Kauffman	Perzel	Taylor, J.
DiGirolamo	Keller, M.K.	Petri	True
Ellis	Killion	Phillips	Turzai
Evans, J.	Knowles	Pickett	Vereb
Everett	Krieger	Pyle	Vulakovich
Fairchild	Longietti	Quigley	Watson
Farry			

NAYS—97

Barbin	Evans, D.	Mahoney	Santarsiero
Bishop	Fabrizio	Manderino	Santoni
Boyle	Frankel	Mann	Seip
Bradford	Freeman	Markosek	Shapiro
Brennan	Galloway	Matzie	Siptroth
Briggs	George	McGeehan	Smith, K.
Brown	Gerber	McI. Smith	Smith, M.
Burns	Gergely	Melio	Solobay
Buxton	Gibbons	Mundy	Staback
Caltagirone	Goodman	Murphy	Sturla
Carroll	Grucela	Myers	Taylor, R.
Casorio	Haluska	O'Brien, D.	Thomas
Cohen	Hanna	O'Brien, M.	Vitali
Conklin	Harhai	Oliver	Walko
Costa, D.	Harkins	Pallone	Wansacz
Costa, P.	Houghton	Parker	Waters
Curry	Johnson	Pashinski	Wheatley
Deasy	Josephs	Payton	White
DeLuca	Keller, W.	Petrarca	Williams
DePasquale	Kessler	Preston	Youngblood
Dermody	Kirkland	Readshaw	Yudichak
DeWeese	Kortz	Roebuck	
Donatucci	Kotik	Sabatina	McCall,
Drucker	Kula	Sainato	Speaker
Eachus	Levdansky	Samuelson	

NOT VOTING—0

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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 second consideration?

Mr. **REICHLEY** offered the following amendment
No. **A01403**:

Amend Bill, page 1, line 2, by inserting after "Program;"
providing for a disease-management and wellness tax
credit;
Amend Bill, page 2, by inserting between lines 7 and 8

Chapter 46. Disease-Management and Wellness Tax Credit

Section 4601. Scope of chapter.

Section 4602. Definitions.

Section 4603. Credit.

Section 4604. Certification requirement for disease-management insurance policy.

Section 4605. Carryover, carryback, refund and assignment of tax credit.

Section 4606. Limitation on tax credits.

Section 4607. Proration of tax credits.

Section 4608. Shareholder, owner or member pass-through.

Section 4609. Accountability for disease-management in insurance policies.

Section 4610. Transfer of funds.

Section 4611. Report to General Assembly.

Section 4612. Regulations.

Amend Bill, page 2, by inserting between lines 9 and 10

Section 5102. Applicability.

Amend Bill, page 2, line 10, by striking out "5102" and inserting 5103

Amend Bill, page 22, by inserting between lines 10 and 11

CHAPTER 46

DISEASE-MANAGEMENT AND WELLNESS TAX CREDIT

Section 4601. Scope of chapter.

This chapter relates to disease-management insurance policy or wellness program tax credits.

Section 4602. Definitions.

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

"Department." The Department of Revenue of the Commonwealth.

"Disease-management insurance policy." A group or individual health insurance policy which includes a disease-management program.

"Disease-management program." A set of interventions designed to improve the health of individuals, especially those with certain ailments or diseases. The term includes:

(1) Identifying patients and matching the intervention with need.

(2) Support for adherence to evidence-based medical practice guidelines, including providing medical treatment guidelines to physicians and other providers, and providing support services to assist the physician in monitoring the patient.

(3) Services designed to enhance patient management and adherence to an individualized treatment plan, including patient education, monitoring and reminders and behavior-modification programs aimed at encouraging lifestyle changes.

(4) Routine reporting and feedback loops, including communication with patients, physicians, health plan and ancillary providers and practice profiling.

(5) Collection and analysis of process and outcome measures.

"Pass-through entity." Any of the following:

(1) Any partnership, limited partnership, limited liability company, business trust or other unincorporated entity that, for Federal income tax purposes, is taxable as a partnership.

(2) A Pennsylvania S corporation.

"Primary contractor." A person licensed to conduct business in this Commonwealth that develops, implements or monitors disease-management programs.

"Qualified tax liability." The liability for taxes imposed under Article III, IV or VI of the act of March 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971. The term includes the liability for taxes imposed under Article III of the Tax Reform Code of 1971 on a sole proprietor, partner, shareholder, owner or member of a pass-through entity.

"Qualified wellness program." A program which consists of any three of the wellness program components as follows:

(1) Health education: the dissemination of health information which addresses the specific needs and health risks of employees.

(2) Health screenings: the opportunity for periodic screenings for health problems and referrals for appropriate follow-up measures.

(3) Employee engagement component: the establishment of a committee to actively engage employees in worksite wellness programs through worksite assessments; program planning; and delivery, evaluation and improvement efforts and tracking of employee participation.

(4) Behavioral change component: altering employee lifestyles to encourage healthy living through counseling, seminars, online programs or self-help materials, which provide technical assistance and problem-solving skills. This paragraph includes programs on:

- (i) Tobacco use.
- (ii) Obesity.
- (iii) Stress management.
- (iv) Physical fitness.
- (v) Nutrition.
- (vi) Substance abuse.
- (vii) Depression.
- (viii) Mental health promotion, including anxiety.

(5) Supportive environment, including on-site policies at the worksite, which promotes a healthy lifestyle, including policies relating to:

- (i) tobacco use at the worksite;
- (ii) nutrition of food available at the worksite through cafeteria and vending options;
- (iii) minimizing stress and promoting positive mental health in the workplace;
- (iv) accessible and attractive stairs; and
- (v) encouragement of physical activity before, during and after work hours.

"Secretary." The Secretary of Revenue of the Commonwealth.

"Service provider." A person licensed to conduct business in this Commonwealth that is selected by the primary contractor to provide disease-management programs.

"Small business." An employer that, on at least 50% of its working days during the taxable year, employed fewer than 50 employees.

"Tax credit." The disease-management insurance policy or qualified wellness program tax credit authorized under this chapter.

"Taxpayer." A person subject to tax under Article III, IV or VI of the act of March 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971. The term includes:

(1) The partner, shareholder, owner or member of a pass-through entity that receives a tax credit.

(2) A sole proprietor.

Section 4603. Credit.

(a) Application.—

(1) A taxpayer that purchases and provides a disease-management insurance policy or a qualified wellness program to employees in a taxable year may apply for a tax credit as provided in this chapter. By September 15, a taxpayer must submit an application to the department for premiums paid in the taxable year which ended in the prior calendar year.

(2) A taxpayer with at least 50 employees that purchases and provides a disease-management insurance policy or purchases and provides a qualified wellness program to employees in a taxable year may apply for a tax credit as provided in this chapter. By September 15, a taxpayer must submit an application to the department for premiums paid in the taxable year that ended in the prior calendar year.

(b) Tax credit.—

(1) A taxpayer qualified under subsection (a)(1) shall receive a tax credit for the taxable year in the amount of:

(i) \$500 for each employee of the taxpayer covered by a disease-management insurance policy; or

(ii) \$500 for each employee of the taxpayer who participates in a qualified wellness program.

(2) A taxpayer qualified under subsection (a)(2) shall receive a tax credit for the taxable year in an amount equal to:

(i) 50% of the cost to the taxpayer for providing a disease-management insurance policy, contingent on proof the purchased coverage utilizes disease-management protocols; or

(ii) 50% of the cost to the taxpayer for providing a qualified wellness program.

(c) Notification of tax credit.—By December 15 following the close of the taxpayer's taxable year, the department shall notify the taxpayer of the amount of the taxpayer's tax credit approved by the department.

Section 4604. Certification requirement for disease-management insurance policy.

(a) Application.—In order to qualify for a tax credit under this chapter, a taxpayer, in conjunction with the Department of Labor and Industry and the Insurance Department, must make application for the certification of the disease-management program purchased as part of the disease-management insurance policy. The Insurance Department shall develop the certification criteria.

(b) Reapplying.—In the taxpayer's subsequent taxable year, a taxpayer reapplying for the tax credit must provide verification to the Department of Labor and Industry and the Insurance Department that the disease-management program meets the certification requirements and continues to be purchased by the taxpayer.

Section 4605. Carryover, carryback, refund and assignment of tax credit.

(a) Carryover.—If the taxpayer cannot use the entire amount of the tax credit for the taxable year in which the tax credit is first approved because the amount of the tax credit exceeds the tax liability of the taxpayer for that taxable year, the excess may be carried over to succeeding taxable years and used as a tax credit against the qualified tax liability of the taxpayer for those taxable years. The following apply:

(1) Each time the tax credit is carried over to a succeeding taxable year, it shall be reduced by the amount that was used as a tax credit during the immediately preceding taxable year.

(2) The tax credit may be carried over and applied to succeeding taxable years for no more than 15 taxable years following the first taxable year for which the taxpayer was entitled to claim the tax credit.

(b) Application of tax credit.—A tax credit approved by the department for disease-management insurance policy premiums or qualified wellness program costs incurred in a taxable year shall first be applied against the taxpayer's qualified tax liability for the current taxable year as of the date on which the tax credit was approved before the tax credit may be applied against any tax liability under subsection (a).

(c) Unused tax credit.—A taxpayer is not entitled to assign, carry back or obtain a refund of an unused tax credit.

Section 4606. Limitation on tax credits.

(a) Limit.—The total amount of tax credits approved by the department shall not exceed \$10,000,000 in any fiscal year. The following apply:

(1) Fifty percent of the available funds shall be allocated exclusively for the disease-management insurance policy tax credit.

(2) Fifty percent of the available funds shall be allocated exclusively for the wellness program tax credit.

(b) Allocation for small businesses.—

(1) Forty percent of total available funds shall be allocated exclusively for small businesses.

(2) If the total amounts allocated to either the group of applicants exclusive of small businesses or the group of small business applicants is not approved in any fiscal year, the unused portion shall become available for use by other qualifying taxpayers.

Section 4607. Proration of tax credits.

(a) All taxpayers.—If the total amount of tax credits applied for by all taxpayers, exclusive of small businesses, exceeds the amount allocated for those tax credits, the tax credit to be received by each applicant shall be prorated by the department among all applicants, exclusive of small businesses, who have qualified for the tax credit.

(b) Small businesses.—If the total amount of tax credits applied for by all small businesses exceeds the amount allocated for those tax credits, the tax credit to be received by each small business applicant shall be prorated by the department among all small business applicants who have qualified for the tax credit.

Section 4608. Shareholder, owner or member pass-through.

(a) Pennsylvania S corporations.—If a Pennsylvania S corporation does not have an eligible tax liability against which the tax credit may be applied, a shareholder of the Pennsylvania S corporation is entitled to a tax credit equal to the tax credit determined for the Pennsylvania S corporation for the taxable year multiplied by the percentage of the Pennsylvania S corporation's distributive income to which the shareholder is entitled.

(b) Pass-through entities.—If a pass-through entity other than a Pennsylvania S corporation does not have an eligible tax liability against which the tax credit may be applied, an owner or member of the pass-through entity is entitled to a tax credit equal to the tax credit determined for the pass-through entity for the taxable year multiplied by the percentage of the pass-through entity's distributive income to which the owner or member is entitled.

(c) Entitlement.—

(1) The tax credit provided under subsection (a) or (b) is in addition to any tax credit to which a shareholder, owner or member of a pass-through entity is otherwise entitled under this chapter.

(2) A pass-through entity, and a shareholder, owner or member of a pass-through entity, may not claim a tax credit under this chapter for the same premium or employee.

Section 4609. Accountability for disease-management in insurance policies.

(a) Review procedures.—A taxpayer that receives a tax credit under this chapter shall be subject to a performance review by the Department of Labor and Industry, in conjunction with the Insurance Department. As appropriate, the performance review shall be based upon information submitted to the department that includes the following:

(1) The contractor's or service provider's strategic goals and objectives for disease-management programs.

(2) The contractor's or service provider's annual performance plan setting forth how these strategic goals and objectives are to be achieved and the specific methodology for evaluating results, along with any proposed methods for improvement.

(3) The contractor's or service provider's annual performance report setting forth the specific results in achieving its strategic goals and objectives for disease-management, including any changes in the health of participants in the disease-management program.

(4) The progress made in achieving expected program priorities and goals.

(5) Any other information deemed necessary by the department.

(b) Penalty.—If a performance review indicates that a primary contractor or a service provider failed to comply with contract requirements or meet performance goals, the taxpayer may be subject

to a reduction in or ineligibility for future tax credit funding under this chapter.

Section 4610. Transfer of funds.

An annual transfer of funds shall be paid from the Health Care Provider Retention Account to the General Fund in the amount to refund the revenue loss from the tax credits awarded by this chapter. This transfer of funds shall not exceed \$10,000,000.

Section 4611. Report to General Assembly.

(a) Submission of report.—The department shall submit an annual report indicating the effectiveness of the tax credit provided by this chapter by March 15 to:

(1) the Governor;

(2) the chairman and minority chairman of the Appropriations Committee of the Senate and of the Public Health and Welfare Committee of the Senate; and

(3) the chairman and minority chairman of the Appropriations Committee of the House of Representatives and of the Health and Human Services Committee of the House of Representatives.

(b) Contents.—

(1) The report shall include:

(i) The names of all taxpayers utilizing the tax credit as of the date of the report.

(ii) The amount of tax credits approved and utilized by each taxpayer.

(2) The report may include recommendations for changes in the calculation or administration of the tax credit.

(c) Public information.—Notwithstanding any law providing for the confidentiality of tax records, the information contained in the report shall be public information.

Section 4612. Regulations.

The department shall promulgate regulations necessary for the implementation and administration of this chapter.

Amend Bill, page 22, lines 22 and 23, by striking out all of said lines and inserting

Section 5102. Applicability.

Chapter 46 shall apply to taxable years beginning after December 31, 2008.

Section 5103. Effective date.

This act shall take effect as follows:

(1) Chapter 46 shall take effect June 30, 2009, or immediately, whichever is later.

(2) The following provisions shall take effect immediately:

(i) Section 5102.

(ii) This section.

(3) The remainder of this act shall take effect in 90 days.

On the question,

Will the House agree to the amendment?

The SPEAKER. On that question, the Chair recognizes the gentleman from Lehigh County, Representative Reichley.

Mr. REICHLEY. Thank you, Mr. Speaker.

Mr. Speaker, this amendment would seek to provide relief to small businesses throughout Pennsylvania, many of whom will be affected by the defeat of the Boyd amendment just a few minutes ago. By imposing a 2-percent gross premiums tax upon those who are subscribers through the four major nonprofit health insurance companies in Pennsylvania, this Assembly would be drastically increasing health-care costs.

One of the issues that we have had before us for the last few years in terms of discussing health care is affordability over accessibility. And, Mr. Speaker, we believe that you can make health care more accessible by making it more affordable. One of the goals would be to provide an incentive to private

employers to maintain and hopefully expand health-care coverage for employees and dependents. And really, one of the primary assets in being able to reduce long-term health-care costs is through disease management and wellness initiative programs, such as helping to cut down on asthma, diabetes, complications related to pregnancies, depression, a whole variety of diseases, including heart disease.

This amendment would offer a tax credit in the amount of \$500 for each participating employee to an employer of 50 employees or fewer. So it is directed towards small business, the crux of our employer force in Pennsylvania. The \$10 million on an annual basis needed for this program would come from the Health Care Provider Retention Account, which is being utilized in part by the prime sponsor of this legislation to help fund the rest of the initiative. But there is going to be approximately \$700 million in that account by the end of this fiscal year. I think that is a small price – this \$10 million – to pay for being able to cut down on the prospects of hospitalization, nursing-home care, and long-term-care costs by providing incentives to employees to maintain exercise and diet regimens, from having visiting nurses consulting with them to cut down on complications from pregnancy-related illnesses or from a variety of other complications from asthma, heart disease, diabetes, as I said, a number of different ailments.

So I would urge the members to think that the tax that you just imposed on employers just a few minutes ago can be somewhat abated by this \$500 per employee tax credit for small businesses. I encourage the members to vote in the affirmative. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the majority leader, Representative Eachus, on the amendment.

Mr. EACHUS. Thank you, Mr. Speaker.

I rise to oppose the gentleman from Lehigh's amendment. We have identified ways to pay for our plan without additional cuts to programs or taxes on citizens in Pennsylvania. The gentleman takes – for tax credits, because tax credits have to be paid for somehow – takes \$10 million from the Health Care Provider Retention Account that the Governor proposes to close the budget gap in his budget bill. I oppose this amendment because we truly need to make sure that we are maintaining really a conservative approach to the discipline of budgeting in this election cycle while trying to reach more people and cover 130,000 additional people under HB 1. I rise to oppose the amendment for those reasons.

The SPEAKER. The Chair thanks the gentleman and recognizes the minority leader, Representative Smith.

Mr. S. SMITH. Thank you, Mr. Speaker.

Mr. Speaker, I find the previous argument just a little bit incredulous. To suggest that this amendment is taking money from the Health Care Provider Retention Account or not being paid for properly or however you are going to argue it and that this amendment or that the underlying bill – excuse me, Mr. Speaker – that this underlying bill is properly paid for is absolutely incredible.

The fact is, the Governor's budget for this year spends the health care retention money in three different main categories. Later on the Governor came back and resented that money, proposed it for something else, and now the underlying bill seeks to spend the money in the health care retention fund

again. So to suggest that this amendment is somehow irresponsible because it does not have funding behind it is absolutely false. If that is the argument, then the entire bill is irresponsible. You cannot spend the health care retention money three times. If you are for all of this, you are not for anything the Governor is proposing with his General Fund budget because he is counting on that health care retention fund big time. Actually, he is counting on it two times, and if you are going to push this legislation, you are using it for the third time.

So let us apply a little bit of balance in the argument, Mr. Speaker. These amendments are good amendments. They are sound. They are fiscally responsible. But to suggest that you are going to vote against it because of how it is paid for, how it is funded, when your own underlying bill is spending the same money for the third time, is just not accurate. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the amendment, the Chair recognizes the majority leader, Representative Eachus.

Mr. EACHUS. Thank you, Mr. Speaker.

To respond to the gentleman's comments and directly to the amendment, I realize that my argument makes some on the other side of the aisle uncomfortable because they have been talking about no spending. Now, in each amendment that requires additional spending, there has to be some logic in how you are approaching it. At least as we approach this, we have been very clear what our goal is, and our goal is to try and reach more Pennsylvanians with health-care coverage – 130,000 people.

Now, I respect the gentleman's attempt, but this is one of those moments where there is a collision of what the gentleman is trying to do and the logic that is being espoused on the other side of the aisle. I just find that there is a credibility gap in advancing spending at the same time you are denouncing additional coverage for people within Pennsylvania. I am assuming that at the end of the day, there will be lots of "no" votes on final passage. I just want you to be clear. I am trying to be genuine about this. Our approach is trying to be as conservative as possible as it relates to our model, which reaches a goal without going after any obligated funds within the Governor's budget. That is the logic on this side of the aisle, and I wanted to make sure there was clear clarification on that.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the question, does the gentleman, Mr. Reichley, wish to be recognized? On the question, the Chair recognizes the gentleman from Lehigh County, Representative Reichley.

Mr. REICHLEY. Mr. Speaker, I greatly appreciate the last comments from the majority leader from Luzerne County because I think this is a perfect opportunity – and he has clarified in crystal terms just what the distinction is, because his side of the aisle, under his leadership, just advocated for a tax increase, the health-care tax increase, a few minutes ago. You were not trying to be responsible with dollars within this budget, Mr. Speaker. Your side of the aisle said, the way we are going to raise money on 92 percent of the population out there to pay for 8 percent to get health insurance is to raise the taxes on folks. This is helping to cut the costs to employers, to provide a tax cut, a tax incentive to those employers to maintain health-care coverage so you do not have more people going on the very program you were seeking to increase funding for by taxing the people of Pennsylvania.

I want the members on the other side of the aisle to be very clear, to be very consistent. You voted 10 minutes ago to increase taxes on Pennsylvanians. I want every one of you to vote down a tax credit for employers in Pennsylvania. Make your message clear. You have to walk the walk and talk the talk. You have talked for lots of time about how you are supporting business. Make sure business knows clearly on this one that you are against them by voting down a tax credit, particularly for small employers. Put up the votes, Mr. Speaker.

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

The following roll call was recorded:

YEAS—95

Adolph	Farry	Maher	Rapp
Baker	Fleck	Major	Reed
Barrar	Gabig	Marshall	Reese
Bear	Gabler	Marsico	Reichley
Benninghoff	Geist	Mensch	Roae
Beyer	Gillespie	Metcalfe	Rock
Boback	Gingrich	Metzgar	Rohrer
Boyd	Godshall	Micozzie	Ross
Brooks	Grell	Millard	Saylor
Causar	Grove	Miller	Scavello
Christiana	Harhart	Milne	Schroder
Civera	Harper	Moul	Smith, S.
Clymer	Harris	Mustio	Sonney
Cox	Helm	O'Neill	Stern
Creighton	Hennessey	Oberlander	Stevenson
Cutler	Hess	Payne	Swanger
Day	Hickernell	Peifer	Tallman
DeLozier	Hornaman	Perzel	Taylor, J.
Denlinger	Hutchinson	Petri	True
DiGirolo	Kauffman	Phillips	Turzai
Ellis	Keller, M.K.	Pickett	Vereb
Evans, J.	Killion	Pyle	Vulakovich
Everett	Knowles	Quigley	Watson
Fairchild	Krieger	Quinn	

NAYS—99

Barbin	Fabrizio	Mahoney	Samuelson
Bishop	Frankel	Manderino	Santarsiero
Boyle	Freeman	Mann	Santoni
Bradford	Galloway	Markosek	Seip
Brennan	George	Matzie	Shapiro
Briggs	Gerber	McGeehan	Siptroth
Brown	Gergely	McI. Smith	Smith, K.
Burns	Gibbons	Melio	Smith, M.
Buxton	Goodman	Mirabito	Solobay
Caltagirone	Grucela	Mundy	Staback
Carroll	Haluska	Murphy	Sturla
Casorio	Hanna	Myers	Taylor, R.
Cohen	Harhai	O'Brien, D.	Thomas
Conklin	Harkins	O'Brien, M.	Vitali
Costa, D.	Houghton	Oliver	Walko
Costa, P.	Johnson	Pallone	Wansacz
Curry	Josephs	Parker	Waters
Deasy	Keller, W.	Pashinski	Wheatley
DeLuca	Kessler	Payton	White
DePasquale	Kirkland	Petrarca	Williams
Dermody	Kortz	Preston	Youngblood
DeWeese	Kotik	Readshaw	Yudichak
Donatucci	Kula	Roebuck	
Drucker	Levdansky	Sabatina	McCall,
Eachus	Longietti	Sainato	Speaker
Evans, D.			

NOT VOTING—0

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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 second consideration?

Mr. **BOYD** offered the following amendment No. **A01497**:

Amend Bill, page 1, line 2, by inserting after "Program;" providing for BasicCare health insurance; establishing the Medical Safety Automation Program; providing grants to implement medical safety automation systems; establishing the Hospital Electronic Information Incentive Payment Program; providing for community-based health care; establishing the Dentists for Medical Assistance Patients Program in the Department of Public Welfare; providing for a health insurance tax credit, for an individual health insurance tax credit, for a disease-management and wellness tax credit, for allied health professionals loan assistance and for benevolent gesture or admission by health care provider;

Amend Bill, page 2, by inserting between lines 7 and 8
Chapter 38. BasicCare Health Insurance
Section 3801. Definitions.
Section 3802. BasicCare policy.
Section 3803. Department duties.
Chapter 40. Medical Safety Automation Program
Section 4001. Scope of chapter.
Section 4002. Definitions.
Section 4003. Medical Safety Automation Program.
Section 4004. Applications for grants.
Section 4005. Approval of project.
Section 4006. Limitations.
Section 4007. Reporting.
Section 4008. Duties of department.
Section 4009. Appropriation.
Chapter 41. Hospital Electronic Information Incentive Payment Program
Section 4101. Scope of chapter.
Section 4102. Definitions.
Section 4103. Hospital Electronic Information Incentive Payment Program.
Chapter 43. Dentists for Medical Assistance Patients
Section 4301. Scope of chapter.
Section 4302. Purpose.
Section 4303. Definitions.
Section 4304. Program.
Section 4305. Contract.
Section 4306. Funding.
Section 4307. Reporting requirements.
Section 4308. Regulations.
Chapter 49. Admission
Section 4901. Benevolent gesture or admission by health care provider.

Amend Bill, page 2, lines 9 and 10, by striking out all of said lines and inserting
Section 5101. (Reserved).
Section 5102. Repeals.
Section 5103. Applicability.
Section 5104. Effective date.

Amend Bill, page 22, by inserting between lines 10 and 11

CHAPTER 38

BASICCARE HEALTH INSURANCE

Section 3801. Definitions.

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

"BasicCare policy." A health benefit plan that provides health or sickness and accident coverage as specified in the Special Care, Guaranteed Renewable, Hospital Benefit Contract for Direct Payment Subscribers, Form 4044 on file with the department as of April 2, 2009, to an individual or small employer group with coverage for dependents offered as an additional option.

"Department." The Insurance Department of the Commonwealth.

"Health benefit plan." An individual or group health insurance policy, subscriber contract, certificate or plan, which provides medical or health care coverage by a health care facility or licensed health care provider and which is offered by an insurer. The term does not include any of the following:

- (1) An accident-only policy.
- (2) A limited benefit policy.
- (3) A credit-only policy.
- (4) A long-term care or disability income policy.
- (5) A specified disease policy.
- (6) A Medicare supplement policy.
- (7) A Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) supplement policy.
- (8) An automobile medical payment policy under 75 Pa.C.S. (relating to vehicles).
- (9) A vision-only policy.
- (10) A workers' compensation policy.
- (11) A dental policy.
- (12) A fixed indemnity policy.

"Insurer." A company or insurance entity licensed in this Commonwealth to issue an individual or group insurance policy, subscriber contract, certificate or plan which is offered or governed under any of the following:

- (1) The act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921.
- (2) The act of December 29, 1972 (P.L.1701, No.364), known as the Health Maintenance Organization Act.
- (3) The act of May 18, 1976 (P.L.123, No.54), known as the Individual Accident and Sickness Insurance Minimum Standards Act.
- (4) 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations) or Ch. 63 (relating to professional health services plan corporations).

"Small employer group." A group of at least two but not more than 50 individuals employed by the same person.

Section 3802. BasicCare policy.

(a) Requirement.—Within 90 days of the effective date of this section, an insurer issuing or delivering a health benefit plan in this Commonwealth shall make available for purchase by individuals and small employer groups a BasicCare policy.

(b) Coverage.—Coverage under a BasicCare policy shall be subject to any copayment permitted under the Special Care, Guaranteed Renewable, Hospital Benefit Contract for Direct Payment Subscribers, Form 4044 on file with the department as of April 2, 2009.

(c) Cost sharing.—Coverage under a BasicCare policy may be subject to coinsurance or deductible.

(d) Exclusion.—An insurer may exclude coverage under a BasicCare policy for an individual who has not been covered by a health benefit plan for more than 30 days, for up to one year for medical conditions for which medical advice or treatment was received by the individual during the 12 months prior to the effective date of the individual's BasicCare policy.

(e) Applicability.—No law, regulation or administrative directive requiring the coverage of a health care benefit or service or requiring

the reimbursement, utilization or inclusion of a specific category of licensee shall apply to a BasicCare policy delivered or issued for delivery in this Commonwealth under the authority granted under this chapter, including the provision of the benefits or requirements mandated under Article VI-A of the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921, or regulations promulgated under that act.

Section 3803. Department duties.

The department shall take all actions necessary to ensure that insurers make available for purchase BasicCare policies no later than 90 days following the effective date of this section.

CHAPTER 40

MEDICAL SAFETY AUTOMATION PROGRAM

Section 4001. Scope of chapter.

This chapter establishes the Medical Safety Automation Program.

Section 4002. Definitions.

The following words and phrases when used in this chapter shall have the meaning given to them in this section unless the context clearly indicates otherwise:

"Applicant." A person who applied under section 4004 for a grant.

"Community-based health care provider." A nonprofit health care center which provides primary health care services directly to patients. The term shall include all of the following:

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

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

(3) A health clinic associated with, but not located in, a health care provider licensed as a hospital which serves a federally designated health care professional shortage area.

(4) A health clinic which provides free or partially free health care services to patients when the health care services are provided by volunteer health care providers.

"Department." The Department of Health of the Commonwealth.

"Health care provider." A person who is all of the following:

(1) Is one of the following:

(i) A health care facility as defined in the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act.

(ii) A health care practitioner as defined in the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act.

(iii) A community-based health care provider.

(2) Provides medically necessary services to individuals regardless of the individual's ability to pay for the health care services.

(3) Is a participating provider with the Department of Public Welfare under the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.

"Health information." The medical records of a patient.

"Health insurer." Any of the following:

(1) An entity licensed to provide health insurance under the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921.

(2) A health maintenance organization as defined in the act of December 29, 1972 (P.L.1701, No.364), known as the Health Maintenance Organization Act.

(3) A nonprofit health plan corporation operating under 40 Pa.C.S. Chs. 61 (relating to hospital plan corporations) and 63 (relating to professional health services plan corporations).

"Interoperable." The ability to communicate and electronically exchange data among different electronic and telecommunication systems, software applications and networks in a way that preserves the integrity and clinical uses of the data.

"Medical safety automation system." An automated,

interoperable system that uses electronic and telecommunication technology to integrate health information, health care services and health care providers. The term includes pharmaceutical ordering, laboratory testing and results, medical orders, telemedicine, accessibility limitations and data sharing among health care providers, health insurers and other appropriate entities.

"Program." The Medical Safety Automation Program.

"Project." Any of the following:

(1) The creation of an interoperable and integrated medical safety automation system.

(2) The preparation of plans, specifications, studies and surveys necessary to determine the scope of a medical safety automation system and the practicality and effectiveness of its use.

(3) Training of physicians and personnel in the use of a medical safety automation system.

"Project costs." The costs associated with the project. The term includes hardware, software and training costs.

"Recipient." An applicant who receives a grant under section 4005.

"Regional health safety organization." A not-for-profit entity that adopts charter documents establishing a governmental structure, which is composed of multiple health care providers in a geographic region and which the purpose of the entity is to develop and implement a medical safety automation program for use by the health care providers composing the entity.

"Standards." Guidelines regarding the interoperable integrated medical safety automation systems adopted by the Office of the National Coordinator for Health Information Technology and approved by the United States Secretary of Health and Human Services.

Section 4003. Medical Safety Automation Program.

There is established within the department a program to be known as the Medical Safety Automation Program. The program shall provide financial assistance in the form of grants for projects related to the implementation of medical safety automation systems. The department shall submit an application as required by section 3013 of the Public Health Service Act (58 Stat. 682, 42 U.S.C. § 300jj-33).

Section 4004. Applications for grants.

A health care provider or a regional medical safety organization may submit an application to the department requesting a grant for costs associated with a project. The application shall be on the form required by the department and shall include or demonstrate all of the following:

(1) The applicant's name and address.

(2) The location of the project.

(3) A description of the project which includes a statement describing the manner in which the project will do all of the following:

(i) Protect privacy and security of health information.

(ii) Provide a patient direct access to the patient's health information.

(iii) Promote prevention of chronic diseases.

(iv) Maintain and provide permitted access to health information in an electronic format.

(v) Improve health care quality through the reduction of medical errors and inappropriate care.

(vi) Improve the coordination of care and health information among health care providers, health insurers and other appropriate entities.

(vii) Improve public health reporting to permit rapid response to public health threats and emergencies.

(viii) Facilitate health research.

(4) A statement as to whether the project complies with standards and whether the system will be interoperable with other medical safety automation systems.

(5) A copy of a feasibility study of the proposed medical safety automation system. The study shall include a business or

financial plan that describes the sustainability of costs and the benefits of the project to the applicant and a timeline for the development and implementation of the project.

(6) An estimate of the total cost of the project.

(7) A statement of the amount of grant sought.

(8) Any other information required by the department.

Section 4005. Approval of project.

Upon being satisfied that all requirements have been met, the department may approve the application and, if approved, the department shall award a grant to be used for costs of the project. Preference shall be given to application for projects which support the development and implementation of regional medical safety automation systems and which provide direct patient access to health information. In considering applications from health care providers that are hospitals, preference shall be given to applicants to demonstrate the greatest financial need and which average the highest number of medical assistance days as a percentage of total inpatient days.

Section 4006. Limitations.

The following shall apply:

(1) A grant awarded under section 5 shall not exceed \$1,000,000 in the aggregate to any single applicant.

(2) Except as provided under paragraph (3), a grant awarded under section 4005 shall not exceed 50% of the total costs for the project.

(3) If the applicant is a community-based health care provider, a grant awarded under section 4005 shall not exceed 75% of the total costs for the project.

(4) No less than 60% of the funds made available for the program may be awarded to applicants in counties of the fourth, fifth, sixth, seventh or eighth class.

(5) A grant awarded under the program may not exceed a term of two years.

(6) Grants shall be awarded so that the aggregate amount of grants awarded to applicants within any one county in any fiscal year does not exceed 15% of the aggregate amount of grants awarded in that fiscal year.

Section 4007. Reporting.

Within one year of receipt of a grant under section 4005, a recipient shall provide all of the following to the department:

(1) The status of the development and implementation of the medical safety automation system.

(2) An accounting of the expenditure of the funds used to fund the project.

(3) A report on any reduction in medical errors and increased efficiency in the delivery of health care to patients.

(4) Any other information requested by the department.

Section 4008. Duties of department.

The department shall do all of the following:

(1) Administer the program.

(2) Facilitate the development and implementation of medical safety automation systems in this Commonwealth. The department shall coordinate with the Department of Public Welfare to assist in the development and implementation of medical safety automation systems for health care programs administered by the Commonwealth.

(3) Coordinate and share data with the Department of Public Welfare, the Health Care Cost Containment Council, the Patient Safety Authority and other State agencies.

(4) Provide education to health care providers regarding the advantages of the use of medical safety automation systems.

(5) Report annually to the chairman and minority chairman of the Public Health and Welfare Committee of the Senate and the chairman and minority chairman of the Health and Human Services Committee of the House of Representatives. The report shall include the number of grants awarded, the location of each grant awarded, a description of each project funded and the expected impact of each project on the delivery of health care.

Section 4009. Appropriation.

The sum of \$25,000,000 of Federal funds received under section 3013 of the Public Health Service Act (58 Stat. 682, 42 U.S.C. § 300jj-33) is hereby appropriated from the General Fund to the Department of Health for the Medical Safety Automation Program.

CHAPTER 41

HOSPITAL ELECTRONIC INFORMATION INCENTIVE
PAYMENT PROGRAM

Section 4101. Scope of chapter.

This chapter establishes the Hospital Electronic Information Incentive Payment Program.

Section 4102. Definitions.

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

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

"Eligible hospital." An acute care hospital or critical access hospital which is a meaningful electronic health record user as defined under section 4102 of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5, 123 Stat. 115).

Section 4103. Hospital Electronic Information Incentive Payment Program.

(a) Establishment.—There is established within the department a program to be known as the Hospital Electronic Information Incentive Payment Program. The program shall provide financial assistance to certain acute care hospitals and critical access hospitals for the implementation of electronic health record systems.

(b) Application.—The department shall establish a payment incentive program consistent with the provisions of section 4102 of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5, 123 Stat. 115) to provide assistance to eligible hospitals for the implementation of electronic health record systems.

CHAPTER 43

DENTISTS FOR MEDICAL
ASSISTANCE PATIENTS

Section 4301. Scope of chapter.

This chapter relates to dentists for medical assistance patients.

Section 4302. Purpose.

The purpose of this chapter is to help meet the inadequacies for improving care to those on medical assistance, to bring dentists into communities where there is a need and to provide an incentive to students of this Commonwealth to pursue higher education and training in dentistry in order to maintain the quality of health care services in this Commonwealth.

Section 4303. Definitions.

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

"Dentist." A doctor of dental surgery or doctor of dental medicine who is licensed within this Commonwealth to practice dentistry.

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

"Program." The Dentists for Medical Assistance Patients Program established under this chapter.

Section 4304. Program.

(a) Establishment.—The Dentists for Medical Assistance Patients Program is established within the department.

(b) Administration.—The Commonwealth shall administer the program on a Statewide basis and utilize funds in the program to encourage recently graduated dentists to provide care to patients on medical assistance in each of the counties based on need. The Commonwealth shall provide an annual supplemental salary of \$80,000 to recently graduated dentists within three years from the date of graduation who dedicate 50% of their practice to caring for patients on medical assistance. Dentists within six years from the date of graduation shall receive an annual supplemental salary of \$30,000 if

they dedicate 20% of their practice to serving patients on medical assistance.

(c) Applications.—The department shall promulgate guidelines for the selection of candidates to the program based on the following criteria:

(1) Demonstrated need.

(2) Willingness to continue practicing and serving patients on medical assistance in this Commonwealth after expiration of the program.

(d) Eligibility.—Dentists must be within three years from the date of graduation from an accredited dental school to receive an annual supplemental salary of \$80,000 or within six years from the date of graduation from an accredited dental school to receive an annual supplemental salary of \$30,000 from the Commonwealth. Participating dentists shall not be eligible to receive reimbursements from the Commonwealth for serving patients on medical assistance beyond this program.

(e) Selection.—The department shall give preference to dentists in the following order:

(1) Recipients of funds who, by contract with the department, agree to practice dentistry in an area of this Commonwealth that is reported by the department as an area where a shortage of dentists who serve patients on medical assistance exists.

(2) Commonwealth natives completing training in this Commonwealth.

(3) Out-of-State candidates completing training in this Commonwealth.

(4) Commonwealth natives completing out-of-State training.

(5) Out-of-State candidates completing out-of-State training.

(f) Verification.—The department shall monitor and verify a dentist's fulfillment of all requirements under this chapter.

Section 4305. Contract.

(a) General rule.—Dentists receiving funds shall enter into a contract with the department. The contract shall include, but not be limited to, the following terms and conditions:

(1) The dentist shall agree to provide care to the established percentage of patients on medical assistance in relation to the total number of patients served.

(2) The dentist shall permit the department to monitor compliance with the percentage requirement.

(3) The contract shall be renewable on an annual basis upon certification by the department that the dentist has complied with the terms of the contract. Contracts may be renewable for a total of six years.

(4) The contract shall terminate if the dentist dies, is not able to perform the duties of a dentist or is not able to maintain the dentist's license to practice dentistry due to physical or mental disability.

(5) If a dentist's license to practice is suspended or revoked, the department shall have the authority to terminate the dentist's participation in the program and demand repayment of all funds rendered to date.

(6) A dentist who fails to begin or complete the obligations contracted for shall reimburse the Commonwealth all amounts received under this chapter and interest thereon as determined by the department. Both the dentist and the department shall make every effort to resolve conflicts in order to prevent a breach of contract.

(b) Contract enforcement.—The department shall have the authority to seek garnishment of wages for the collection of damages provided for under subsection (a)(6).

Section 4306. Funding.

The department is authorized to use funds specifically appropriated by the General Assembly and any funds, contributions or payments which may be available to the department by another

Commonwealth agency, the Federal Government or any public or private source for the purpose of implementing this section.

Section 4307. Reporting requirements.

The department shall submit annually to the chairman and minority chairman of the Public Health and Welfare Committee of the Senate and the chairman and minority chairman of the Health and Human Services Committee of the House of Representatives a report that provides details of the department's expenditures, including administrative expenditures, under this section.

Section 4308. Regulations.

The department shall adopt rules and regulations to carry out the provisions of this chapter.

CHAPTER 49 ADMISSION

Section 4901. Benevolent gesture or admission by health care provider.

(a) General rule.—In any medical professional liability action, any benevolent gesture or admission of fault made by a health care provider to a patient, or the patient's relative or representative, regarding the patient's discomfort, pain, suffering, injury or death resulting from a medical encounter, treatment or procedure shall be inadmissible as evidence of liability or as an admission against interest if such gesture or admission was made prior to the commencement of the action.

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

"Benevolent gesture." Any action that conveys a sense of compassion or commiseration emanating from humane impulses.

"Health care provider." As defined by section 103 of the act of March 20, 2002 (P.L.154, No.13), known as the Medical Care Availability and Reduction of Error (Mcare) Act.

"Medical professional liability action." As defined by section 103 of the act of March 20, 2002 (P.L.154, No.13), known as the Medical Care Availability and Reduction of Error (Mcare) Act.

"Patient." As defined by section 103 of the act of March 20, 2002 (P.L.154, No.13), known as the Medical Care Availability and Reduction of Error (Mcare) Act.

"Relative." A patient's spouse, parent, stepparent, grandparent, child, stepchild, grandchild, brother, sister, half-brother, half-sister, spouse's parents or any person who has a family-type relationship with a patient.

"Representative." A legal guardian, attorney, an agent designated to make medical decisions under a power of attorney over health care matters or a surrogate designated in an advance directive for health care or any person recognized in law or custom as a patient's agent.

(c) Applicability.—This section shall apply to actions pending on or commencing after the effective date of this section.

Amend Bill, page 22, by inserting between lines 12 and 13 Section 5101. (Reserved).

Amend Bill, page 22, line 13, by striking out "5101" and inserting

5102

Amend Bill, page 22, lines 14 through 23, by striking out all of said lines and inserting

(a) Intent.—The repeals in this section are necessary to effectuate this act.

(b) Provision.—Chapter 13 of the act of June 26, 2001 (P.L.755, No.77), known as the Tobacco Settlement Act is repealed.

Section 5103. Applicability.

Chapter 46 shall apply to taxable years beginning after December 31, 2008.

Section 5104. Effective date.

This act shall take effect as follows:

(1) The following provisions shall take effect immediately:

(i) Section 5103.

(ii) This section.

(2) The remainder of this act shall take effect in 90 days.

On the question,

Will the House agree to the amendment?

AMENDMENT WITHDRAWN

The SPEAKER. On the amendment, the Chair recognizes the gentleman from Lancaster County, Representative Boyd. The gentleman indicates he is withdrawing the amendment. The Chair thanks the gentleman.

On the question recurring,

Will the House agree to the bill on second consideration?

Mr. **SCHRODER** offered the following amendment No. **A01579**:

Amend Bill, page 7, by inserting between lines 21 and 22 "Rolling basis." Within 30 days of a determination that an individual in the program and receiving a subsidized benefit package is no longer an eligible adult, the enrollment of an eligible adult from the waiting list in the program for a subsidized benefit package.

Amend Bill, page 11, line 16, by inserting after "(7)"

Offer subsidization of the health benefit plan to individuals on a rolling basis.

(8)

Amend Bill, page 11, line 19, by striking out "(8)" and inserting

(9)

Amend Bill, page 12, line 4, by striking out "(9)" and inserting

(10)

Amend Bill, page 12, line 17, by striking out "(10)" and inserting

(11)

On the question,

Will the House agree to the amendment?

The SPEAKER. On that question, the Chair recognizes the gentleman from Chester County, Representative Schroder.

Mr. **SCHRODER**. Thank you, Mr. Speaker.

Mr. Speaker, this amendment would make sure that people on the waiting list for adultBasic were offered positions in adultBasic on a rolling basis. It would serve the purposes of making sure that individuals who are next in line would get adultBasic service in a more timely fashion. Right now the department as I understand it usually waits until they have 1,000 slots or so available and then opens up adultBasic enrollment to people on the waiting list. This will end that practice and promote I think what we are all trying to accomplish, which is getting people the health-insurance coverage that they need on a more timely basis.

So I ask for support for the amendment. Thank you.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the majority leader, Representative Eachus, on the amendment.

Mr. **EACHUS**. Mr. Speaker, I rise to oppose the gentleman's amendment. The only thing that keeps rolling in this is that this will roll up administrative costs within the adultBasic program. This rolling model that the gentleman proposes guarantees that if somebody loses a spot in Erie, for example, and there are tons of people waiting in Philadelphia to get on the list, that that person from Philadelphia gets advanced first. We bid these things out regionally with the Blues contracts, and it guarantees a regional balance within this. We keep the administrative costs extraordinarily low in the adultBasic program so that we are not

spending money on paperwork, and we all know how much paperwork the Blues will send to your house and insurance companies send out.

We guarantee that those administrative costs are low and we keep more people covered, and that is why I oppose the amendment. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the question, the Chair recognizes the gentleman from Chester County, Representative Schroder.

Mr. SCHRODER. Thank you, Mr. Speaker.

I would just like to respond to the points made by the majority leader. First of all, Mr. Speaker, I think we are trying to make this more complicated than it actually is. A simple computer program could keep track of this and we would not have any major administrative costs at all. But secondly, there are no administrative costs as I understand it to the Commonwealth. This waiting list is handled by the Blues, and there would be no administrative costs to the Commonwealth with this particular amendment.

Mr. Speaker, by voting against this amendment, what we are saying is it is really more important to have the administration, to give them the opportunity for a big PR hit of saying, oh, we have a few thousand slots available and making a big splash about it – which is why I believe it is done that way – versus making sure that individuals on the waiting list get brought into the program in a more timely manner when slots are in fact available.

So, Mr. Speaker, we have a choice here: We can either side with the uninsured who are on the waiting list or we can side with giving the administration a big PR hit every now and then when they announce a few thousand openings. That is really what is at issue here. Thank you.

The SPEAKER. The Chair thanks the gentleman.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS–94

Adolph	Farry	Major	Rapp
Baker	Fleck	Marshall	Reed
Barrar	Gabig	Marsico	Reese
Bear	Gabler	Mensch	Reichley
Benninghoff	Geist	Metcalf	Roae
Beyer	Gillespie	Metzgar	Rock
Boback	Gingrich	Micozzie	Rohrer
Boyd	Godshall	Millard	Ross
Brooks	Grell	Miller	Saylor
Causar	Grove	Milne	Scavello
Christiana	Harhart	Moul	Schroder
Civera	Harper	Mustio	Smith, S.
Clymer	Harris	O'Neill	Sonney
Cox	Helm	Oberlander	Stern
Creighton	Hennessey	Payne	Stevenson
Cutler	Hess	Peifer	Swanger
Day	Hickernell	Perzel	Tallman
DeLozier	Hutchinson	Petri	Taylor, J.
Denlinger	Kauffman	Phillips	True
DiGirolamo	Keller, M.K.	Pickett	Turzai
Ellis	Killion	Pyle	Vereb
Evans, J.	Knowles	Quigley	Vulakovich
Everett	Krieger	Quinn	Watson
Fairchild	Maher		

NAYS–100

Barbin	Fabrizio	Mahoney	Samuelson
Bishop	Frankel	Manderino	Santarsiero
Boyle	Freeman	Mann	Santoni
Bradford	Galloway	Markosek	Seip
Brennan	George	Matzie	Shapiro
Briggs	Gerber	McGeehan	Siptroth
Brown	Gergely	McI. Smith	Smith, K.
Burns	Gibbons	Melio	Smith, M.
Buxton	Goodman	Mirabito	Solobay
Caltagirone	Grucela	Mundy	Staback
Carroll	Haluska	Murphy	Sturla
Casorio	Hanna	Myers	Taylor, R.
Cohen	Harhai	O'Brien, D.	Thomas
Conklin	Harkins	O'Brien, M.	Vitali
Costa, D.	Hornaman	Oliver	Walko
Costa, P.	Houghton	Pallone	Wansacz
Curry	Johnson	Parker	Waters
Deasy	Josephs	Pashinski	Wheatley
DeLuca	Keller, W.	Payton	White
DePasquale	Kessler	Petrarca	Williams
Dermody	Kirkland	Preston	Youngblood
DeWeese	Kortz	Readshaw	Yudichak
Donatucci	Kotik	Roebuck	
Drucker	Kula	Sabatina	McCall,
Eachus	Levdansky	Sainato	Speaker
Evans, D.	Longietti		

NOT VOTING–0

EXCUSED–9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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 second consideration?

Mr. **SCHRODER** offered the following amendment
No. **A01580**:

Amend Bill, page 16, line 24, by striking out "four" and inserting two

Amend Bill, page 16, line 24, by inserting after "years."

No emergency extension of a contract shall be permitted or required for any reason.

On the question,

Will the House agree to the amendment?

The SPEAKER. On that question, the Chair recognizes the gentleman from Chester County, Representative Schroder.

Mr. SCHRODER. Thank you, Mr. Speaker.

Mr. Speaker, this would amend the bill by requiring the Insurance Department to negotiate contracts for the program every 2 years as opposed to the current law, which is every 3 years, and the bill, which would take it to every 4 years. Mr. Speaker, doing it the way the bill addresses this issue, by making it 4 years, does not account for medical inflation and all of the expenses that are incurred during that period of time. A 4-year contract results in a hardship that would be very difficult

for the companies that have to administer and run and provide this program. Most contracts, most health-insurance contracts renew on a yearly basis, so this is still much better for the department, for the insureds, than what we have in the private sector, if you will. So I believe that a good compromise position is to adopt this amendment and have the contracts negotiated every 2 years.

The SPEAKER. The Chair recognizes the majority leader, Representative Eachus, on the amendment.

Mr. EACHUS. Thank you, Mr. Speaker.

The construction of the way we handle this program has not changed since the Ridge administration. The gentleman's changes, we believe, will make additional administrative burdens which I mentioned earlier, potentially costs. It will make it less effective to bidders who bid on the contracts because shortening the duration makes it a less stable contracting environment. It also, we believe, potentially will create lapses in coverage.

For those three reasons, Mr. Speaker, I oppose the amendment.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS—93

Adolph	Farry	Major	Rapp
Baker	Fleck	Marshall	Reed
Barrar	Gabig	Marsico	Reese
Bear	Gabler	Mensch	Reichley
Benninghoff	Geist	Metcalfe	Roae
Beyer	Gillespie	Metzgar	Rock
Boback	Gingrich	Micozzie	Rohrer
Boyd	Godshall	Millard	Ross
Brooks	Grell	Miller	Saylor
Causar	Grove	Milne	Scavello
Christiana	Harhart	Moul	Schroder
Civera	Harris	Mustio	Smith, S.
Clymer	Helm	O'Neill	Sonney
Cox	Hennessey	Oberlander	Stern
Creighton	Hess	Payne	Stevenson
Cutler	Hickernell	Peifer	Swanger
Day	Hutchinson	Perzel	Tallman
Delozier	Kauffman	Petri	Taylor, J.
Denlinger	Keller, M.K.	Phillips	True
DiGirolamo	Killion	Pickett	Turzai
Ellis	Knowles	Pyle	Vereb
Evans, J.	Krieger	Quigley	Vulakovich
Everett	Maher	Quinn	Watson
Fairchild			

NAYS—101

Barbin	Fabrizio	Longiotti	Samuelson
Bishop	Frankel	Mahoney	Santarsiero
Boyle	Freeman	Manderino	Santoni
Bradford	Galloway	Mann	Seip
Brennan	George	Markosek	Shapiro
Briggs	Gerber	Matzie	Siptroth
Brown	Gergely	McGeehan	Smith, K.
Burns	Gibbons	McI. Smith	Smith, M.
Buxton	Goodman	Melio	Solobay
Caltagirone	Grucela	Mirabito	Staback
Carroll	Haluska	Mundy	Sturla
Casorio	Hanna	Murphy	Taylor, R.
Cohen	Harhai	Myers	Thomas
Conklin	Harkins	O'Brien, D.	Vitali
Costa, D.	Harper	O'Brien, M.	Walko

Costa, P.	Hornaman	Oliver	Wansacz
Curry	Houghton	Pallone	Waters
Deasy	Johnson	Parker	Wheatley
DeLuca	Josephs	Pashinski	White
DePasquale	Keller, W.	Payton	Williams
Dermody	Kessler	Petrarca	Youngblood
DeWeese	Kirkland	Preston	Yudichak
Donatucci	Kortz	Readshaw	
Drucker	Kotik	Roebuck	McCall,
Eachus	Kula	Sabatina	Speaker
Evans, D.	Levdansky	Sainato	

NOT VOTING—0

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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 second consideration?

Mr. **PETRI** offered the following amendment No. **A01582**:

Amend Bill, page 20, lines 10 through 13, by striking out all of said lines

Amend Bill, page 20, lines 26 through 29, by striking out "the program shall be construed to only supplement the" in line 26, all of lines 27 and 28 and "utilizing the program" in line 29 and inserting
this act shall expire upon implementation of the Federal programs

On the question,

Will the House agree to the amendment?

The SPEAKER. On the question, the Chair recognizes the gentleman from Bucks County, Representative Petri.

Mr. PETRI. Thank you, Mr. Speaker.

I offer amendment 1582. Amendment 1582 removes language which would allow the department to alter the benefit plan. Mr. Speaker, this plan that is being offered is not being offered by us — us meaning the legislature. It is our responsibility, not the Insurance Department's responsibility, to decide what is and what is not in a plan. Generally, if you look at this plan, it has been touted and it was touted last session as including wonderful coverage, but there is a problem. There is a provision in it that gives all the authority to the Insurance Commissioner to decide. Well, why is that? Because no one in this building really knows what the cost of this product is going to be. Let me say that again: No one truly knows what the cost of this product is going to be. There are speculations based upon reimbursement rates and based upon actuarial studies. Now, to take it one step further, those studies are assuming a very low reimbursement rate. So I have questioned in my mind from day one whether we will get any physicians and hospitals to sign up for this program.

But be that as it may, this amendment is about taking responsibility, stepping up to the plate, and telling the Insurance

Commissioner what will and will not be in the program. So I would ask for your support.

The SPEAKER. On the question, the Chair recognizes the majority leader, Representative Eachus.

Mr. EACHUS. Thank you, Mr. Speaker.

I rise to oppose the gentleman's amendment. It is not really because of where he focused his energy. It really relates to lines 7 and 8 of his amendment that will force an expiration of whatever we pass here in the House that will guarantee coverage in health-care coverage for the 130,000 people for whom we are trying to get coverage. What the gentleman's amendment would do is when the Federal law is triggered, it would knock people off coverage. I will give you an example: When the Federal government passed the Medicare Part D plan for senior citizens, it took months to rectify the differences between our PACE (Pharmaceutical Assistance Contract for the Elderly) and PACENET (Pharmaceutical Assistance Contract for the Elderly Needs Enhancement Tier) programs, which expand prescription drugs for seniors, and the really poorly written, unfair Medicare Part D program.

Under the gentleman's construction, if this applied to the PACE and PACENET programs, we would have had to put hundreds of thousands of seniors out in the street. I think it would be unnecessary to not cover the people during the Federal transition. We need to be able to actively work with our Federal counterparts when they pass this law. We need to make sure that we have constructed a State program that meshes and fits in appropriately and guarantees that we are leveraging Federal and State dollars to reach more people during these difficult economic times. That is why I stand to oppose the gentleman's amendment.

The SPEAKER. On the amendment, the Chair recognizes the gentleman from Bucks County, Representative Petri.

Mr. PETRI. Mr. Speaker, the gentleman is correct that my provision indicates that when the Federal government institutes a program that this program goes away. I do not think our taxpayers want to pay for something twice. But to address his particular concern, there is another amendment which we will reach that takes care of that and offers a process whereby those two can mesh.

I still would request that the members support this amendment. I think it is important that we not abdicate our authority and that we be the ones to institute and tell people what the plan will be or will not be. Thank you.

The SPEAKER. The Chair thanks the gentleman.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS—95

Adolph	Farry	Maher	Rapp
Baker	Fleck	Major	Reed
Barrar	Gabig	Marshall	Reese
Bear	Gabler	Marsico	Reichley
Benninghoff	Galloway	Mensch	Roae
Beyer	Geist	Metcalfe	Rock
Boback	Gillespie	Metzgar	Rohrer
Boyd	Gingrich	Micozzie	Ross
Brooks	Godshall	Millard	Saylor
Causar	Grell	Miller	Scavello
Christiana	Grove	Milne	Schroder

Civera	Harhart	Moul	Smith, S.
Clymer	Harper	Mustio	Sonney
Cox	Harris	O'Neill	Stern
Creighton	Helm	Oberlander	Stevenson
Cutler	Hennessey	Payne	Swanger
Day	Hess	Peifer	Tallman
Delozier	Hickernell	Perzel	Taylor, J.
Denlinger	Hutchinson	Petri	True
DiGirolamo	Kauffman	Phillips	Turzai
Ellis	Keller, M.K.	Pickett	Vereb
Evans, J.	Killion	Pyle	Vulakovich
Everett	Knowles	Quigley	Watson
Fairchild	Krieger	Quinn	

NAYS—99

Barbin	Fabrizio	Mahoney	Samuelson
Bishop	Frankel	Manderino	Santarsiero
Boyle	Freeman	Mann	Santoni
Bradford	George	Markosek	Seip
Brennan	Gerber	Matzie	Shapiro
Briggs	Gergely	McGeehan	Siptroth
Brown	Gibbons	McI. Smith	Smith, K.
Burns	Goodman	Melio	Smith, M.
Buxton	Grucela	Mirabito	Solobay
Caltagirone	Haluska	Mundy	Staback
Carroll	Hanna	Murphy	Sturla
Casorio	Harhai	Myers	Taylor, R.
Cohen	Harkins	O'Brien, D.	Thomas
Conklin	Hornaman	O'Brien, M.	Vitali
Costa, D.	Houghton	Oliver	Walko
Costa, P.	Johnson	Pallone	Wansacz
Curry	Josephs	Parker	Waters
Deasy	Keller, W.	Pashinski	Wheatley
DeLuca	Kessler	Payton	White
DePasquale	Kirkland	Petrarca	Williams
Dermody	Kortz	Preston	Youngblood
DeWeese	Kotik	Readshaw	Yudichak
Donatucci	Kula	Roebuck	
Drucker	Levdansky	Sabatina	McCall,
Eachus	Longietti	Sainato	Speaker
Evans, D.			

NOT VOTING—0

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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 second consideration?

Mr. PETRI offered the following amendment No. **A01637**:

Amend Bill, page 10, line 26, by striking out "may be amended" and inserting

shall be renegotiated

Amend Bill, page 10, lines 27 through 29, by striking out "or may otherwise" in line 27, all of line 28 and "process" in line 29

On the question,

Will the House agree to the amendment?

The SPEAKER. On the amendment, the Chair recognizes the gentleman from Bucks County, Representative Petri.

Mr. PETRI. Thank you, Mr. Speaker.

I have another amendment. This one amends section 303(g)(3)(i). This is a provision that relates to the department's responsibilities about entering into contracts. I started to speak about that with respect to the last amendment. Essentially, what this does is it requires the Insurance Department to renegotiate provisions with regard to coverage. I would ask for the members' support.

The SPEAKER. On the amendment, the Chair recognizes the majority leader, Representative Eachus.

Mr. EACHUS. Thank you, Mr. Speaker.

I rise to oppose the amendment. In the real world of dealing with the Federal government, there are Federal changes each day that are contracts for our providers, whether they be managed-care organizations or others that provide health care, that allow for the agility to change when those Federal changes come. Under the gentleman's construction, this would stop the process for each Federal change and terminate the ability of both private business and the department to resolve Federal guidelines in an amicable and procedurally seamless way.

This would be onerous, hamper our agility, stop the ability for the departments to have the kind of creativity in working with the Federal government and contractors. So for those reasons, Mr. Speaker, I am asking the members to vote "no."

The SPEAKER. On the amendment, the Chair recognizes the gentleman from Bucks County, Representative Petri.

Mr. PETRI. Mr. Speaker, this amendment is intended to shine a bright light on this process. This is a process which would require an open, competitive procurement process. Supporting my amendment will ensure that your constituents – in fact, the whole State of Pennsylvania – will know and will be able to bid on services and understand what they are. Now, look, if that is not important to you, if you want to allow the department to willy-nilly change programs and procurement, it would be the first program in this Capitol that we have ever done that with, but that is your choice.

We as members have choices. I am suggesting you take the bright light and shine it on this process, because something does not look right. Thank you.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS–96

Adolph	Farry	Krieger	Quinn
Baker	Fleck	Maher	Rapp
Barrar	Gabig	Major	Reed
Bear	Gabler	Marshall	Reese
Benninghoff	Galloway	Marsico	Reichley
Beyer	Geist	Mensch	Roae
Boback	Gillespie	Metcalfe	Rock
Boyd	Gingrich	Metzgar	Rohrer
Brooks	Godshall	Micozzie	Ross
Causar	Grell	Millard	Saylor
Christiana	Grove	Miller	Scavello
Civera	Harhart	Milne	Schroder
Clymer	Harper	Moul	Smith, S.
Cox	Harris	Mustio	Sonney
Creighton	Helm	O'Neill	Stern
Cutler	Hennessey	Oberlander	Stevenson

Day	Hess	Payne	Swanger
Delozier	Hickernell	Peifer	Tallman
Denlinger	Hornaman	Perzel	Taylor, J.
DiGirolamo	Hutchinson	Petri	True
Ellis	Kauffman	Phillips	Turzai
Evans, J.	Keller, M.K.	Pickett	Vereb
Everett	Killion	Pyle	Vulakovich
Fairchild	Knowles	Quigley	Watson

NAYS–98

Barbin	Evans, D.	Mahoney	Samuelson
Bishop	Fabrizio	Manderino	Santarsiero
Boyle	Frankel	Mann	Santoni
Bradford	Freeman	Markosek	Seip
Brennan	George	Matzie	Shapiro
Briggs	Gerber	McGeehan	Sipthoth
Brown	Gergely	McI. Smith	Smith, K.
Burns	Gibbons	Melio	Smith, M.
Buxton	Goodman	Mirabito	Solobay
Caltagirone	Grucela	Mundy	Staback
Carroll	Haluska	Murphy	Sturla
Casorio	Hanna	Myers	Taylor, R.
Cohen	Harhai	O'Brien, D.	Thomas
Conklin	Harkins	O'Brien, M.	Vitali
Costa, D.	Houghton	Oliver	Walko
Costa, P.	Johnson	Pallone	Wansacz
Curry	Josephs	Parker	Waters
Deasy	Keller, W.	Pashinski	Wheatley
DeLuca	Kessler	Payton	White
DePasquale	Kirkland	Petrarca	Williams
Dermody	Kortz	Preston	Youngblood
DeWeese	Kotik	Readshaw	Yudichak
Donatucci	Kula	Roebuck	
Drucker	Levdansky	Sabatina	McCall,
Eachus	Longietti	Sainato	Speaker

NOT VOTING–0

EXCUSED–9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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 second consideration?

Mr. **CUTLER** offered the following amendment
No. **A01583**:

Amend Bill, page 8, line 15, by inserting after "contractor"
and provide a photo identification as required by 16 CFR
Pt. 681 (relating to identity theft rules)

On the question,

Will the House agree to the amendment?

ANNOUNCEMENT BY MR. BARRAR

The SPEAKER. For what purpose does the gentleman, Representative Barrar, rise?

Mr. BARRAR. A point of personal privilege, Mr. Speaker.

The SPEAKER. The gentleman will state his personal privilege.

Mr. BARRAR. I just wanted to take a moment to let the members know that today is Representative Nick Miccarelli's birthday. He is serving in Iraq, and I was hoping we all could shout out happy birthday to him today. Happy birthday, Representative Miccarelli.

The SPEAKER. The Chair thanks the gentleman.

Mr. BARRAR. Hopefully, he is watching.

CONSIDERATION OF HB 1 CONTINUED

The SPEAKER. On the amendment, the Chair recognizes the gentleman from Lancaster County, Representative Cutler.

Mr. CUTLER. Thank you, Mr. Speaker.

Very briefly, Mr. Speaker, this amendment would insert a requirement and bring us in line with Federal guidelines according to the Federal Trade Commission that would require applicants to submit photo identification when applying for the insurance program in order to bring us in line with Federal identity theft guidelines.

The SPEAKER. On the question, the Chair recognizes the majority leader, Representative Eachus.

Mr. EACHUS. Thank you, Mr. Speaker.

I rise to oppose the gentleman's amendment for a couple of reasons; should be no surprise.

One of the barriers that the gentleman's amendment creates is that it would prohibit the ability for online Web applications that are currently being used by the adultBasic program. The ability for seamless, online sign-ups is essential, and I would add secondarily that the Federal guidelines for Federal waiver money require no photo ID completion, and I can say that the adultBasic does an excellent job of policing fraud within this program.

So for those three reasons, Mr. Speaker: barrier to coverage, ability to stop access, and really not having a requirement from the Federal government – that is why I oppose the amendment.

The SPEAKER. On the amendment, the Chair recognizes the gentleman from Lancaster County, Representative Cutler.

Mr. CUTLER. Mr. Speaker, if I may share some facts with the members before we vote on this amendment. I would like to point out that we are required to— This regulation takes effect August 1. Doctor's offices are already going to be requesting this information; many of them already are. Furthermore, the majority leader, in opposing this amendment, says this: It is okay to take someone else's insurance card and go obtain health-care services utilizing taxpayer's dollars. That is insurance fraud, Mr. Speaker. That is wrong.

We already have a system in place that we can mail in our identifying information when we apply for MA (medical assistance) benefits. We could utilize that same process when we do this. Furthermore, tax dollar arguments aside, let us go directly to patient safety. If this were only about money, I am sure we could disagree, but having worked in a hospital, I can tell you this: When folks come in and utilize insurance cards for someone else, you mix medical records. That has the potential for enormous medical errors. For example, if I come in utilizing your name and I have a different blood type and they update your medical records with my new blood type and then you come in afterwards and you receive the wrong blood, you could have a potentially allergic and fatal reaction.

So now we are going to have a reportable incident under a law that we passed last session because you now have had an incident that caused an adverse and possibly fatal reaction and it is going to cost taxpayers even more money because we did not follow the protocols to begin with.

This is about patient safety. It is about saving patients money. It is about saving taxpayers money. Insurance fraud is never right. It should not be advocated for on this House floor. I believe this amendment should be adopted since the policies and procedures are all already in place and already being utilized all across the Commonwealth in physicians offices and hospitals already according to the Federal Trade Commission's identity theft/fraud protection guidelines that are already in place.

I think we should adopt this amendment. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS-94

Adolph	Farry	Maher	Quinn
Baker	Fleck	Major	Rapp
Barrar	Gabig	Marshall	Reed
Bear	Gabler	Marsico	Reese
Benninghoff	Geist	Mensch	Reichley
Beyer	Gillespie	Metcalfe	Roae
Boback	Gingrich	Metzgar	Rock
Boyd	Godshall	Micozzie	Rohrer
Brooks	Grell	Millard	Ross
Causar	Grove	Miller	Saylor
Christiana	Harhart	Milne	Schroder
Civera	Harper	Moul	Smith, S.
Clymer	Harris	Mustio	Sonney
Cox	Helm	O'Neill	Stern
Creighton	Hennessey	Oberlander	Stevenson
Cutler	Hess	Payne	Swanger
Day	Hickernell	Peifer	Tallman
Delozier	Hornaman	Perzel	Taylor, J.
Denlinger	Hutchinson	Petri	True
DiGirolamo	Kauffman	Phillips	Turzai
Ellis	Keller, M.K.	Pickett	Vereb
Evans, J.	Killion	Pyle	Vulakovich
Everett	Knowles	Quigley	Watson
Fairchild	Krieger		

NAYS-100

Barbin	Fabrizio	Manderino	Santarsiero
Bishop	Frankel	Mann	Santoni
Boyle	Freeman	Markosek	Scavello
Bradford	Galloway	Matzie	Seip
Brennan	George	McGeehan	Shapiro
Briggs	Gerber	McI. Smith	Siptroth
Brown	Gergely	Melio	Smith, K.
Burns	Gibbons	Mirabito	Smith, M.
Buxton	Goodman	Mundy	Solobay
Caltagirone	Grucela	Murphy	Staback
Carroll	Haluska	Myers	Sturla
Casorio	Hanna	O'Brien, D.	Taylor, R.
Cohen	Harhai	O'Brien, M.	Thomas
Conklin	Harkins	Oliver	Vitali
Costa, D.	Houghton	Pallone	Walko
Costa, P.	Johnson	Parker	Wansacz
Curry	Josephs	Pashinski	Waters
Deasy	Keller, W.	Payton	Wheatley

DeLuca	Kessler	Petrarca	White
DePasquale	Kirkland	Preston	Williams
Dermody	Kortz	Readshaw	Youngblood
DeWeese	Kotik	Roebuck	Yudichak
Donatucci	Kula	Sabatina	
Drucker	Levdansky	Sainato	McCall,
Eachus	Longietti	Samuelson	Speaker
Evans, D.	Mahoney		

NOT VOTING—0

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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 second consideration?

The SPEAKER. It is the Chair's understanding that the gentleman, Representative Cutler, is withdrawing amendments A01672 and 1673. The Chair thanks the gentleman.

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

Mr. **REICHLEY** offered the following amendment
No. **A01638**:

Amend Bill, page 14, lines 2 through 5, by striking out "The Commonwealth may elect to" in line 2, all of lines 3 and 4 and "benefit package under the program." in line 5 and inserting
In the event this program is expanded to provide prescription coverage, the department shall consider pharmaceutical services a covered benefit that shall be provided under contracts with program contractors.

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

The SPEAKER. On the question, just for the clarification of the Chair, you have withdrawn amendment A01686 and you are offering A01638?

Mr. **REICHLEY**. Yes.

The SPEAKER. The Chair thanks the gentleman.

On the question, the Chair recognizes the gentleman from Lehigh County, Representative Reichley.

Mr. **REICHLEY**. Thank you, Mr. Speaker.

This, Mr. Speaker, I think is truly an opportunity for a bipartisan approach to this because the suggestion behind the language of this amendment, frankly, is coming from members of the other side of the aisle. In the past 2 months letters have been sent to the Department of Public Welfare, Secretary Richman, and to the Governor's Office, the first being on April 24 from the Pennsylvania Legislative Black Caucus to Governor Rendell, informing him that you are opposed to implementing a pharmacy carveout. This was signed by the gentleman, Mr. Waters; the gentelady, Ms. Bishop; the gentleman, Mr. Johnson; the gentleman, Mr. Myers—

POINT OF ORDER

Mr. **EACHUS**. Point of order, Mr. Speaker.

The SPEAKER. The gentleman will state his point of order.

Mr. **EACHUS**. Thank you, Mr. Speaker.

The gentleman is reading from a document that I believe really focuses on a completely different policy beyond the scope of this particular amendment that he requires. I just wanted to try and make sure I had a ruling from the Speaker.

The SPEAKER. The Chair thanks the gentleman.

The Chair would just remind the gentleman that we are on amendment 1638 and that your remarks should be exclusively to that amendment.

Mr. **REICHLEY**. I understand completely, Mr. Speaker.

Just for the benefit of the members, this amendment prohibits the Department of Public Welfare from carving out the pharmacy benefit of the adultBasic program. The letters I have in my possession are to the Governor's Office and to Secretary Richman from members of the opposite side of the aisle, and the language right before the signature part of the April 24 letter is, "The other members of the Pennsylvania Legislative Black Caucus and I, strongly urge you to maintain the integrated care of our most vulnerable citizens by not implementing a pharmacy carve-out." This is the letter of April 24. It was followed by a letter on May 5 of 2009 to the Governor from the Southwest Caucus, again containing the signature of, I believe, 18 members, including the majority whip, urging again that the pharmacy benefit management carveout— "A Medicaid PH-MCO" (Physical Health Managed Care Organizations) "pharmacy benefit management carve-out proposal has not been supported by the General Assembly for the last three consecutive years it has been proposed. We strongly urge this proposal no longer be considered for implementation."

The final letter I would refer the gentleman to is from May 12 of 2009 from the Allegheny County Democratic Delegation, again to Governor Rendell, asserting "...we urge this proposal should no longer be considered for discussion or implementation." And this includes the signatures of 3, 6, 9, 12, 15 – 18 members, including the chair of the Allegheny County delegation, the gentleman, Mr. Frankel; the vice chair, the gentleman, Mr. Costa, and I can go on and on. But this is a bipartisan approach and I applaud the members for their actions, because the members from all three of those organizations truly understand the harm that would be brought upon the constituents of their districts if a pharmacy carveout was allowed. This language is very clear. It merely implements what you have asked for from the Governor.

So I would commend you to vote in line with what you have previously stated in letters to the Governor and approve this amendment. Thank you, Mr. Speaker.

The SPEAKER. On the question, the Chair recognizes the majority leader, Representative Eachus.

Mr. **EACHUS**. Thank you, Mr. Speaker.

I rise to oppose the gentleman's amendment and let me say why: The language in HB 1 which the gentleman wants to change leaves the flexibility of the design of the pharmacy benefit up to the department and potentially up to the changes that will be allowable under Federal law. I was intentionally not prescriptive as it related to the policy to give members maximum flexibility. So what the gentleman is trying to do is clearly articulate a policy, I get that, but my intention in the construction of HB 1 was to keep an open opportunity for the

design of our pharmacy benefit and that was my intent and that is why I oppose the amendment.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the gentleman from Philadelphia County, Representative Thomas.

Mr. THOMAS. Thank you, Mr. Speaker.

Mr. Speaker, may I interrogate the author of this amendment?

The SPEAKER. The gentleman indicates he will stand for interrogation. The gentleman, Mr. Thomas, is in order and may proceed.

Mr. THOMAS. Thank you, Mr. Speaker.

Mr. Speaker, I was just looking over my notes and it appears as though your amendment, 1581, which addressed pharmacy carveout is no more than a restatement of this amendment. Is that correct?

Mr. REICHLEY. No, Mr. Speaker; it is not. Amendment 1581 included the provision of the pharmacy carveout and to return the benefit package offered within HB 1 to the current benefit package within the adultBasic program. So it is a different amendment.

Mr. THOMAS. Okay, Mr. Speaker. Then is it correct to say that in that context, the language in 1581 specifically prohibits pharmaceutical carveout? Is that correct?

Mr. REICHLEY. That was not the only language of the amendment, Mr. Speaker. There was additional language which dealt with the provisions for retaining the benefit package which is currently offered under adultBasic, and therefore, it was a substantively different amendment.

Mr. THOMAS. Mr. Speaker, I have concluded my interrogation. Comments.

The SPEAKER. The gentleman is in order and may proceed.

Mr. THOMAS. Yes, amendment 1581 had a sister and a brother and some other friends with it, but in essence, it prohibited a pharmaceutical carveout. This amendment prohibits a pharmaceutical carveout. I ask that we reject it as we have rejected amendment 1581.

The SPEAKER. On the question, the Chair recognizes the gentleman from Lehigh County, Representative Reichley.

Mr. REICHLEY. Thank you, Mr. Speaker.

Just two points in response to the comments from the gentleman from Luzerne, the majority leader. This amendment prevents the department from carving out the pharmacy benefit from the contractors' contract in order to separately manage the benefit. What this House and the General Assembly have told repeatedly to the administration over the last 3 years is that we do not want a separated level of care. There needs to be an integrated level of care so there is not some sort of breakout of the pharmacy benefit from being able to offer integrated coverage and care to those recipients of MCO coverage. We have fought against this idea because it separates an integral part of the managed-care system. The department asserts money can be saved because the pharmaceutical industry would pay higher rebates, but this is not proven at all, and if a separate payment system is created, the managed-care entities will not have the ability to continue to offer coverage. The rationale has been made clear by the General Assembly, and frankly, I am shocked, shocked, Mr. Speaker, that the gentleman from

Philadelphia would claim that he objects to this after he signed the April 24, 2009, letter under Honorable W. Curtis Thomas, telling Governor Rendell, do not implement a pharmacy carveout.

So I would only ask that the members, all of the members who signed this April 24 letter from the Pennsylvania Legislative Black Caucus, all the members from the Allegheny County Democratic Delegation, and all the members of the Southwest Caucus hold true to their word to what they told the Governor and that they believe that a pharmacy carveout should not be allowed. Vote "yes" to maintain some consistency and a bipartisan approach to this very important managed-care issue. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS—96

Adolph	Farry	Maher	Rapp
Baker	Fleck	Major	Reed
Barrar	Gabig	Marshall	Reese
Bear	Gabler	Marsico	Reichley
Benninghoff	Geist	Mensch	Roae
Beyer	Gillespie	Metcalfe	Rock
Boback	Gingrich	Metzgar	Rohrer
Boyd	Godshall	Micozzie	Ross
Brooks	Grell	Millard	Saylor
Causar	Grove	Miller	Scavello
Christiana	Harhart	Milne	Schroder
Civera	Harper	Moul	Smith, S.
Clymer	Harris	Mustio	Sonney
Cox	Helm	O'Neill	Stern
Creighton	Hennessey	Oberlander	Stevenson
Cutler	Hess	Payne	Swanger
Day	Hickernell	Peifer	Tallman
Delozier	Hutchinson	Perzel	Taylor, J.
Denlinger	Kauffman	Petri	Taylor, R.
DiGirolamo	Keller, M.K.	Phillips	True
Ellis	Killion	Pickett	Turzai
Evans, J.	Knowles	Pyle	Vereb
Everett	Kotik	Quigley	Vulakovich
Fairchild	Krieger	Quinn	Watson

NAYS—97

Barbin	Evans, D.	Longietti	Samuelson
Bishop	Fabrizio	Mahoney	Santarsiero
Boyle	Frankel	Manderino	Santoni
Bradford	Freeman	Mann	Seip
Brennan	Galloway	Markosek	Shapiro
Briggs	George	Matzie	Siptroth
Brown	Gerber	McGeehan	Smith, K.
Burns	Gergely	McI. Smith	Smith, M.
Buxton	Gibbons	Melio	Solobay
Caltagirone	Goodman	Mirabito	Staback
Carroll	Grucela	Mundy	Sturla
Casorio	Haluska	Murphy	Thomas
Cohen	Hanna	Myers	Vitali
Conklin	Harhai	O'Brien, D.	Walko
Costa, D.	Harkins	O'Brien, M.	Wansacz
Costa, P.	Hornaman	Oliver	Waters
Curry	Houghton	Pallone	Wheatley
Deasy	Johnson	Parker	White
DeLuca	Josephs	Pashinski	Williams

DePasquale	Keller, W.	Payton	Youngblood
Dermody	Kessler	Preston	Yudichak
DeWeese	Kirkland	Readshaw	
Donatucci	Kortz	Roebuck	McCall,
Drucker	Kula	Sabatina	Speaker
Eachus	Levdansky	Sainato	

NOT VOTING—1

Petrarca

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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 second consideration?

MOTION TO RECOMMIT

The SPEAKER. For what purpose does the gentleman, Representative Micozzie, rise?

Mr. MICOZZIE. To make a motion, Mr. Speaker.

The SPEAKER. The gentleman is in order and may proceed.

Mr. MICOZZIE. Mr. Speaker, I make a motion to send HB 1 back to the Insurance Committee to have at least two public hearings on the bill. Let me explain. During the committee meetings, I and many members had many questions about HB 1. I was not going to get up and speak; I was just going to let the bill go through, but it is incumbent upon myself as the chairman of the Insurance Committee to make sure I represent my members not only in the committee but on the floor of the House. After exhaustive questioning and deliberation, I made a motion to table HB 1 and have public hearings. We lost that vote.

As you can see, there are many, many questions about HB 1. Maybe we can bring in the CMS people to answer pertinent questions that have been repeatedly asked during this deliberation debate. So I ask my members on both sides of the aisle, let us shine some light on this very, very important bill. We have been arguing about this bill for many years. In fact, I have met with now the majority leader last session with some of my members to come up with a compromise on then the House reform bill, and I thought we made some progress.

I think we can make a lot of progress if we have public hearings. The members can understand exactly what is in the bill on both sides of the aisle, and then we can deliberate intelligently and rationally. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

There is a motion before the House to recommit HB 1 to the House Insurance Committee.

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

The SPEAKER. On the question to recommit, the Chair recognizes the gentleman from Allegheny County, Representative DeLuca.

Mr. DeLUCA. Thank you, Mr. Speaker.

Mr. Speaker, I oppose the motion to recommit. Let me just mention a fact to my good friend over there who talks about hearings: I canceled a hearing in Bucks County because three people wanted to show up. I find it ironic that when we talk about hearings, we only pick and choose what hearings we want to talk about.

Secondly, I see 36 amendments on this bill. Now, certainly, 36 people have scrutinized this bill to come up with these amendments. I do not believe if we had hearings, in my opinion, that we would have half the other side voting for this bill one way or the other. So I firmly oppose this motion to have hearings on it because all we are doing is delaying it. We have an opportunity to debate it here today, vote it up or down. There is an election coming up. If it is such a bad bill, just start criticizing some of us members who are going to support it. You have these amendments here. If it is a bad bill, just start criticizing us.

We think it is a good bill. We think it is a bill that we can support. As I said, there are 36 amendments. Somebody had to scrutinize it to come up with 36 amendments. So therefore, I ask my members to vote against the motion to recommit the bill to the Insurance Committee.

The SPEAKER. On the question, the Chair recognizes the gentleman from Lancaster County, Representative Boyd.

Mr. BOYD. Thank you, Mr. Speaker.

Mr. Speaker, obviously, I rise to support the minority Insurance chairman's motion to table.

As a member of the Insurance Committee, I believe I mentioned before, this bill was introduced I believe it was May 25 or 26. The committee meeting to consider this bill was about a week or less than a week later, and the bill was moved to the floor. This is probably, arguably, the most substantive or at least the second most substantive piece of legislation that we have worked on in this session so far, and I hope the majority chairman would attest that most of those committee meetings and hearings that he has, I do my best to attend and ask pertinent questions.

In the committee meeting on this piece of legislation, there were some fundamental questions that are absolutely essential to this bill that we do not have answers to yet. The first one – and I want to bring this out, and again, I hope I can have the attention of the members on this particular point – we do not know if CMS, the Federal government, is going to approve the waiver request that is necessary to make this bill happen, and in point of fact, without that waiver request being approved, written into this bill, this bill or this plan does not go forward. However – this is a very important point, please – whether or not that waiver is agreed to by CMS or approved or not, this bill repeals the current adultBasic program. So this bill, the way it is drafted, would in fact, without the waiver being approved, basically take the existing 40-some-odd thousand people who are on adultBasic and say, sayonara.

Now, I see some perplexed looks across the aisle that that would not happen. Here is my point: Let us approve this motion, get that back to committee, and let us have that resolved

at the committee level where it is supposed to, because the way the bill is written, it is a clear repealer of the act that created the adultBasic program, and it says that nobody is enrolled in the new program until the waiver is approved.

Now, I am not a lawyer, but my lawyers whom I work with on our side of the aisle have advised me, in point of fact, Representative, you run the risk of putting the 45,000-odd people who are currently on adultBasic on the street without health care. Now, I do not think there is anybody in this chamber that wants to do that. Is that the accurate read of this legislation? I believe it is. I am sure the majority leader is going to argue that it is not. The point is not whether it is or it is not. The point is, the place to have these kinds of questions resolved is in committee. That is what the committee process is for, and to move this most substantive piece of legislation without those questions being answered, I think, is not the appropriate way that we are commissioned to do our job.

I voted for the motion to hold hearings on this in committee, and I just advocate that we would do that and have these hearings so we can get this resolved. It does not matter whether or not we are going to vote for it in the end. We certainly deserve to have answers to our questions.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the motion to recommit, the Chair recognizes the gentleman from Delaware County, Representative Killion.

Mr. KILLION. Thank you, Mr. Speaker.

I rise also to support the motion to table. The chairman of the Insurance Committee, the gentleman from Allegheny County, actually made the exact point why this should be tabled.

We just got this bill in committee about a week ago. It moved out of committee and it was on the floor 2 days later. And he said there are 36 amendments on the bill; 36 amendments. The reason they are on the bill is to fix the bill. Most of those amendments are amendments to make the bill better. The purpose of the committee process is to make sure when the bill finally gets to the floor for final passage, it has been done correctly and there are not mistakes in it.

We should move this back to committee. Let the process operate as it should, not have it done in a week. We can look at all these amendments and make sure that the final product is a good product, a product that will do what we intend to do and will meet the needs of the people of Pennsylvania – very simple. Let us send it back to committee. Let us take a look at it, maybe hold hearings. Maybe we do not even need hearings. Maybe we can just do it within the committee to clean the bill up. It moved too quickly. Vote to table. Thank you.

The SPEAKER. The Chair thanks the gentleman.

Point of clarification: The last two speakers said "table." The motion made by the gentleman, Mr. Micozzie, is to recommit, which allows all of the members to debate. The motion to table would be just to the leaders and maker of the motion, but the motion before the House is to recommit to the House Insurance Committee.

On that motion, the Chair recognizes the gentleman from Cumberland County, Representative Grell.

Mr. GRELL. Thank you, Mr. Speaker.

This is on the motion to recommit.

The SPEAKER. The gentleman is in order and may proceed.

Mr. GRELL. Thank you, Mr. Speaker.

I, too, am a member of the House Insurance Committee, and I was very dissatisfied and disappointed with the process that

was followed at the committee. We had many questions to which we received very incomplete answers, if any answers at all. We made an effort to request hearings. That was denied. We made an effort to hold the bill over until some of the questions could be answered. That was denied. Finally, in desperation, we asked when this bill would be coming to the floor. We were assured by the chairman of the committee that this bill will not be brought to the floor anytime soon, and I will point out that that was last Wednesday we were told that.

For all of those reasons, I support the motion to recommit.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the gentleman from Cutler – the gentleman from Lancaster County, Representative Cutler.

Mr. CUTLER. Thank you, Mr. Speaker.

I would love to have a county named after me, but I think it is highly unlikely.

I, too, rise to support the motion to recommit and to hold a hearing on the bill, namely because we have not yet received nor do we even know if we could receive the 1115 waiver that is required. It is an unanswered question. No single State in the nation has received such a waiver yet.

Furthermore, Mr. Speaker, the CMS waiver that we would potentially apply for – there has not been a single State that has been approved and received this waiver that would use the same money funding scheme that we are going to be applying for, whether it be the community health reinvestment money or the taxing scheme that is held in this bill in regards to taxing the Blues' plans. We do not know if that would even be approved. In fact, our resources say that that most likely is strictly prohibited.

Mr. Speaker, Abraham Lincoln once asked the famous question, "How many legs does a dog have if you call the tail a leg?" Mr. Speaker, the answer was this: The answer is still four. The answer does not change just because you change the name or you simply say something is true just because you want it to be true.

Mr. Speaker, because we do not have all of the information in front of us, because we disagree on the facts before us, because we do not know the answer that CMS will give us, we do not know the answer on the funding that is before us, we do not know if this bill could withstand the scrutiny or even obtain the approval, I support the motion to recommit.

I support that we have a hearing and we find out that we have the answers, Mr. Speaker, so that we can have the proper information prior to making a decision that is as momentous as this, Mr. Speaker, so that we go forward having the proper information so that we can provide health care to all Pennsylvanians. I think we all agree on that goal. I think that we are in agreement on that. I think what we disagree on though, Mr. Speaker, are the facts that we have before us, and arguably, we do not even have those facts before us tonight. For that reason, I support this motion. Thank you.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the gentleman from Lehigh County, Representative Day.

Mr. DAY. Thank you, Mr. Speaker.

On the motion to recommit.

The SPEAKER. The gentleman is in order and may proceed.

Mr. DAY. Mr. Speaker, I am on the Insurance Committee also. As you know, I am also a new member to this House.

I was quite surprised, and to repeat just 10 seconds, I was on the House floor and we were talking about trying to find

\$3 billion. We recessed. I went to a committee meeting, and now we are talking about spending over \$500 million. I find this quite troubling. I come back here today, and I do not want to repeat what the previous speaker said, but the previous speaker, Representative Grell, talked about some of the concerns that we had in committee and the promises that were made. It is quite troubling to me as a new member of this House that we conduct business this way.

There are many people in our caucus that I believe would like to support components of this bill. With 36 amendments, the problems associated with this bill are numerous. You have the votes. You can pass what you want. All I ask is that we recommit and give us an opportunity to air our concerns and try to make this a better piece of legislation.

Mr. Speaker, I ask that the maker of this bill reconsider and support a little bit more time for us to have impact into this discussion and try to make this bill a better bill.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the motion, the Chair recognizes the majority leader, Representative Eachus.

Mr. EACHUS. Thank you, Mr. Speaker.

I have heard the cries for hearings. This is a policy that has been well vetted. We have been working on health-care access for 19- to 64-year-olds for years and years, and let me say something: In the last month, 19,000 people were added to the adultBasic waiting list. This is a time when we should not be equivocating. We have had in-depth studies. Both caucuses have clear health-care plans. This is a time to act on behalf of the people who need access to health care, and today is the day that we are going to act to advance a policy to the Senate so we can have clear negotiations during this budget about a clear priority for this Democratic Caucus, and it should be a priority for all of us in Pennsylvania – more access to health care at a time when people need it.

The SPEAKER. On the motion, the Chair recognizes the minority leader, Representative Smith.

Mr. S. SMITH. Thank you, Mr. Speaker.

Mr. Speaker, I would support the motion to recommit, and I think it really boils down to not just doing something for the sake of saying you are doing something, but let us do something right.

There have been some clear questions raised. The fact is, Mr. Speaker, while we may have had a couple dozen amendments to this bill, it is because we have also been working on this issue for quite some time. We share the goal that would be expressed in terms of providing expanded health-care coverage and insurance for people in Pennsylvania. The difference being, Mr. Speaker, that you need to do it in a way that is efficient, that builds on the existing plan, the existing system in this State. This bill goes the opposite direction. We accept that we have a different philosophy of approach.

Nevertheless, Mr. Speaker, there are absolute conflicting opinions and information out there relative to the Federal waiver. As a previous member stated, this bill would end the adultBasic program in 90 days from when it is enacted. Getting a Federal waiver approved is not something that is quick and simple. So whatever the interim time is, you are going to be faced with a crisis of people who are going to lose their insurance that currently have it, and we all know that is a

dramatic thing to experience while you are waiting for the Federal government to potentially approve a waiver.

Number two, Mr. Speaker, we have spoken to officials at CMS, at the Federal level, about the waiver, and they specifically said two things that conflict with some things that the majority leader has said earlier in this debate. They said absolutely the utilization of the premium tax would exclude this bill, if it were law, from achieving the Federal waiver, absolutely. Not maybes, not could be, but; it was absolute.

Now, we are talking to officials at CMS. I am not sure who the majority leader is talking to there, but we are getting direct conflicting information. This bill should go back to the Insurance Committee where we could bring people in from the Federal government and specifically ask them and answer this question once and for all. But to move this bill ahead just because you want to float the issue to say you are doing something and doing it wrong is not responsible.

Thirdly, it was stated earlier that without the expanded benefits that this bill would not qualify for the waiver. Again, we have absolutely the opposite information from officials at CMS.

We think it is important, Mr. Speaker, to do it right. To just simply pass a bill to say you passed a bill is not responsible. The responsible thing, Mr. Speaker, is to get the answers before you move the legislation. The only way to do that, Mr. Speaker, is to allow for a little bit of hearing, a little bit of communication with the Federal government on this. Referring it back to the Insurance Committee for that action would be the appropriate thing to do, Mr. Speaker, and I would urge the members to take on the responsibility of doing this legislation right as opposed to passing it for the sake of passing it.

I think, Mr. Speaker, we are caught up in the moment of the politics of the issue: Who is for providing additional health care to people in Pennsylvania? We have stated this before. The House Republicans, the House Democrats have similar goals, have similar goals. We have a different approach. We have differing approaches, but that does not make it wrong because we differ. We need to have accurate information about this legislation when we pass it. We need to know that it will qualify for the Federal waiver if that is the road you are going to go. If you do not, if you do not, you are creating a false hope for the people of Pennsylvania that are looking at this legislation. You are creating a false hope, Mr. Speaker, and that, I think, is the cruelest hoax to play on the people of Pennsylvania, to tell them this is going to cover them with insurance when in fact it may not or it may be 2 years until things are worked out with the Federal waiver because we are not complying with it. Those are the questions. Those are the things that need to be answered today, Mr. Speaker, before this legislation goes to the Senate.

I would urge the members to support the motion to recommit and let us do this thing right and not just do it for the headline that passes that health-care expansion passed in the House.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman and recognizes the minority whip, the gentleman from Allegheny County, Representative Turzai.

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

One very important point, just to pay attention a little bit to what is going on in Washington, DC. This new proposal, which is substantially different from what the House Democrats put forth last session, is based on the federalizing of our adultBasic,

essentially. There is a quote in the Washington Post today that states that the Democrats in Washington, DC, are very upbeat about their prospects for delivering a bill to President Obama this fall as the President has requested, and it said that Senator Baucus of Montana expected to unveil a measure next week that would tax employer-provided benefits above a certain threshold to make that plan occur.

I guess the rhetorical question that I put forth on the record is, why would we as Pennsylvania lawmakers be embarking on any health-care or Medicaid expansion that necessarily relies on Federal approval when the Federal rules, indeed, arguably the entire Federal system, might very well be changed within a matter of months? It makes no sense. There is no common sense to it.

Secondly, adultBasic has been a successful program. It is a workable program. People must understand, the present adultBasic, which allows for working with the private sector to provide health-care coverage for those who are working, is being changed into a welfare program, a Medicaid program, under this particular proposal. This is far afield of what was run last session and really, essentially, changes a successful program into a Medicaid program, and there are many significant questions about Medicaid, one of them being that it is essentially in this year of years about a billion dollars already underfunded or shortfunded today. Well, how are we going to afford this? Which goes to the third question, the tax on premiums, raised by my colleague from Lancaster County, premiums on health care. Ultimately, the funding for this new—

Mr. DeWEESE. Mr. Speaker?

Mr. Speaker, point of inquiry.

The SPEAKER. The gentleman will state his point of inquiry.

Mr. DeWEESE. Is my honorable colleague on recommitment or final passage? And I only ask because I am not quite certain where the gentleman is going with his commentary.

Mr. TURZAI. Very fair. My points are on recommitment, because I think these are three questions that have not been significantly addressed in committee, and they need to do so.

The SPEAKER. The Chair would just remind the gentleman to speak on recommitment.

Mr. TURZAI. Thank you very much, sir.

The last point just is with respect to those taxes on small employers who are presently providing coverage and ultimately on families to provide for an expansion of a Medicaid program at a time when I am not convinced that we can afford it.

So we need to recommit it to ascertain whether or not this is the right time, given what the Federal government is doing with health care. Secondly, whether or not it makes sense to change a successful program of adultBasic into a Medicaid program, and third, whether or not funding it by taxing small businesses and by taxing, ultimately putting a tax on middle-class families, whether it makes sense to do that for a new Medicaid program, for an expansion of a Medicaid program, particularly given the shortfall or the underfunding today.

As our leader said, we need to move towards quality health-care, affordability which will lead to accessibility by working with the private sector, and I think there has to be a much more significant discussion about this expansion of a Medicaid program which will ultimately cost middle-class families and small businesses.

Thank you very, very much.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the gentleman from Delaware County, Representative Adolph, on the motion to recommit.

Mr. ADOLPH. Thank you, Mr. Speaker.

Mr. Speaker, I rise to support the motion to recommit this insurance bill to the Insurance Committee.

I stand before the members today because I have served as a majority chairman, as a minority chairman, and it is the responsibility of those chairmen to make sure that a piece of legislation comes out of that committee that has been reviewed by the experts. The reason why you hold public hearings is to bring in testifiers that have the experience.

Just this morning the House Professional Licensure Committee held a committee public hearing on a piece of legislation that, quite frankly, many of the members needed to hear the testimony from the health providers that that piece of legislation had to do with. Without hearing testimony from the professionals, you are doing a disservice to this House, and ultimately, the residents of Pennsylvania.

I applaud Representative Eachus for introducing this piece of legislation. However, I think in his excitement to move this piece of legislation, I have a feeling it will not be too long from now that we find out that there were drafting errors, that there were amendments that were offered that made this bill better.

I would like to remind my colleagues of what happened in Washington, DC, about 2 months ago when the United States Senate passed a stimulus bill and there was an amendment that was put into a conference committee, ultimately authored by Senator Dodd. No one had read the conference report; not one U.S. Senator that voted for it had read the amendment. Senator Dodd denied over and over again that he was responsible for that language. It mysteriously went into that piece of legislation.

I am warning the members that do not want to work to make this piece of legislation better and correct: Remember Senator Dodd. I am sure all we would have to do is hold some public hearings, get the experts in here to make this piece of legislation better. That is what the committee process is all about, and I support this motion.

Thank you very much.

The SPEAKER. On the question, the Chair recognizes the minority leader, Representative Smith.

Mr. S. SMITH. Thank you, Mr. Speaker.

I will be very brief. I just wanted to make one other point as to why this legislation really should be considered more thoroughly by the Insurance Committee. I am reading from the fiscal note that was provided for HB 1 today. I know everybody has already read this, but I thought I would just make a couple points out of it under the analysis that was provided by the majority Appropriations Committee. It states specifically that, quote, "The Governor's proposed 2009/10 budget would transfer \$350 million from HCPRA to the General Fund." It goes on to say, "The Governor's proposal also would use \$280 million from HCPRA to pay down the unfunded liability in the Medical Care Availability and Reduction of Error (MCARE) Fund." Those two numbers add up to \$630 million.

We have a little difference of opinion about how much money is in the Health Care Retention Account. We are saying it is around \$694 million; the Governor says there is \$712 million. But nevertheless, the Governor's budget uses up \$630 million of – I will split the difference – \$700 million.

Go back to the analysis, the fiscal note, "House Bill 1 transfers \$362 million from the Health Care Provider Retention

Account...to the newly created Pennsylvania Expanded Adult Basic Coverage Insurance Program Fund." Those numbers do not all add up. There is not \$630 million in the Governor's budget plus another \$362 million for this legislation.

Mr. Speaker, there are too many questions that are just simply unanswered that I really think that we need to stop and do this right. I would urge the members to use that logic and responsibility to recommit this bill and let us get it right.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the gentleman from Northampton County, Representative Samuelson.

Mr. SAMUELSON. Thank you.

I rise to oppose the motion to recommit.

I was inspired to the microphone by the comments of the minority whip, who talked about how adultBasic is a very successful program. I might amend that to say that it is very successful for the people who have adultBasic. We have to remember, in the context of this debate, there are 46,000 people who have adultBasic, who have coverage under adultBasic. There are 235,000 people on the waiting list for adultBasic. Just imagine if you got on that waiting list – at that rate, it would take 8 or 9 years to get to the front of the waiting list to get coverage. There are a lot of people in Pennsylvania who need health-care coverage.

The gentleman from Allegheny also was very animated talking about the Federal proposals that are currently being discussed in Washington. I almost got the impression he favored some of those Federal proposals. But the truth of the matter is, the Federal government has been talking about this issue for about 61 years, since Harry Truman first proposed a discussion of health care in 1948. And what if the Federal government would delay and what if somebody in Washington would stand up and say, let us recommit that bill to committee and let us not bring it up and discuss it today?

So I think in Pennsylvania we have to move forward and address the needs of health care of the citizens we represent. There are many people who are not covered, and we have an opportunity to step forward and provide a plan.

The SPEAKER. On the question, the Chair recognizes the minority whip, the gentleman from Allegheny County, Representative Turzai.

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

Just to respond to the good gentleman from Northampton County. This particular proposal, from my understanding, would actually take the 46,000 off of adultBasic and then they would be included in some expansion which is significantly shy of the 235,000 figure that he makes use of.

The concern and why you want to send it to the Insurance Committee is, will in fact taking adultBasic, which we in Pennsylvania do on a pay-as-you-go basis, primarily through the Tobacco Settlement Fund, and putting it on Medicaid whereby you are attempting to federalize it, are you jeopardizing – and I think this is a legitimate concern – those people that are already on adultBasic? That is the first question.

And secondly, the gross tax on premiums, as my good colleague from Montgomery County pointed out, that particular tax actually might promote crowd-out whereby employers, by virtue of having to pay that particular tax, will actually get employers to drop the coverage that they are presently providing. There is some concern that many who are pushing this type of legislation ultimately want to get to

government-run, government-mandated health care, sacrificing quality, sacrificing existing coverage – 92 percent of all Pennsylvanians are presently covered – under the guise of expanding coverage, but really what they want to do is move to government-run, government-mandated health care.

What we are looking for are really three goals: quality health care, making sure there are providers in Pennsylvania to provide that quality health care, affordability which will drive accessibility. Everybody agrees on those goals. We have concerns with the means, and personally, the notion of federalizing or taking adultBasic and making it into a Medicaid program, I think it puts many more people at risk with respect to the availability of health-care coverage than there would be under the proposal that we have put on the table.

Secondly, it is a fair point about President Truman, and I am not advocating the various proposals that are going on in Washington. I am not involved in that debate, but the article that I cited in the Washington Post and in many other articles indicates that there is significant discussion today in Washington, DC, about putting a bill in front of President Obama that deals with health care, and if we are federalizing it, we are making a mistake because we are going to have to revisit it in a very short period of time if that happens.

I think recommitting it makes sense, and I applaud the Republican chairman of the Insurance Committee because he wants to look at this in detail and he and his members will do that, I am sure, on both sides of the aisle. Thank you.

The SPEAKER. The Chair thanks the gentleman.

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

The following roll call was recorded:

YEAS—95

Adolph	Farry	Major	Rapp
Baker	Fleck	Marshall	Reed
Barrar	Gabig	Marsico	Reese
Bear	Gabler	Mensch	Reichley
Benninghoff	Geist	Metcalf	Roae
Beyer	Gillespie	Metzgar	Rock
Boback	Gingrich	Micozzie	Rohrer
Boyd	Godshall	Millard	Ross
Brooks	Grell	Miller	Saylor
Causer	Grove	Milne	Scavello
Christiana	Harhart	Moul	Schroder
Civera	Harper	Mustio	Smith, S.
Clymer	Harris	O'Brien, D.	Sonney
Cox	Helm	O'Neill	Stern
Creighton	Hennessey	Oberlander	Stevenson
Cutler	Hess	Payne	Swanger
Day	Hickernell	Peifer	Tallman
Delozier	Hutchinson	Perzel	Taylor, J.
Denlinger	Kauffman	Petri	True
DiGirolamo	Keller, M.K.	Phillips	Turzai
Ellis	Killion	Pickett	Vereb
Evans, J.	Knowles	Pyle	Vulakovich
Everett	Krieger	Quigley	Watson
Fairchild	Maher	Quinn	

NAYS—99

Barbin	Fabrizio	Longietti	Samuelson
Bishop	Frankel	Mahoney	Santarsiero
Boyle	Freeman	Manderino	Santoni
Bradford	Galloway	Mann	Seip
Brennan	George	Markosek	Shapiro

Briggs	Gerber	Matzie	Siptroth
Brown	Gergely	McGeehan	Smith, K.
Burns	Gibbons	McI. Smith	Smith, M.
Buxton	Goodman	Melio	Solobay
Caltagirone	Grucela	Mirabito	Staback
Carroll	Haluska	Mundy	Sturla
Casorio	Hanna	Murphy	Taylor, R.
Cohen	Harhai	Myers	Thomas
Conklin	Harkins	O'Brien, M.	Vitali
Costa, D.	Hornaman	Oliver	Walko
Costa, P.	Houghton	Pallone	Wansacz
Curry	Johnson	Parker	Waters
Deasy	Josephs	Pashinski	Wheatley
DeLuca	Keller, W.	Payton	White
DePasquale	Kessler	Petrarca	Williams
Dermody	Kirkland	Preston	Youngblood
DeWeese	Kortz	Readshaw	Yudichak
Donatucci	Kotik	Roebuck	
Drucker	Kula	Sabatina	McCall,
Echus	Levdansky	Sainato	Speaker
Evans, D.			

NOT VOTING—0

EXCUSED—9

Belfanti	Dally	Miccarelli	Perry
Cruz	Lentz	Murt	Wagner
Daley			

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

On the question recurring,

Will the House agree to the bill on second consideration?

Mr. **VULAKOVICH** offered the following amendment No. **A01405**:

Amend Bill, page 1, line 2, by inserting after "Program;"
providing for an individual health insurance tax credit;

Amend Bill, page 2, by inserting between lines 7 and 8

Chapter 45. Individual Health Insurance Tax Credit

Section 4501. Scope of chapter.

Section 4502. Definitions.

Section 4503. Credit for health insurance contributions.

Section 4504. Limitation on credits.

Section 4505. Carryover, carryback, refund and assignment of credit.

Section 4506. Transfer of funds.

Section 4507. Report to General Assembly.

Section 4508. Regulations.

Section 4509. Applicability.

Amend Bill, page 22, by inserting between lines 10 and 11

CHAPTER 45

INDIVIDUAL HEALTH INSURANCE TAX CREDIT

Section 4501. Scope of chapter.

This chapter relates to individual health insurance tax credit.

Section 4502. Definitions.

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

"Department." The Department of Revenue of the Commonwealth.

"Insurer." A health insurance entity licensed in this Commonwealth to issue group health insurance, subscriber contracts, certificates or plans which provide medical or health care coverage by a health care facility or licensed health care provider and which are offered or governed under any of the following:

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

(2) The act of December 29, 1972 (P.L.1701, No.364), known as the Health Maintenance Organization Act.

(3) The act of May 18, 1976 (P.L.123, No.54), known as the Individual Accident and Sickness Insurance Minimum Standards Act.

(4) A nonprofit corporation subject to 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations) or 63 (relating to professional health services plan corporations).

"Qualified health insurance policy." Any individual or group health insurance policy, subscriber contract, certificate or plan which provides health or sickness and accident coverage which is offered, executed, issued or delivered by an insurer. The term does not include any of the following:

(1) Accident only.

(2) Credit.

(3) Long-term or disability income.

(4) Medicare supplement policy.

(5) Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) supplement.

(6) Specified disease.

(7) Workers' compensation policy.

(8) Automobile medical payment policy.

(9) Fixed indemnity.

(10) Dental only.

(11) Vision only.

"Qualified tax liability." The liability for taxes imposed under Article III of the act of March 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971.

"Secretary." The Secretary of Revenue of the Commonwealth.

"Tax credit." The individual insurance tax credit authorized under this chapter.

"Taxpayer." An individual subject to payment of taxes under Article III of the act of March 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971. The term includes a sole proprietor. Section 4503. Credit for health insurance contributions.

(a) Application.—A taxpayer who purchases a qualified health insurance policy in a taxable year may apply for a tax credit as provided in this chapter. By September 15, a taxpayer must submit an application to the department for the aggregate contribution made by the taxpayer to a qualified health insurance policy in the taxable year that ended in the prior calendar year.

(b) Computation.—A taxpayer that qualifies under subsection (a) may claim a tax credit of up to \$1,000.

(c) Notification.—By December 15 of the calendar year following the close of the taxable year during which the contribution to the qualified health insurance policy is made, the department shall notify the taxpayer of the amount of taxpayer's tax credit approved by the department.

Section 4504. Limitation on credits.

(a) Limit.—The total amount of credits approved by the department shall not exceed \$25,000,000 in any fiscal year.

(b) Availability of tax credits.—Tax credits under this chapter shall be made available by the department on a first-come-first-served basis within the limitations established under subsection (a).

Section 4505. Carryover, carryback, refund and assignment of credit.

(a) Carryover.—If the taxpayer cannot use the entire amount of the tax credit for the taxable year in which the tax credit is first approved, the excess may be carried over to succeeding taxable years and used as a credit against the qualified tax liability of the taxpayer for those taxable years. Each time that the tax credit is carried over to a succeeding taxable year, it is to be reduced by the amount that was used as a credit during the immediately preceding taxable year. The tax credit may be carried over and applied to succeeding taxable years for not more than ten taxable years for which the taxpayer was entitled to claim the credit.

(b) Application of credit.—A tax credit approved by the department for monetary contributions made to a qualified health insurance policy in a taxable year first shall be applied against the taxpayer's qualified tax liability for the current taxable year as of the date on which the credit was approved before the tax credit is applied against any tax liability under subsection (a).

(c) Prohibition.—A taxpayer is not entitled to assign, carry back or obtain a refund of an unused tax credit.

Section 4506. Transfer of funds.

An annual transfer of funds shall be made from the Health Care Provider Retention Account to the General Fund in the amount necessary to refund the revenue loss from the tax credits awarded under this chapter. The transfer of funds shall not exceed \$25,000,000 annually.

Section 4507. Report to General Assembly.

The secretary shall submit an annual report to the General Assembly indicating the effectiveness of the tax credit provided by this chapter no later than March 15 following the year in which the tax credits were approved. The report shall include the name of all taxpayers utilizing the tax credit as of the date of the report and the amount of tax credits approved and utilized by each taxpayer. Notwithstanding any law providing for the confidentiality of tax records, the information contained in the report shall be public information. The report may also include any recommendations for changes in the calculation or administration of the tax credit.

Section 4508. Regulations.

The department shall promulgate regulations necessary for the implementation and administration of this chapter.

Section 4509. Applicability.

This chapter shall apply to tax years beginning after December 31, 2008.

Amend Bill, page 22, line 23, by striking out "in 90 days." and inserting
as follows:

- (1) This section shall take effect immediately.
- (2) Chapter 45 shall take effect immediately.
- (3) The remainder of this act shall take effect in 90 days.

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

AMENDMENT WITHDRAWN

The SPEAKER. On that question, the Chair recognizes the gentleman from Allegheny County, Representative Vulakovich.

Mr. VULAKOVICH. Mr. Speaker, I will be withdrawing that amendment.

The SPEAKER. The Chair thanks the gentleman.

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

Mr. **METCALFE** offered the following amendment
No. **A01574**:

Amend Bill, page 3, line 29, by inserting after "States"
or has permanent legal alien status

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

The SPEAKER. On the amendment, the Chair recognizes the gentleman from Butler County, Representative Metcalfe.

Mr. METCALFE. Thank you, Mr. Speaker.

Mr. Speaker, I would ask for support for this amendment. It is a very basic, straightforward amendment, one that would amend the definition of "eligible adult," adding that an individual may qualify if he or she has permanent legal alien status, Mr. Speaker.

Mr. Speaker, as we know, the illegal alien problem that we have in our State and our nation many times is not just people who are swimming across the Rio Grande or taking a ferry from Canada over into the United States, possibly, but also brings many people into that net that have actually extended their stays in the United States beyond what their allowed stay would be, what their visas would allow.

Many of the terrorists from 9/11 were in just such a position where they had extended their stay, Mr. Speaker. So this language would actually put into law what is already currently on the department's Web site regarding the adultBasic and making sure that somebody that is here is actually somebody who is here with permanent legal status, not a temporary legal status which can turn into an illegal alien status, Mr. Speaker.

So I would encourage all the members to embrace this very basic change, once again, one that just already adopts language that is already currently being promoted on the department's Web site for this program but making sure that it is just not in language on a Web site but actually in the letter of the law to protect this program, to make sure that it is being extended only to American citizens or those immigrants who are here with permanent legal status, not any potentially illegal aliens that may extend their stay after they have been adopted into this program because they have been here longer than 90 days and just have not extended their stay past the legal status yet, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

Mr. METCALFE. Thank you, Mr. Speaker.

The SPEAKER. The Chair recognizes the majority leader, Representative Eachus.

Mr. EACHUS. Thank you, Mr. Speaker.

I rise to clarify language within HB 1, and also, I think it will shed light on the reason why I oppose the gentleman's language.

If you check the bill, sir, on page 3 of HB 1, line 29, our language is clear, and I want to make sure that you understand where our side stands, that you need to legally reside in the United States of America – legally; not illegally but legally. So I want to be very clear that the language guarantees an eligibility requirement for only legal citizens. So I am not sure what the gentleman is trying to clarify with his language, but I think it is superfluous, and I oppose it.

The SPEAKER. On the question, the Chair recognizes the gentleman from Allegheny County, Representative Maher.

Mr. MAHER. Mr. Speaker, I believe the majority leader just said that he reads this legislation as restricting coverage to those who are citizens. I would like to ask him, is that what he meant?

The SPEAKER. Is the gentleman standing to interrogate?

Mr. MAHER. Yes, sir. I am asking the majority leader if he will respond. Did he actually mean what he said or should we disregard what he said since it was not what he meant?

Mr. EACHUS. If I may clarify, Mr. Speaker.

The SPEAKER. The gentleman is in order.

Mr. EACHUS. Thank you.

Let me be clear. I am going to read it again. The eligibility requirement under HB 1 is that you legally reside in the United States of America – legally.

Mr. MAHER. So when you said "citizen," sir, you did not mean it?

Mr. EACHUS. Let me say again, I am going to read directly from the line.

Mr. MAHER. I am asking what you said, sir, not what you are reading now.

Mr. EACHUS. If you feel I have had a misinterpretation, I want to make sure I clarify it for the membership. Line 29, page 3 of HB 1, line (1), that you legally reside in the United States of America.

Mr. MAHER. All right. Well, I am glad that the gentleman confirmed that when he said that this would provide health care for citizens—

The SPEAKER. Is the gentleman on—

Mr. MAHER. I am on the amendment, sir.

The SPEAKER. The gentleman is in order and may proceed.

Mr. MAHER. You can see I am a little out of practice.

I am glad that the gentleman confirmed that when he said that this bill as drafted would limit coverage to citizens, that he did not mean it. It probably would be a good idea if Pennsylvanians were being asked to create a new entitlement program that that entitlement be limited to their neighbors who are citizens, but that is not what is in this bill.

Mr. Metcalfe's amendment would at least restrict it to those who are permanent residents in this country legally. As written, frankly, a tourist could arrive in Pennsylvania and expect our neighbors to pay for their health care. They are in the country legally. Are you creating an opportunity for health-care tourism on the public dole? Should our neighbors be expected to pay health-care costs for those who are just traipsing into the State so that you can get your constituents to pay their health care? I say no. I say, go with Mr. Metcalfe. It is at least a middle ground where at least these are people who are permanent residents of our nation and our State.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes, for the second time, the gentleman from Butler County, Representative Metcalfe.

Mr. METCALFE. Mr. Speaker, this is a very important issue. We might disagree at the end of the day on final passage of this legislation and some of the amendments going through the process, but I have been working with some of my colleagues from the other side of the aisle, trying to move forward on some legislation that is going to help us cut down on some of the attractions here in Pennsylvania for illegal aliens.

Well, Mr. Speaker, it is very well known and very well acknowledged that illegal aliens are not just the ones that come here, violating our border with their very first step, but sometimes those who have violated their stay and overextend their stays here illegally and become illegal aliens, overextending their welcome.

The language that the majority leader read, I would agree with him, protects to ensure that you are supposed to be here legally to go into the program to begin with, but it does not require that you have permanent legal status, that you have a "green card," as they used to call it, that you are a legal resident, that you are a resident alien legally. It does not require that. It only requires that you are here legally when you sign up and that you have stayed here for 90 days prior, as I understand the language.

So the majority leader had said this was superfluous, that it is just some additional language. If it really is, then what is the problem with it? I do not believe it really is. I believe it is just a clarification, further extending to ensure that somebody is not here just temporarily, as the gentleman from Allegheny County had mentioned, to make sure that tourists are not coming to the United States and able to sign up for this program.

As they expand this program, let us make sure that the expansion of the program covers American citizens and those legal resident aliens who are here legally.

Right off of the Pennsylvania Department of Insurance Web site for adultBasic, it goes through some bullet points to answer the question, "Am I eligible?" The bullet-pointed answers are that "You are between" the ages of "19 and 65;" that "You do not have any other healthcare coverage (including Medicaid or Medicare);" that "You have been without health insurance for 90 days prior to enrollment, except if you or your spouse lost health insurance coverage because you are no longer employed;" that "Your family income is below certain income limits" — it gives a table below — "You are a resident of Pennsylvania for at least 90 days prior to enrollment;" that "You have U.S. citizenship or permanent legal alien status," permanent legal alien status. That is not in the language of this legislation, Mr. Speaker.

So the majority leader, as much as he has been aggressively defending the language of this legislation today, and as wrong as some of us have believed he has been on many of the past amendments, he is 100 percent wrong on this one, Mr. Speaker.

For any of my friends on the other side of the aisle that actually want reform that cracks down and discourages illegal aliens from residing in our State, I would ask them to stand with me in this very basic change to this language that will not blow the bill up, that will not harm its moving forward from your perspective, but for your constituents, it will ensure that their dollars are protected, that they are not being used for somebody who is here temporarily, gets into the program, and potentially, becomes an illegal alien, still having a card to receive this adultBasic because somebody is not going to follow up and check that they have overextended their stay.

We should not be extending this program to visitors or to tourists or to illegal aliens, which, once again, Mr. Speaker, illegal aliens become illegal, many times, because they overextend their stay. During the hearings that we had in Philadelphia a couple of years back, we had someone who was working at the Welcome Center in Philadelphia testify that while she was here from Ireland many years back, she overextended her stay and was here illegally, and I assured her that I would have asked for her being exported at the same time also, even though I am of Irish descent myself. But if you are here illegally, we do not want you here. Go home. And we certainly do not want to be paying for you to be here and we do not want you to be on these basic adult insurance benefits.

So, Mr. Speaker, this is a very important change. For those members that tell their constituents that they want to do whatever they can at the State level to ensure that we do not have illegal aliens within our border here, this is something that you can do to make sure that the law actually says what the department has put up on their Web site, and that is that to apply for this basic adult coverage, you have to have permanent legal alien status, not a temporary status.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

LEAVES OF ABSENCE

The SPEAKER. The Chair turns to leaves of absence and recognizes the minority whip, Representative Turzai, who requests leaves of absence for the gentleman, Mr. HENNESSEY, from Chester County and the gentleman, Mr. ROHRER, from Berks County for the day. Without objection, those leaves will be granted.

CONSIDERATION OF HB 1 CONTINUED

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

The following roll call was recorded:

YEAS—127

Adolph	Gabig	Longiatti	Readshaw
Baker	Gabler	Maher	Reed
Barrar	Galloway	Mahoney	Reese
Bear	Geist	Major	Reichley
Benninghoff	George	Marshall	Roae
Beyer	Gergely	Marsico	Rock
Boback	Gibbons	Mensch	Ross
Boyd	Gillespie	Metcalfe	Sainato
Brooks	Gingrich	Metzgar	Saylor
Burns	Godshall	Micozzie	Scavello
Casorio	Goodman	Millard	Schroder
Causar	Grell	Miller	Seip
Christiana	Grove	Milne	Shapiro
Civera	Harhart	Mirabito	Smith, M.
Clymer	Harkins	Moul	Smith, S.
Conklin	Harper	Murphy	Solobay
Cox	Harris	Mustio	Sonney
Creighton	Helm	O'Brien, D.	Staback
Cutler	Hess	O'Neill	Stern
Day	Hickernell	Oberlander	Stevenson
Deasy	Hornaman	Pallone	Swanger
Delozier	Houghton	Payne	Tallman
Denlinger	Hutchinson	Peifer	Taylor, J.
DePasquale	Kauffman	Perzel	True
DiGirolamo	Keller, M.K.	Petrarca	Turzai
Ellis	Killion	Petri	Vereb
Evans, J.	Knowles	Phillips	Vulakovich
Everett	Kortz	Pickett	Wansacz
Fabrizio	Kotik	Pyle	Watson
Fairchild	Krieger	Quigley	White
Farry	Kula	Quinn	Yudichak
Fleck	Levdansky	Rapp	

NAYS—65

Barbin	Donatucci	Mann	Santarsiero
Bishop	Drucker	Markosek	Santoni
Boyle	Eachus	Matzie	Siptroth
Bradford	Evans, D.	McGeehan	Smith, K.
Brennan	Frankel	McI. Smith	Sturla
Briggs	Freeman	Melio	Taylor, R.
Brown	Gerber	Mundy	Thomas
Buxton	Grucela	Myers	Vitali
Caltagirone	Haluska	O'Brien, M.	Walko
Carroll	Hanna	Oliver	Waters
Cohen	Harhai	Parker	Wheatley
Costa, D.	Johnson	Pashinski	Williams
Costa, P.	Josephs	Payton	Youngblood
Curry	Keller, W.	Preston	
DeLuca	Kessler	Roebuck	McCall,
Dermody	Kirkland	Sabatina	Speaker
DeWeese	Manderino	Samuelson	

NOT VOTING—0

EXCUSED—11

Belfanti	Dally	Miccarelli	Rohrer
Cruz	Hennessey	Murt	Wagner
Daley	Lentz	Perry	

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 second consideration as amended?

Mr. **KILLION** offered the following amendment
No. **A01387**:

Amend Bill, page 1, line 2, by inserting after "Program;"
providing for BasicCare health insurance;

Amend Bill, page 2, by inserting between lines 7 and 8
Chapter 38. BasicCare Insurance

Section 3801. Definitions.

Section 3802. BasicCare policy.

Section 3803. Department duties.

Amend Bill, page 22, by inserting between lines 10 and 11

CHAPTER 38

BASICCARE HEALTH INSURANCE

Section 3801. Definitions.

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

"BasicCare policy." A health benefit plan that provides health or sickness and accident coverage as specified in the Special Care, Guaranteed Renewable, Hospital Benefit Contract for Direct Payment Subscribers, Form 4044 on file with the department as of April 2, 2009, to an individual or small employer group with coverage for dependents offered as an additional option.

"Department." The Insurance Department of the Commonwealth.

"Health benefit plan." An individual or group health insurance policy, subscriber contract, certificate or plan, which provides medical or health care coverage by a health care facility or licensed health care provider and which is offered by an insurer. The term does not include any of the following:

- (1) An accident-only policy.
- (2) A limited benefit policy.
- (3) A credit-only policy.
- (4) A long-term care or disability income policy.
- (5) A specified disease policy.
- (6) A Medicare supplement policy.
- (7) A Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) supplement policy.
- (8) An automobile medical payment policy under 75 Pa.C.S. (relating to vehicles).
- (9) A vision-only policy.
- (10) A workers' compensation policy.
- (11) A dental policy.
- (12) A fixed indemnity policy.

"Insurer." A company or insurance entity licensed in this Commonwealth to issue an individual or group insurance policy, subscriber contract, certificate or plan which is offered or governed under any of the following:

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

(2) The act of December 29, 1972 (P.L.1701, No.364), known as the Health Maintenance Organization Act.

(3) The act of May 18, 1976 (P.L.123, No.54), known as the Individual Accident and Sickness Insurance Minimum Standards Act.

(4) 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations) or Ch. 63 (relating to professional health services plan corporations).

"Small employer group." A group of at least two but not more than 50 individuals employed by the same person.

Section 3802. BasicCare policy.

(a) Requirement.—Within 90 days of the effective date of this section, an insurer issuing or delivering a health benefit plan in this Commonwealth shall make available for purchase by individuals and small employer groups a BasicCare policy.

(b) Coverage.—Coverage under a BasicCare policy shall be subject to any copayment permitted under the Special Care, Guaranteed Renewable, Hospital Benefit Contract for Direct Payment Subscribers, Form 4044 on file with the department as of April 2, 2009.

(c) Cost sharing.—Coverage under a BasicCare policy may be subject to coinsurance or deductible.

(d) Exclusion.—An insurer may exclude coverage under a BasicCare policy for an individual who has not been covered by a health benefit plan for more than 30 days, for up to one year for medical conditions for which medical advice or treatment was received by the individual during the 12 months prior to the effective date of the individual's BasicCare policy.

(e) Applicability.—No law, regulation or administrative directive requiring the coverage of a health care benefit or service or requiring the reimbursement, utilization or inclusion of a specific category of licensee shall apply to a BasicCare policy delivered or issued for delivery in this Commonwealth under the authority granted under this chapter, including the provision of the benefits or requirements mandated under Article VI-A of the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921, or regulations promulgated under that act.

Section 3803. Department duties.

The department shall take all actions necessary to ensure that insurers make available for purchase BasicCare policies no later than 90 days following the effective date of this section.

On the question,

Will the House agree to the amendment?

The SPEAKER. On the amendment, the Chair recognizes the gentleman from Delaware County, Representative Killion.

Mr. KILLION. Thank you, Mr. Speaker.

Now that we have this new sense of bipartisanship, I am sure my amendment is going to do very well.

This will be real, real quick. This is an amendment I am sure everyone is going to love. This is a great amendment. It does a couple things. One, it does not do anything to the underlying legislation; two, it provides more insurance for uninsured Pennsylvanians; and three, we do it at no cost to the Commonwealth. It is a basic policy that could be purchased by people without insurance that currently have no insurance at about half the market rate. It is the way to go. It is a good amendment.

We heard earlier today that 19,000 people have been added to the rolls. We have heard that even with this bill, with 100,000 people under this bill, HB 1, getting an extension, that will cover about 130,000. So we still have well in excess of 100,000 on the waiting list as well as those that are uninsured that have not applied for adultBasic.

What this allows individuals to do is go in the marketplace, buy an affordable policy at about 50 percent of the cost of a

normal health insurance policy, but it covers all catastrophic losses so that if they get really sick, they know they will not lose their home, they will not have to spend their kids' college money.

So watching that last vote, I look forward to my colleagues on the other side, and I think we are going to get a unanimous vote on this one. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the majority leader, Representative Eachus.

Mr. EACHUS. Thank you, Mr. Speaker.

I rise to oppose the amendment, notwithstanding the gentleman's enthusiasm; I am sorry.

This amendment probably is not as good as the last one, but I do want to say that I oppose it for a clear reason. This will really shrink the benefit in adultBasic. An example of that would be that it would provide only four doctor visits in a year. In many cases, with chronically ill patients, you need more than that.

The other issue relating to this relates to reimbursements. This will shift the burden squarely on providers, meaning that the subsidy will be shifted from the charity care programs that are usually provided by the Blues, under their mission, to providers, meaning lower reimbursements to doctors, lower reimbursements to hospitals, and I just do not think that is good policy.

For those two reasons, I oppose the amendment. Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the gentleman from Delaware County, Representative Killion, for the second time.

Mr. KILLION. Thank you, Mr. Speaker.

I will be very brief, but I think the gentleman, the majority leader, misunderstands what this is. This is a basic catastrophic policy. This has nothing to do with adultBasic. This would be purchased by people who are on the waiting list for adultBasic. It is a safety net. It only covers catastrophic losses.

In talking to the insurance companies around the State, we know that it can be priced at about 50 percent of a normal premium. So if you are someone that is waiting for adultBasic or you just lost your job and you are uninsured, you have an option. Instead of choosing whether food for your family, you could buy this fairly cheap policy that provides catastrophic coverages and some basic coverages so that you know you are protected while you are waiting to get on adultBasic. This does not go anywhere near the adultBasic program. It does not touch any of the language in HB 1. It is a safety net for folks that may have enough cash to buy a cheap policy but at the same time know they are protecting their assets. They are protecting their house; they are protecting their retirement savings; they are protecting their college savings. They could go to bed at night and know that, God forbid, if someone in their family gets cancer, has a heart attack, some catastrophic illness that comes with thousands and hundreds of thousands of dollars in medical costs, they are protected, and it is affordable and it is no cost to the Commonwealth. It is the right thing to do.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the gentleman from Allegheny County, Representative Maher.

Mr. MAHER. The gentleman, Mr. Killion, has deep experience in this field and brings us an opportunity to enable

our neighbors to do what President Obama says he wants to do, to do what Governor Rendell says he wants to do, which is to make health care more accessible.

What Mr. Killion is accomplishing with this proposal is to make health care more accessible without looking to the taxpayers to pay for their neighbor's health insurance. Mr. Killion understands that just because someone may not be able to afford a Cadillac health-care plan, that they may be very interested in a basic plan, and I do not know which parallel to use there with the recent takeover of GM (General Motors).

But the point is this: Why, why would you object to allowing your neighbors to be able to purchase basic health insurance out of their own pocket? There are a lot of Pennsylvanians, and I am sure you have heard from them, who say, gee whiz, I wish I could find a basic health-care plan that I could buy just by calling up my insurance agent and picking it up. Mr. Killion says, let us help those people to go out and acquire the insurance they want. Do not be a barrier to allowing people to buy basic health insurance instead of making them feel the shame of going on the public dole. Allow people to act honorably as they would like to. Thank you.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the gentleman from Westmoreland County, Representative Pallone.

Mr. PALLONE. Thank you, Mr. Speaker.

Will the maker of the amendment stand for brief interrogation?

The SPEAKER. The gentleman, Mr. Killion, indicates he will stand for interrogation. The gentleman, Mr. Pallone, may proceed.

Mr. PALLONE. Thank you, Mr. Speaker.

Mr. Speaker, are you familiar with the terminology "stop-loss insurance"?

Mr. KILLION. Yes, I am.

Mr. PALLONE. Is that what this is?

Mr. KILLION. No.

Mr. PALLONE. Is it a policy purchased in the private sector?

Mr. KILLION. Yes.

Mr. PALLONE. And do you know how much it is going to cost?

Mr. KILLION. We anticipate about 50 percent. There is already, I think it is—

Mr. PALLONE. 50 percent of what?

Mr. KILLION. 50 percent of a Cadillac policy. There is already, filed within the Insurance Department – I think it is form 4044 – the language for this. It has not been priced yet because it does not exist yet, but in talking with insurers – because it is only covering catastrophic losses, which, as you know, are few and far between. It is not covering all the routine things. So the folks that I have spoken to, they anticipate that it be about 50 percent, but it is not stop-loss. It is true insurance; it is true insurance that is in place if you have a major illness or a major injury so that you have the peace of mind in knowing that your assets are protected or you are not going to run up a huge debt. And it can be purchased and used for short periods of time while you are waiting for adultBasic or in between jobs or just got out of college and are no longer on your parent's policy.

Mr. PALLONE. Mr. Speaker, I think you said it three or four times, unless I miscounted. You keep saying 50 percent. Do you have any idea how much it costs in dollars?

Mr. KILLION. In the conversation we had in using some of the prices of adultBasic, we think somewhere between \$300 and \$400 a month.

Mr. PALLONE. And do you know, Mr. Speaker, whether or not this will affect an individual's right to COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage in the event that he or she loses his or her employment?

Mr. KILLION. Well, it is completely voluntary. You can buy it or not buy it. If I am leaving my employer and I want to opt in under COBRA and purchase my COBRA from my employer, I can do that; I can do that. That is fine. Now, as you know, if you do that, you pay the full premium plus up to 2 percent. So that can be, for some people, \$800 a month.

Now I have lost my job. I have a Cadillac policy at work that I could purchase for what my employer pays, which for a full family of four could be \$700, \$800 a month plus a 2-percent surcharge they can charge you, or I could say, you know what? I cannot afford that. Until I get another job, what I would like to do is just make sure my family is protected. I am going to go buy this \$400 policy. I am not going to have all the bells and whistles. I cannot go to the doctor every time I want, but I know, I know if I get really sick or my child gets really sick, I am not going to lose my home. I am not going to lose my savings. We are protected. It is protection in the basic form.

Mr. PALLONE. Thank you, Mr. Speaker.

Is there a definition as to what a "catastrophic loss" is?

Mr. KILLION. I actually do not have it right here. It is all spelled out; it is spelled out.

Mr. PALLONE. Where is it spelled out?

Mr. KILLION. In the language.

Mr. PALLONE. Language of what?

Mr. KILLION. Of the amendment and in that 4044.

Mr. PALLONE. Do you know whether or not it includes emergency room visits?

Mr. KILLION. It does not.

Mr. PALLONE. Do you know whether or not, Mr. Speaker, if I am walking down the street and fall off the curb and twist my ankle, does it include coverage for that?

Mr. KILLION. There are some basic coverages – several doctors office visits, there is immediate maternity care coverage under it – but it is really for catastrophic losses.

Mr. PALLONE. Mr. Speaker, do you know if it includes routine or regular doctor office visits?

Mr. KILLION. We could go down this path all day long and you could list what it does not include. I am telling you it does not include all the things you normally get. It is not about that. It is about catastrophic losses to protect your assets, and it is voluntary. You do not have to buy it. As I said, you could buy into your COBRA plan. You can decide to go bare. You can just wait on the State waiting list for adultBasic. That is your choice, and it costs the Commonwealth nothing.

Why would anyone be opposed to something that costs nothing, that I know I can make a decision as an individual that I want to cover my family for less money and protect my assets? I do not understand it.

Mr. PALLONE. Excuse me, Mr. Speaker.

I am clearly confused then, because you said just a moment ago that it costs nothing and then before you said it costs 50 percent of something and it could be \$300 or \$400 a month. So which is it, nothing or \$300 or \$400 a month?

Mr. KILLION. That is the good news. It costs the Commonwealth nothing, the Commonwealth nothing. The individual can choose to purchase it in the private sector for we think about \$400.

Mr. PALLONE. And do you know whether or not the product exists in the private sector?

Mr. KILLION. Yes, the product does exist.

Mr. PALLONE. It currently exists at \$300 or \$400 a month?

Mr. KILLION. Yes, as a special care.

Mr. PALLONE. A query, if you will, Mr. Speaker. If the product already exists for \$300 or \$400 per month and it does not cost the State or the county or any government any money at all, why would we then get involved in providing a product through the insurance private sector that already exists?

Mr. KILLION. You know, in previous votes I put up – I almost hate to say this – what it does is it mandates the insurers in Pennsylvania to make it available. They must offer it. The problem right now is they do not want to offer it. They are offering the other products, the more expensive ones.

Mr. PALLONE. Well, then again, Mr. Speaker, I am confused, because when I asked you if the product existed, you said yes, and you just said now that the insurers do not offer it. So that means it does not exist. Does it exist in today's market in Pennsylvania or does it not exist in today's market in Pennsylvania?

Mr. KILLION. It does exist. Under current law, it can only be offered to low-income individuals. What we are saying is, let us offer it to everyone. Allow the insurers to offer it to everyone.

Mr. PALLONE. Mr. Speaker, do you know what the income guideline cutoff is for the low-income individuals?

Mr. KILLION. The same as adultBasic, 200 percent of Federal poverty level.

Mr. PALLONE. So at \$300 or \$400 a month, it is clearly unaffordable for the low income. Correct, Mr. Speaker?

Mr. KILLION. The folks on the waiting list for adultBasic pay that now, but you are missing my point. Let us say I lose my job. Okay? I had a good job. I made a fair amount of money. I have some money in the bank, but I do not have enough that I want to spend \$800 a month. I do have enough that I want to spend \$400 a month. So what I can do, I have an option in the marketplace now. All we are saying is that the insurers should be permitted to offer this product to everyone.

Mr. PALLONE. Mr. Speaker, then understanding that, assuming your premise to be accurate the whole way through, if an individual has a reasonable bank of assets, if you will, why would that same individual then not just exercise his or her right to just purchase the adultBasic plan through the Commonwealth, which currently, under the current law, they can do without being on the waiting list, at the reduced rate?

Mr. KILLION. Because they could very easily be in excess of 200 percent of the poverty level. So therefore they cannot purchase the adultBasic.

Mr. PALLONE. Mr. Speaker, do you know whether or not the reason that it is only available to low income is because of legislation that is standing in Pennsylvania or is that a private-sector decision to have been made?

Mr. KILLION. It is a private agreement with the Blues. It is part of their social mission.

Mr. PALLONE. So it is a private-sector decision to only include low-income individuals. Correct?

Mr. KILLION. No. It is a requirement of the department.

Mr. PALLONE. Mr. Speaker, which department?

Mr. KILLION. Insurance.

Mr. PALLONE. And then I have one last question, Mr. Speaker. Under a lot of different insurance policies that exist in our society today, there is oftentimes an exclusion for preexisting conditions. Would this proposal and does this policy include any preexisting conditions that would be excluded?

Mr. KILLION. Yes. The same as Federal law. If you had been previously uninsured for in excess of 30 days, there could be an exclusion for a period of 1 year for that condition only.

Mr. PALLONE. And that would include the primary catastrophic losses that we are currently aware of – cancer and other serious injuries and medical needs?

Mr. KILLION. That is the exact point. We are encouraging people to get insurance to cover these things privately. If I know I can wait until I get cancer or I can wait until I have a heart attack, then I can go buy this policy of \$400 a month. Let us think about that. How many people would actually buy a policy? Not many. So what this does is encourages people, at an affordable rate, to buy a health policy that will protect them and their family in the result of illness. It is as simple as that. It is as simple as that.

Mr. PALLONE. Thank you, Mr. Speaker.

On the amendment.

The SPEAKER. On the amendment, the gentleman is in order and may proceed.

Mr. PALLONE. Thank you, Mr. Speaker.

While I certainly understand the initiative for this particular amendment, I think it has many problems and issues that are generated by trying to implement it. A, it is generally a product that is not even available on the market right now. It is certainly not affordable for the average person that is uninsured or unemployed, and with that 12-month exclusion, you have individuals that will in fact suffer catastrophic losses and have no coverage but will have paid premiums.

I just do not think it is a good idea to try to interject this into this program. If anything, we can look at the Insurance Department to look at a regulatory change to enable the private sector to be able to offer this voluntarily as they choose to, but currently there must not be a market for this or the private sector would be offering it anyway.

So with that, I would ask that we all vote "no." Thank you.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the gentlelady from Fayette County, Representative Kula.

Mrs. KULA. Thank you, Mr. Speaker.

I would just urge my colleagues for a "no" vote on this amendment.

I do have a bill pending that seems to do much more than what this amendment does. The bill that I have, you have no preexisting conditions. You can purchase this health care and still remain on the waiting list. This will not take you off the waiting list for adultBasic.

So I would ask my colleagues for a "no" vote on this amendment, and hopefully we can get my bill through the Insurance Committee and adopt this legislation. Thank you.

The SPEAKER. The Chair thanks the gentlelady.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS—93

Adolph	Farry	Major	Quinn
Baker	Fleck	Marshall	Rapp
Barrar	Gabig	Marsico	Reed
Bear	Gabler	Mensch	Reese
Benninghoff	Geist	Metcalfe	Reichley
Beyer	Gillespie	Metzgar	Roae
Boback	Gingrich	Micozzie	Rock
Boyd	Godshall	Millard	Ross
Brooks	Grell	Miller	Saylor
Causar	Grove	Milne	Scavello
Christiana	Harhart	Mirabito	Schroder
Civera	Harper	Moul	Smith, S.
Clymer	Harris	Mustio	Sonney
Cox	Helm	O'Neill	Stern
Creighton	Hess	Oberlander	Stevenson
Cutler	Hickernell	Payne	Swanger
Day	Hutchinson	Peifer	Tallman
Delozier	Kauffman	Perzel	Taylor, J.
Denlinger	Keller, M.K.	Petri	True
DiGirolamo	Killion	Phillips	Turzai
Ellis	Knowles	Pickett	Vereb
Evans, J.	Krieger	Pyle	Vulakovich
Everett	Maher	Quigley	Watson
Fairchild			

NAYS—99

Barbin	Fabrizio	Longiotti	Samuelson
Bishop	Frankel	Mahoney	Santarsiero
Boyle	Freeman	Manderino	Santoni
Bradford	Galloway	Mann	Seip
Brennan	George	Markosek	Shapiro
Briggs	Gerber	Matzie	Siptroth
Brown	Gergely	McGeehan	Smith, K.
Burns	Gibbons	McI. Smith	Smith, M.
Buxton	Goodman	Melio	Solobay
Caltagirone	Grucela	Mundy	Staback
Carroll	Haluska	Murphy	Sturla
Casorio	Hanna	Myers	Taylor, R.
Cohen	Harhai	O'Brien, D.	Thomas
Conklin	Harkins	O'Brien, M.	Vitali
Costa, D.	Hornaman	Oliver	Walko
Costa, P.	Houghton	Pallone	Wansacz
Curry	Johnson	Parker	Waters
Deasy	Josephs	Pashinski	Wheatley
DeLuca	Keller, W.	Payton	White
DePasquale	Kessler	Petrarca	Williams
Dermody	Kirkland	Preston	Youngblood
DeWeese	Kortz	Readshaw	Yudichak
Donatucci	Kotik	Roebuck	
Drucker	Kula	Sabatina	McCall,
Eachus	Levdansky	Sainato	Speaker
Evans, D.			

NOT VOTING—0

EXCUSED—11

Belfanti	Dally	Miccarelli	Rohrer
Cruz	Hennessey	Murt	Wagner
Daley	Lentz	Perry	

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 second consideration as amended?

Mr. **GILLESPIE** offered the following amendment
No. **A01391**:

Amend Bill, page 1, line 2, by inserting after "Program;"
providing for benevolent gesture or admission by health
care provider;

Amend Bill, page 2, by inserting between lines 7 and 8
Chapter 49. Admission

Section 4901. Benevolent gesture or admission by health care
provider.

Amend Bill, page 22, by inserting between lines 10 and 11

CHAPTER 49

ADMISSION

Section 4901. Benevolent gesture or admission by health care
provider.

(a) General rule.—In any medical professional liability action,
any benevolent gesture or admission of fault made by a health care
provider to a patient, or the patient's relative or representative,
regarding the patient's discomfort, pain, suffering, injury or death
resulting from a medical encounter, treatment or procedure shall be
inadmissible as evidence of liability or as an admission against interest
if such gesture or admission was made prior to the commencement of
the action.

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

"Benevolent gesture." Any action that conveys a sense of
compassion or commiseration emanating from humane impulses.

"Health care provider." As defined by section 103 of the act of
March 20, 2002 (P.L.154, No.13), known as the Medical Care
Availability and Reduction of Error (Mcare) Act.

"Medical professional liability action." As defined by section
103 of the act of March 20, 2002 (P.L.154, No.13), known as the
Medical Care Availability and Reduction of Error (Mcare) Act.

"Patient." As defined by section 103 of the act of March 20,
2002 (P.L.154, No.13), known as the Medical Care Availability and
Reduction of Error (Mcare) Act.

"Relative." A patient's spouse, parent, stepparent, grandparent,
child, stepchild, grandchild, brother, sister, half-brother, half-sister,
spouse's parents or any person who has a family-type relationship with
a patient.

"Representative." A legal guardian, attorney, an agent designated
to make medical decisions under a power of attorney over health care
matters or a surrogate designated in an advance directive for health
care or any person recognized in law or custom as a patient's agent.

(c) Applicability.—This section shall apply to actions pending on
or commencing after the effective date of this section.

On the question,

Will the House agree to the amendment?

The **SPEAKER**. On the question, the Chair recognizes the
gentleman from York County, Representative Gillespie.

Mr. **GILLESPIE**. Thank you, Mr. Speaker.

Medical providers, unfortunately, at times make errors.
Many want to admit these errors or apologize for them but are
advised or afraid to do so. This amendment will make those
admissions inadmissible as evidence of liability if such gesture
is made prior to the commencement of action. Other States have
enacted similar legislation and have had less litigation noted,

lower liability premiums, but most importantly, that patients and their families were told of the facts, responsibility taken, and an apology offered.

I would appreciate my colleagues' favorable consideration of this amendment. Thank you, Mr. Speaker.

GERMANENESS QUESTIONED

The SPEAKER. On the question, the Chair recognizes the majority leader, Representative Eachus.

Mr. EACHUS. Thank you, Mr. Speaker.

I rise to make a motion.

The SPEAKER. The gentleman will state the motion.

Mr. EACHUS. Mr. Speaker, I rise to make a motion on germaneness. The gentleman's attempt here in this amendment is not content that would conform to this bill, and because of the, really, lack of germaneness on this issue, I would like to have the House vote "yes" to sustain my motion.

The SPEAKER. On the motion, the majority leader, Representative Eachus, raises the issue as to whether or not amendment A01391 is germane.

The Speaker is required, under rule 27, to submit the question of whether or not the amendment is germane or not germane to the House for that decision.

On the question,

Will the House sustain the germaneness of the amendment?

The SPEAKER. On the point of order, the Chair again recognizes the majority leader or the gentleman, Mr. Gillespie, on the issue of the amendment being germane or not germane.

The issue is debatable by all members for one time.

The Chair recognizes the gentleman from York County, Representative Gillespie.

Mr. GILLESPIE. Mr. Speaker, may I interrogate the maker of the germane question, please?

The SPEAKER. The majority leader indicates he will stand for interrogation. The gentleman, Mr. Gillespie, is in order and may proceed.

Mr. GILLESPIE. Thank you, Mr. Speaker.

Mr. Speaker, I am just inquiring as to why you have a question concerning the germaneness of my amendment?

Mr. EACHUS. Thank you, Mr. Speaker.

For the clear fact that there is no reference to professional liability in HB 1.

Mr. GILLESPIE. Thank you, Mr. Speaker.

On the motion.

The SPEAKER. On the motion, the gentleman is in order and may proceed.

Mr. GILLESPIE. Mr. Speaker, I feel that this is an insurance piece of legislation and dealing with costs associated with that, and my amendment to the bill would deal with those costs relevant to the insurance.

The SPEAKER. The Chair thanks the gentleman.

On the question before the House, the Chair recognizes the gentleman from Lancaster County, Representative Cutler.

Mr. CUTLER. Thank you, Mr. Speaker.

May I interrogate the maker of the motion?

The SPEAKER. The gentleman, the majority leader, Representative Eachus, indicates he will stand for interrogation. The gentleman, Mr. Cutler, is in order and may proceed.

Mr. CUTLER. Thank you, Mr. Speaker.

Mr. Speaker, if I may make the following question: What is the Representative's idea in regards to the underlying premise of this bill that we are currently debating as opposed to the amendment that is being offered? What is the difference in relation to the germaneness?

Mr. EACHUS. Let me repeat my reason again, Mr. Speaker. HB 1 is about health-care coverage, not professional liability, as I said earlier. That is why I made the motion on germaneness.

Mr. CUTLER. Thank you, Mr. Speaker.

Just so I am clear, the subject of the bill then deals with health insurance coverage. Is that correct?

Mr. EACHUS. Yes.

Mr. CUTLER. Mr. Speaker, the argument that you are offering before us then is that the amendment deals specifically with professional liability in the relation that that has in regards to the insurance law and the way that that interacts with providers. Is that correct?

Mr. EACHUS. Mr. Speaker, professional liability is a different insurance coverage.

Mr. CUTLER. Thank you, Mr. Speaker.

May I ask the gentleman's opinion of how health care is provided? Is it provided by professional individuals such as physicians and nurses?

Mr. EACHUS. Mr. Speaker, let me restate my reasons for germaneness once again. The subject of professional liability is not germane to a health-care bill. I do not know how much clearer I can be. I really believe strongly that the motion I had made is substantive, and I am asking for the members to support my motion.

Mr. CUTLER. Mr. Speaker, I would certainly be interested to see how health care could be provided without having providers around. However, I will point the gentleman to several court cases that the Commonwealth has had in regards to the motion of germaneness.

And, Mr. Speaker, if I may, I would like to speak on the motion itself now.

The SPEAKER. The gentleman is in order and may proceed.

Mr. CUTLER. Mr. Speaker, I would like to point to the case *Yardley Mills Co. v. Bogardus*, which said in order for a bill to have a single subject or germaneness, it must embrace only matters which are germane to each other and to the general scheme of the bill.

Furthermore, Mr. Speaker, in regards to the Crimes Code in the *Ritter* case, we said, or the court said rather, that in amending the Crimes Code, disparity in the types of acts prescribed does not violate the single-subject rule and the germaneness, because while the Crimes Code deals with a variety of acts, they are all related generally because they deal with the criminal code.

Furthermore, Mr. Speaker, I believe more recently, in going back to the *Yardley Mills* case, there was actually a case here that involved one of our own members. It was *DeWeese v. Commonwealth* in regards to germaneness and the single-subject rule, and the court was very clear. Article III, section 3, of our Constitution says, in regards to the definition of "subject," that those things that have a proper relation to each other, which fairly constitute parts of a scheme to accomplish a single general purpose, relate to the same object or subject and provisions which have no proper legislative relation to each other and are not part of the same legislative scheme may not be

joined in the same act. All that is needed for us to determine germaneness is whether or not they accomplish a single general purpose.

Mr. Speaker, I would simply argue that it is very clear. The single general purpose is health care. The single general purpose that is before us is providing health care to our residents. The single general purpose quoted in the language of the decision that we had before us is providing health care to our residents. The germaneness is very clear, and I guess I would simply ask if the majority leader had ever seen this case before.

And I would ask, Mr. Speaker, all of the members of the House to support this motion – or rather oppose the motion, because this amendment is in fact germane. It is relevant to the bill, because we would not be able to provide health care if we did not have health-care providers. If we do not have the Mcare Act in place, we will not have doctors in this State. And while we might have insurance for every single person in the State and we would reach the goal of insuring everyone, we would have nobody to provide those services, and that would be very unfortunate.

Mr. Speaker, I will stand with the gentleman from York County. I will say that this amendment is germane, and I would encourage everyone to take a look at the case.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the point of order, the Chair recognizes the gentleman from York County, Representative Miller.

Mr. MILLER. Thank you, Mr. Speaker.

I would point out that under section 314 of HB 1, it provides for deposits into the fund, and \$362 million is to come from the Health Care Provider Retention Account.

Now, it is my understanding that the Health Care Provider Retention Account is part of the Mcare legislation. That was set up to help pay for professional health-care liability costs.

Mr. Speaker, the bottom line here is that there is a serious concern that if this amendment comes up for a vote, it will pass. This is a procedural vote, a procedural maneuver, to kill this amendment.

I ask for a "no" vote— Well, whatever way – I believe it is constitutional, and I ask for whatever your direction is on the vote that it is constitutional.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the point of order, those who believe the amendment is germane to the bill will vote "aye"; those who believe the amendment is not germane to the bill will vote "no."

On the question recurring,

Will the House sustain the germaneness of the amendment?

The following roll call was recorded:

YEAS–87

Adolph	Fairchild	Major	Quinn
Baker	Farry	Marshall	Rapp
Barrar	Fleck	Marsico	Reed
Bear	Gabig	Mensch	Reese
Benninghoff	Gabler	Metcalfe	Reichley
Beyer	Geist	Metzgar	Roae
Boback	Gillespie	Micozzie	Rock

Boyd	Gingrich	Millard	Ross
Brooks	Godshall	Miller	Saylor
Causer	Grell	Milne	Scavello
Christiana	Grove	Moul	Schroder
Civera	Harhart	Mustio	Smith, S.
Clymer	Harris	O'Neill	Sonney
Cox	Helm	Oberlander	Stern
Creighton	Hickernell	Payne	Stevenson
Cutler	Hutchinson	Peifer	Swanger
Day	Kauffman	Perzel	Tallman
Delozier	Keller, M.K.	Petri	True
Denlinger	Killion	Phillips	Turzai
DiGirolamo	Knowles	Pickett	Vulakovich
Ellis	Krieger	Pyle	Watson
Everett	Maher	Quigley	

NAYS–104

Barbin	Fabrizio	Mahoney	Santarsiero
Bishop	Frankel	Manderino	Santoni
Boyle	Freeman	Mann	Seip
Bradford	Galloway	Markosek	Shapiro
Brennan	George	Matzie	Siptroth
Briggs	Gerber	McGeehan	Smith, K.
Brown	Gergely	McI. Smith	Smith, M.
Burns	Gibbons	Melio	Solobay
Buxton	Goodman	Mirabito	Staback
Caltagirone	Grucela	Mundy	Sturla
Carroll	Haluska	Murphy	Taylor, J.
Casorio	Hanna	Myers	Taylor, R.
Cohen	Harhai	O'Brien, D.	Thomas
Conklin	Harkins	O'Brien, M.	Vereb
Costa, D.	Harper	Oliver	Vitali
Costa, P.	Hornaman	Pallone	Walko
Curry	Houghton	Parker	Wansacz
Deasy	Johnson	Pashinski	Waters
DeLuca	Josephs	Payton	Wheatley
DePasquale	Keller, W.	Petrarca	White
Dermody	Kessler	Preston	Williams
DeWeese	Kirkland	Readshaw	Youngblood
Donatucci	Kortz	Roebuck	Yudichak
Drucker	Kotik	Sabatina	
Eachus	Kula	Sainato	McCall,
Evans, D.	Levdansky	Samuelson	Speaker
Evans, J.	Longietti		

NOT VOTING–1

Hess

EXCUSED–11

Belfanti	Dally	Miccarelli	Rohrer
Cruz	Hennessey	Murt	Wagner
Daley	Lentz	Perry	

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

On the question recurring,

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

Mr. PETRI offered the following amendment No. **A01636**:

Amend Bill, page 7, line 4, by striking out "solicitation" and inserting

request for proposals

Amend Bill, page 12, lines 19 and 20, by striking out "Solicitation.–The department shall solicit bids or" in line 19 and

"proposals for the program. The solicitation" in line 20 and inserting Request for proposals.—In accordance with subsection (g)(2) the department shall issue a request for proposals for the program. The request

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

The SPEAKER. On that question, the Chair recognizes the gentleman from Bucks County, Representative Petri.

Mr. PETRI. Thank you, Mr. Speaker.

This amendment amends the bill to require that the RFP (request for proposal) process be followed by the Insurance Department. In other words, if my amendment is accepted, the Insurance Department will actually have to put out a public bid in order to solicit providers.

I would hope that every member would want the RFP process, which is involved in every other process that we use with public moneys, to be part of this process. Otherwise, I am sure we will be hearing from the providers and our constituents.

Let us shine a light on this process. What are we afraid of? Thank you.

The SPEAKER. On the question, the Chair recognizes the majority leader, Representative Eachus.

Mr. EACHUS. Thank you, Mr. Speaker.

For the clarification of the members, I am gratified to rise in support of the Petri amendment.

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

The following roll call was recorded:

YEAS—192

Adolph	Fabrizio	Maher	Reese
Baker	Fairchild	Mahoney	Reichley
Barbin	Farry	Major	Roae
Barrar	Fleck	Manderino	Rock
Bear	Frankel	Mann	Roebuck
Benninghoff	Freeman	Markosek	Ross
Beyer	Gabig	Marshall	Sabatina
Bishop	Gabler	Marsico	Sainato
Boback	Galloway	Matzie	Samuelson
Boyd	Geist	McGeehan	Santarsiero
Boyle	George	McI. Smith	Santoni
Bradford	Gerber	Melio	Saylor
Brennan	Gergely	Mensch	Scavello
Briggs	Gibbons	Metcalfe	Schroder
Brooks	Gillespie	Metzgar	Seip
Brown	Gingrich	Micozzie	Shapiro
Burns	Godshall	Millard	Siptroth
Buxton	Goodman	Miller	Smith, K.
Caltagirone	Grell	Milne	Smith, M.
Carroll	Grove	Mirabito	Smith, S.
Casorio	Grucela	Moul	Solobay
Causser	Haluska	Mundy	Sonney
Christiana	Hanna	Murphy	Staback
Civera	Harhai	Mustio	Stern
Clymer	Harhart	Myers	Stevenson
Cohen	Harkins	O'Brien, D.	Sturla
Conklin	Harper	O'Brien, M.	Swanger
Costa, D.	Harris	O'Neill	Tallman
Costa, P.	Helm	Oberlander	Taylor, J.
Cox	Hess	Oliver	Taylor, R.
Creighton	Hickernell	Pallone	Thomas

Curry	Hornaman	Parker	True
Cutler	Houghton	Pashinski	Turzai
Day	Hutchinson	Payne	Vereb
Deasy	Johnson	Payton	Vitali
Delozier	Josephs	Peifer	Vulakovich
DeLuca	Kauffman	Perzel	Walko
Denlinger	Keller, M.K.	Petrarca	Wansacz
DePasquale	Keller, W.	Petri	Waters
Dermody	Kessler	Phillips	Watson
DeWeese	Killion	Pickett	Wheatley
DiGirolamo	Kirkland	Preston	White
Donatucci	Knowles	Pyle	Williams
Drucker	Kortz	Quigley	Youngblood
Eachus	Kotik	Quinn	Yudichak
Ellis	Krieger	Rapp	
Evans, D.	Kula	Readshaw	McCall,
Evans, J.	Levdansky	Reed	Speaker
Everett	Longietti		

NAYS—0

NOT VOTING—0

EXCUSED—11

Belfanti	Dally	Miccarelli	Rohrer
Cruz	Hennessey	Murt	Wagner
Daley	Lentz	Perry	

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 second consideration as amended?

Mr. PETRI offered the following amendment No. **A01562**:

Amend Bill, page 19, line 10, by striking out "may" and inserting shall

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

The SPEAKER. On the amendment, the Chair recognizes the gentleman from Bucks County, Representative Petri.

Mr. PETRI. Thank you, Mr. Speaker.

This amendment would require that regulations be promulgated for the newly expanded adultBasic program.

Also, under the current provision without this amendment, the department could avoid the regulatory review process for a period of 3 years. That would be very harmful to our constituents, and I would ask for your support.

The SPEAKER. The Chair recognizes the majority leader, Representative Eachus, on the amendment.

Mr. EACHUS. Thank you, Mr. Speaker.

I rise to support the gentleman's amendment. The acceleration of the regulatory review process, we believe, is a solid step forward.

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

The following roll call was recorded:

YEAS—192

Adolph	Fabrizio	Maher	Reese
Baker	Fairchild	Mahoney	Reichley
Barbin	Farry	Major	Roae
Barrar	Fleck	Manderino	Rock
Bear	Frankel	Mann	Roebuck
Benninghoff	Freeman	Markosek	Ross
Beyer	Gabig	Marshall	Sabatina
Bishop	Gabler	Marsico	Sainato
Boback	Galloway	Matzie	Samuelson
Boyd	Geist	McGeehan	Santarsiero
Boyle	George	McI. Smith	Santoni
Bradford	Gerber	Melio	Saylor
Brennan	Gergely	Mensch	Scavello
Briggs	Gibbons	Metcalfe	Schroder
Brooks	Gillespie	Metzgar	Seip
Brown	Gingrich	Micozzie	Shapiro
Burns	Godshall	Millard	Siptroth
Buxton	Goodman	Miller	Smith, K.
Caltagirone	Grell	Milne	Smith, M.
Carroll	Grove	Mirabito	Smith, S.
Casorio	Grucela	Moul	Solobay
Causar	Haluska	Mundy	Sonney
Christiana	Hanna	Murphy	Staback
Civera	Harhai	Mustio	Stern
Clymer	Harhart	Myers	Stevenson
Cohen	Harkins	O'Brien, D.	Sturla
Conklin	Harper	O'Brien, M.	Swanger
Costa, D.	Harris	O'Neill	Tallman
Costa, P.	Helm	Oberlander	Taylor, J.
Cox	Hess	Oliver	Taylor, R.
Creighton	Hickernell	Pallone	Thomas
Curry	Hornaman	Parker	True
Cutler	Houghton	Pashinski	Turzai
Day	Hutchinson	Payne	Vereb
Deasy	Johnson	Payton	Vitali
Delozier	Josephs	Peifer	Vulakovich
DeLuca	Kauffman	Perzel	Walko
Denlinger	Keller, M.K.	Petrarca	Wansacz
DePasquale	Keller, W.	Petri	Waters
Dermody	Kessler	Phillips	Watson
DeWeese	Killion	Pickett	Wheatley
DiGirolamo	Kirkland	Preston	White
Donatucci	Knowles	Pyle	Williams
Drucker	Kortz	Quigley	Youngblood
Eachus	Kotik	Quinn	Yudichak
Ellis	Krieger	Rapp	
Evans, D.	Kula	Readshaw	McCall,
Evans, J.	Levdansky	Reed	Speaker
Everett	Longietti		

NAYS—0

NOT VOTING—0

EXCUSED—11

Belfanti	Dally	Miccarelli	Rohrer
Cruz	Hennessey	Murt	Wagner
Daley	Lentz	Perry	

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 second consideration as amended?

Mr. **BAKER** offered the following amendment No. **A01398**:

Amend Bill, page 1, line 2, by inserting after "Program;" establishing the Hospital Electronic Information Incentive Payment Program;

Amend Bill, page 2, by inserting between lines 7 and 8 Chapter 41. Hospital Electronic Information Incentive Payment Program

Section 4101. Scope of chapter.

Section 4102. Definitions.

Section 4103. Hospital Electronic Information Incentive Payment Program.

Amend Bill, page 22, by inserting between lines 10 and 11

CHAPTER 41

HOSPITAL ELECTRONIC INFORMATION INCENTIVE PAYMENT PROGRAM

Section 4101. Scope of chapter.

This chapter establishes the Hospital Electronic Information Incentive Payment Program.

Section 4102. Definitions.

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

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

"Eligible hospital." An acute care hospital or critical access hospital which is a meaningful electronic health record user as defined under section 4102 of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5, 123 Stat. 115).

Section 4103. Hospital Electronic Information Incentive Payment Program.

(a) Establishment.—There is established within the department a program to be known as the Hospital Electronic Information Incentive Payment Program. The program shall provide financial assistance to certain acute care hospitals and critical access hospitals for the implementation of electronic health record systems.

(b) Application.—The department shall establish a payment incentive program consistent with the provisions of section 4102 of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5, 123 Stat. 115) to provide assistance to eligible hospitals for the implementation of electronic health record systems.

On the question,

Will the House agree to the amendment?

The SPEAKER. On that question, the Chair recognizes the gentleman from Tioga County, Representative Baker.

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

Mr. Speaker, this amendment establishes the Hospital Electronic Information Incentive Payment Program within the department of DPW (Department of Public Welfare), and it is a sincere bipartisan effort. We actually passed this legislation unanimously in committee earlier today.

I want to commend Chairman Oliver and the entire committee for working closely together on this, and it catalyzes Federal stimulus funding to help all of our hospitals. So I am hoping that we can have an agreed-to amendment and pass this legislation.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman and recognizes the majority leader, Representative Eachus.

Mr. EACHUS. Thank you, Mr. Speaker.

We agree with the gentleman's amendment, and I ask the members to support the amendment.

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

The following roll call was recorded:

YEAS—192

Adolph	Fabrizio	Maher	Reese
Baker	Fairchild	Mahoney	Reichley
Barbin	Farry	Major	Roae
Barrar	Fleck	Manderino	Rock
Bear	Frankel	Mann	Roebuck
Benninghoff	Freeman	Markosek	Ross
Beyer	Gabig	Marshall	Sabatina
Bishop	Gabler	Marsico	Sainato
Boback	Galloway	Matzie	Samuelson
Boyd	Geist	McGeehan	Santarsiero
Boyle	George	McI. Smith	Santoni
Bradford	Gerber	Melio	Saylor
Brennan	Gergely	Mensch	Scavello
Briggs	Gibbons	Metcalfe	Schroder
Brooks	Gillespie	Metzgar	Seip
Brown	Gingrich	Micozzie	Shapiro
Burns	Godshall	Millard	Siptroth
Buxton	Goodman	Miller	Smith, K.
Caltagirone	Grell	Milne	Smith, M.
Carroll	Grove	Mirabito	Smith, S.
Casorio	Grucela	Moul	Solobay
Causar	Haluska	Mundy	Sonney
Christiana	Hanna	Murphy	Staback
Civera	Harhai	Mustio	Stern
Clymer	Harhart	Myers	Stevenson
Cohen	Harkins	O'Brien, D.	Sturla
Conklin	Harper	O'Brien, M.	Swanger
Costa, D.	Harris	O'Neill	Tallman
Costa, P.	Helm	Oberlander	Taylor, J.
Cox	Hess	Oliver	Taylor, R.
Creighton	Hickernell	Pallone	Thomas
Curry	Hornaman	Parker	True
Cutler	Houghton	Pashinski	Turzai
Day	Hutchinson	Payne	Vereb
Deasy	Johnson	Payton	Vitali
Delozier	Josephs	Peifer	Vulakovich
DeLuca	Kauffman	Perzel	Walko
Denlinger	Keller, M.K.	Petrarca	Wansacz
DePasquale	Keller, W.	Petri	Waters
Dermody	Kessler	Phillips	Watson
DeWeese	Killion	Pickett	Wheatley
DiGirolamo	Kirkland	Preston	White
Donatucci	Knowles	Pyle	Williams
Drucker	Kortz	Quigley	Youngblood
Eachus	Kotik	Quinn	Yudichak
Ellis	Krieger	Rapp	
Evans, D.	Kula	Readshaw	McCall,
Evans, J.	Levdansky	Reed	Speaker
Everett	Longietti		

NAYS—0

NOT VOTING—0

EXCUSED—11

Belfanti	Dally	Miccarelli	Rohrer
Cruz	Hennessey	Murt	Wagner
Daley	Lentz	Perry	

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 second consideration as amended?

Mr. GRELL offered the following amendment No. **A01557**:

Amend Bill, page 8, lines 8 and 9, by striking out "and for program operating" in line 8 and "costs" in line 9

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

The SPEAKER. On that question, the Chair recognizes the gentleman from Cumberland County, Representative Grell.

Mr. GRELL. Thank you, Mr. Speaker.

This bill clarifies that any expansion of this program will be consistent with the current program in that all moneys that are dedicated to this program will be used either to pay for health insurance premiums or to cover the outreach to promote that program, and it takes out language that is in the bill that would allow money to also go to pay operating costs of the department.

I encourage the members to support it.

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

The following roll call was recorded:

YEAS—191

Adolph	Fabrizio	Longietti	Reed
Baker	Fairchild	Maher	Reese
Barbin	Farry	Mahoney	Reichley
Barrar	Fleck	Major	Roae
Bear	Frankel	Manderino	Rock
Benninghoff	Freeman	Mann	Roebuck
Beyer	Gabig	Markosek	Ross
Bishop	Gabler	Marshall	Sabatina
Boback	Galloway	Marsico	Sainato
Boyd	Geist	Matzie	Samuelson
Boyle	George	McGeehan	Santarsiero
Bradford	Gerber	McI. Smith	Santoni
Brennan	Gergely	Melio	Saylor
Briggs	Gibbons	Mensch	Schroder
Brooks	Gillespie	Metcalfe	Seip
Brown	Gingrich	Metzgar	Shapiro
Burns	Godshall	Micozzie	Siptroth
Buxton	Goodman	Millard	Smith, K.
Caltagirone	Grell	Miller	Smith, M.
Carroll	Grove	Milne	Smith, S.
Casorio	Grucela	Mirabito	Solobay
Causar	Haluska	Moul	Sonney
Christiana	Hanna	Mundy	Staback
Civera	Harhai	Murphy	Stern
Clymer	Harhart	Mustio	Stevenson
Cohen	Harkins	Myers	Sturla
Conklin	Harper	O'Brien, D.	Swanger
Costa, D.	Harris	O'Brien, M.	Tallman
Costa, P.	Helm	O'Neill	Taylor, J.
Cox	Hess	Oberlander	Taylor, R.
Creighton	Hickernell	Oliver	Thomas
Curry	Hornaman	Pallone	True
Cutler	Houghton	Parker	Turzai
Day	Hutchinson	Pashinski	Vereb
Deasy	Johnson	Payne	Vitali
Delozier	Josephs	Payton	Vulakovich
DeLuca	Kauffman	Peifer	Walko
Denlinger	Keller, M.K.	Perzel	Wansacz
DePasquale	Keller, W.	Petrarca	Waters

Dermody	Kessler	Petri	Watson
DeWeese	Killion	Phillips	Wheatley
DiGirolamo	Kirkland	Pickett	White
Donatucci	Knowles	Preston	Williams
Drucker	Kortz	Pyle	Youngblood
Eachus	Kotik	Quigley	Yudichak
Ellis	Krieger	Quinn	
Evans, D.	Kula	Rapp	McCall,
Evans, J.	Levdansky	Readshaw	Speaker
Everett			

NAYS—1

Scavello

NOT VOTING—0

EXCUSED—11

Belfanti	Dally	Miccarelli	Rohrer
Cruz	Hennessey	Murt	Wagner
Daley	Lentz	Perry	

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 second consideration as amended?

The SPEAKER. It is the Chair's understanding that the gentleman, Mr. Grell, is withdrawing amendments 1558 and 1635 and offering amendment 1560. Is that correct?

Mr. GRELL. Yes, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman.

On the question recurring,

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

Mr. **GRELL** offered the following amendment No. **A01560**:

Amend Bill, page 9, line 29, by striking out "coverage" and inserting

a health benefit plan

Amend Bill, page 10, lines 18 and 19, by striking out "for" in line 18 and "the benefit package" in line 19 and inserting in accordance with 62 Pa.C.S. (relating to procurement)

On the question,

Will the House agree to the amendment?

The SPEAKER. On that question, the Chair recognizes the gentleman from Cumberland County, Representative Grell.

Mr. GRELL. Thank you, Mr. Speaker.

This amendment also goes to make sure that any expansion of this program is consistent with current law in that it specifically recognizes chapter 62 relating to procurement and requires all procurements under this bill to be done in conformity with the current Procurement Code, and I urge the members' support.

The SPEAKER. The Chair thanks the gentleman.

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

The following roll call was recorded:

YEAS—191

Adolph	Fabrizio	Longietti	Reed
Baker	Fairchild	Maher	Reese
Barbin	Farry	Mahoney	Reichley
Barrar	Fleck	Major	Roae
Bear	Frankel	Manderino	Rock
Benninghoff	Freeman	Mann	Roebuck
Beyer	Gabig	Markosek	Ross
Bishop	Gabler	Marshall	Sabatina
Boback	Galloway	Marsico	Sainato
Boyd	Geist	Matzie	Samuelson
Boyle	George	McGeehan	Santarsiero
Bradford	Gerber	McI. Smith	Santoni
Brennan	Gergely	Melio	Saylor
Briggs	Gibbons	Mensch	Schroder
Brooks	Gillespie	Metcalfe	Seip
Brown	Gingrich	Metzgar	Shapiro
Burns	Godshall	Micozzie	Siptroth
Buxton	Goodman	Millard	Smith, K.
Caltagirone	Grell	Miller	Smith, M.
Carroll	Grove	Milne	Smith, S.
Casorio	Grucela	Mirabito	Solobay
Causar	Haluska	Moul	Sonney
Christiana	Hanna	Mundy	Staback
Civera	Harhai	Murphy	Stern
Clymer	Harhart	Mustio	Stevenson
Cohen	Harkins	Myers	Sturla
Conklin	Harper	O'Brien, D.	Swanger
Costa, D.	Harris	O'Brien, M.	Tallman
Costa, P.	Helm	O'Neill	Taylor, J.
Cox	Hess	Oberlander	Taylor, R.
Creighton	Hickernell	Oliver	Thomas
Curry	Hornaman	Pallone	True
Cutler	Houghton	Parker	Turzai
Day	Hutchinson	Pashinski	Vereb
Deasy	Johnson	Payne	Vitali
Delozier	Josephs	Payton	Vulakovich
DeLuca	Kauffman	Peifer	Walko
Denlinger	Keller, M.K.	Perzel	Wansacz
DePasquale	Keller, W.	Petrarca	Waters
Dermody	Kessler	Petri	Watson
DeWeese	Killion	Phillips	Wheatley
DiGirolamo	Kirkland	Pickett	White
Donatucci	Knowles	Preston	Williams
Drucker	Kortz	Pyle	Youngblood
Eachus	Kotik	Quigley	Yudichak
Ellis	Krieger	Quinn	
Evans, D.	Kula	Rapp	McCall,
Evans, J.	Levdansky	Readshaw	Speaker
Everett			

NAYS—1

Scavello

NOT VOTING—0

EXCUSED—11

Belfanti	Dally	Miccarelli	Rohrer
Cruz	Hennessey	Murt	Wagner
Daley	Lentz	Perry	

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 second consideration as amended?

Mr. **CUTLER** offered the following amendment
No. **A01675**:

Amend Bill, page 17, line 27, by striking out "may" and inserting shall

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

The **SPEAKER**. On that question, the Chair recognizes the gentleman from Lancaster County, Representative Cutler.

Mr. **CUTLER**. Thank you, Mr. Speaker.

This amendment would simply change one word in regards to that the department, instead of "may" print the premium increases, they "shall" print the premium increases in the Bulletin, and I believe it is an agreed-to amendment.

The **SPEAKER**. The Chair thanks the gentleman.

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

The following roll call was recorded:

YEAS—191

Adolph	Fabrizio	Longietti	Reed
Baker	Fairchild	Maher	Reese
Barbin	Farry	Mahoney	Reichley
Barrar	Fleck	Major	Roae
Bear	Frankel	Manderino	Rock
Benninghoff	Freeman	Mann	Roebuck
Beyer	Gabig	Markosek	Ross
Bishop	Gabler	Marshall	Sabatina
Boback	Galloway	Marsico	Sainato
Boyd	Geist	Matzie	Samuelson
Boyle	George	McGeehan	Santarsiero
Bradford	Gerber	McI. Smith	Santoni
Brennan	Gergely	Melio	Saylor
Briggs	Gibbons	Mensch	Schroder
Brooks	Gillespie	Metcalf	Seip
Brown	Gingrich	Metzgar	Shapiro
Burns	Godshall	Micozzie	Siptroth
Buxton	Goodman	Millard	Smith, K.
Caltagirone	Grell	Miller	Smith, M.
Carroll	Grove	Milne	Smith, S.
Casorio	Grucela	Mirabito	Solobay
Causar	Haluska	Moul	Sonney
Christiana	Hanna	Mundy	Staback
Civera	Harhai	Murphy	Stern
Clymer	Harhart	Mustio	Stevenson
Cohen	Harkins	Myers	Sturla
Conklin	Harper	O'Brien, D.	Swanger
Costa, D.	Harris	O'Brien, M.	Tallman
Costa, P.	Helm	O'Neill	Taylor, J.
Cox	Hess	Oberlander	Taylor, R.
Creighton	Hickernell	Oliver	Thomas
Curry	Hornaman	Pallone	True
Cutler	Houghton	Parker	Turzai
Day	Hutchinson	Pashinski	Vereb
Deasy	Johnson	Payne	Vitali
Delozier	Josephs	Payton	Vulakovich
DeLuca	Kauffman	Peifer	Walko
Denlinger	Keller, M.K.	Perzel	Wansacz
DePasquale	Keller, W.	Petrarca	Waters
Dermody	Kessler	Petri	Watson
DeWeese	Killion	Phillips	Wheatley

DiGirolamo	Kirkland	Pickett	White
Donatucci	Knowles	Preston	Williams
Drucker	Kortz	Pyle	Youngblood
Eachus	Kotik	Quigley	Yudichak
Ellis	Krieger	Quinn	
Evans, D.	Kula	Rapp	McCall,
Evans, J.	Levdansky	Readshaw	Speaker
Everett			

NAYS—1

Scavello

NOT VOTING—0

EXCUSED—11

Belfanti	Dally	Miccarelli	Rohrer
Cruz	Hennessey	Murt	Wagner
Daley	Lentz	Perry	

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 second consideration as amended?

Mr. **CUTLER** offered the following amendment
No. **A01676**:

Amend Bill, page 16, line 23, by inserting after "review."
The department may not require a contractor to negotiate a contract with a health care provider that conditions reimbursements paid to a health care provider at a rate that is at or below the reimbursement rate paid to a health care provider under medical assistance.

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

The **SPEAKER**. On that question, the Chair recognizes the gentleman from Lancaster County, Representative Cutler.

Mr. **CUTLER**. Thank you, Mr. Speaker.

Very quickly, this amendment would prohibit the department from requiring contractors to reimburse the health-care providers at or below medical assistance rates.

One of the untold stories that happens in the health-care field is the fact that the State chronically underpays for the services that they consume. On average, statewide, a recent study has shown that the State consumes and cost shifts to those folks who have insurance or self-pay approximately 15 percent more services than they actually pay for. So in essence, it is approximately a 15-percent tax. What this amendment attempts to do is set the process in place where those rates will be above the MA rates and allow it to just be negotiated like any other insurance contract.

My understanding, it is also an agreed-to amendment, sir.

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

The following roll call was recorded:

YEAS—192

Adolph	Fabrizio	Maier	Reese
Baker	Fairchild	Mahoney	Reichley
Barbin	Farry	Major	Roae
Barrar	Fleck	Manderino	Rock
Bear	Frankel	Mann	Roebuck
Benninghoff	Freeman	Markosek	Ross
Beyer	Gabig	Marshall	Sabatina
Bishop	Gabler	Marsico	Sainato
Boback	Galloway	Matzie	Samuelson
Boyd	Geist	McGeehan	Santarsiero
Boyle	George	McI. Smith	Santoni
Bradford	Gerber	Melio	Saylor
Brennan	Gergely	Mensch	Scavello
Briggs	Gibbons	Metcalfe	Schroder
Brooks	Gillespie	Metzgar	Seip
Brown	Gingrich	Micozzie	Shapiro
Burns	Godshall	Millard	Siptroth
Buxton	Goodman	Miller	Smith, K.
Caltagirone	Grell	Milne	Smith, M.
Carroll	Grove	Mirabito	Smith, S.
Casorio	Gruela	Moul	Solobay
Causar	Haluska	Mundy	Sonney
Christiana	Hanna	Murphy	Staback
Civera	Harhai	Mustio	Stern
Clymer	Harhart	Myers	Stevenson
Cohen	Harkins	O'Brien, D.	Sturla
Conklin	Harper	O'Brien, M.	Swanger
Costa, D.	Harris	O'Neill	Tallman
Costa, P.	Helm	Oberlander	Taylor, J.
Cox	Hess	Oliver	Taylor, R.
Creighton	Hickernell	Pallone	Thomas
Curry	Hornaman	Parker	True
Cutler	Houghton	Pashinski	Turzai
Day	Hutchinson	Payne	Vereb
Deasy	Johnson	Payton	Vitali
Delozier	Josephs	Peifer	Vulakovich
DeLuca	Kauffman	Perzel	Walko
Denlinger	Keller, M.K.	Petrarca	Wansacz
DePasquale	Keller, W.	Petri	Waters
Dermody	Kessler	Phillips	Watson
DeWeese	Killion	Pickett	Wheatley
DiGirolamo	Kirkland	Preston	White
Donatucci	Knowles	Pyle	Williams
Drucker	Kortz	Quigley	Youngblood
Eachus	Kotik	Quinn	Yudichak
Ellis	Krieger	Rapp	
Evans, D.	Kula	Readshaw	McCall,
Evans, J.	Levdansky	Reed	Speaker
Everett	Longietti		

NAYS—0

NOT VOTING—0

EXCUSED—11

Belfanti	Dally	Miccarelli	Rohrer
Cruz	Hennessey	Murt	Wagner
Daley	Lentz	Perry	

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 second consideration as amended?

Mr. **SAYLOR** offered the following amendment
No. **A01399**:

Amend Bill, page 1, line 2, by inserting after "Program" and the Dentists for Medical Assistance Patients Program in the Department of Public Welfare

Amend Bill, page 2, by inserting between lines 7 and 8

Chapter 43. Dentists for Medical Assistance Patients

Section 4301. Scope of chapter.

Section 4302. Purpose.

Section 4303. Definitions.

Section 4304. Program.

Section 4305. Contract.

Section 4306. Funding.

Section 4307. Reporting requirements.

Section 4308. Regulations.

Amend Bill, page 22, by inserting between lines 10 and 11

CHAPTER 43

DENTISTS FOR MEDICAL ASSISTANCE PATIENTS

Section 4301. Scope of chapter.

This chapter relates to dentists for medical assistance patients.

Section 4302. Purpose.

The purpose of this chapter is to help meet the inadequacies for improving care to those on medical assistance, to bring dentists into communities where there is a need and to provide an incentive to students of this Commonwealth to pursue higher education and training in dentistry in order to maintain the quality of health care services in this Commonwealth.

Section 4303. Definitions.

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

"Dentist." A doctor of dental surgery or doctor of dental medicine who is licensed within this Commonwealth to practice dentistry.

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

"Program." The Dentists for Medical Assistance Patients Program established under this chapter.

Section 4304. Program.

(a) Establishment.—The Dentists for Medical Assistance Patients Program is established within the department.

(b) Administration.—The Commonwealth shall administer the program on a Statewide basis and utilize funds in the program to encourage recently graduated dentists to provide care to patients on medical assistance in each of the counties based on need. The Commonwealth shall provide an annual supplemental salary of \$80,000 to recently graduated dentists within three years from the date of graduation who dedicate 50% of their practice to caring for patients on medical assistance. Dentists within six years from the date of graduation shall receive an annual supplemental salary of \$30,000 if they dedicate 20% of their practice to serving patients on medical assistance.

(c) Applications.—The department shall promulgate guidelines for the selection of candidates to the program based on the following criteria:

(1) Demonstrated need.

(2) Willingness to continue practicing and serving patients on medical assistance in this Commonwealth after expiration of the program.

(d) Eligibility.—Dentists must be within three years from the date of graduation from an accredited dental school to receive an annual supplemental salary of \$80,000 or within six years from the date of graduation from an accredited dental school to receive an annual supplemental salary of \$30,000 from the Commonwealth. Participating

dentists shall not be eligible to receive reimbursements from the Commonwealth for serving patients on medical assistance beyond this program.

(e) Selection.—The department shall give preference to dentists in the following order:

(1) Recipients of funds who, by contract with the department, agree to practice dentistry in an area of this Commonwealth that is reported by the department as an area where a shortage of dentists who serve patients on medical assistance exists.

(2) Commonwealth natives completing training in this Commonwealth.

(3) Out-of-State candidates completing training in this Commonwealth.

(4) Commonwealth natives completing out-of-State training.

(5) Out-of-State candidates completing out-of-State training.

(f) Verification.—The department shall monitor and verify a dentist's fulfillment of all requirements under this chapter. Section 4305. Contract.

(a) General rule.—Dentists receiving funds shall enter into a contract with the department. The contract shall include, but not be limited to, the following terms and conditions:

(1) The dentist shall agree to provide care to the established percentage of patients on medical assistance in relation to the total number of patients served.

(2) The dentist shall permit the department to monitor compliance with the percentage requirement.

(3) The contract shall be renewable on an annual basis upon certification by the department that the dentist has complied with the terms of the contract. Contracts may be renewable for a total of six years.

(4) The contract shall terminate if the dentist dies, is not able to perform the duties of a dentist or is not able to maintain the dentist's license to practice dentistry due to physical or mental disability.

(5) If a dentist's license to practice is suspended or revoked, the department shall have the authority to terminate the dentist's participation in the program and demand repayment of all funds rendered to date.

(6) A dentist who fails to begin or complete the obligations contracted for shall reimburse the Commonwealth all amounts received under this chapter and interest thereon as determined by the department. Both the dentist and the department shall make every effort to resolve conflicts in order to prevent a breach of contract.

(b) Contract enforcement.—The department shall have the authority to seek garnishment of wages for the collection of damages provided for under subsection (a)(6).

Section 4306. Funding.

The department is authorized to use funds specifically appropriated by the General Assembly and any funds, contributions or payments which may be available to the department by another Commonwealth agency, the Federal Government or any public or private source for the purpose of implementing this section.

Section 4307. Reporting requirements.

The department shall submit annually to the chairman and minority chairman of the Public Health and Welfare Committee of the Senate and the chairman and minority chairman of the Health and Human Services Committee of the House of Representatives a report that provides details of the department's expenditures, including administrative expenditures, under this section.

Section 4308. Regulations.

The department shall adopt rules and regulations to carry out the provisions of this chapter.

On the question,

Will the House agree to the amendment?

The SPEAKER. On that question, the Chair recognizes the gentleman from York County, Representative Saylor.

Mr. SAYLOR. Thank you, Mr. Speaker.

This amendment simply adds the ability for the department of DPW to have, in the Medical Assistance Program, a supplemental salary for dentists who work in a needed area or rural or poor areas where they need dentists to serve Medicaid patients.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS—192

Adolph	Fabrizio	Maher	Reese
Baker	Fairchild	Mahoney	Reichley
Barbin	Farry	Major	Roae
Barrar	Fleck	Manderino	Rock
Bear	Frankel	Mann	Roebuck
Benninghoff	Freeman	Markosek	Ross
Beyer	Gabig	Marshall	Sabatina
Bishop	Gabler	Marsico	Sainato
Boback	Galloway	Matzie	Samuelson
Boyd	Geist	McGeehan	Santarsiero
Boyle	George	McI. Smith	Santoni
Bradford	Gerber	Melio	Saylor
Brennan	Gergely	Mensch	Scavello
Briggs	Gibbons	Metcalfe	Schroder
Brooks	Gillespie	Metzgar	Seip
Brown	Gingrich	Micozzie	Shapiro
Burns	Godshall	Millard	Siptroth
Buxton	Goodman	Miller	Smith, K.
Caltagirone	Grell	Milne	Smith, M.
Carroll	Grove	Mirabito	Smith, S.
Casorio	Grucela	Moul	Solobay
Causar	Haluska	Mundy	Sonney
Christiana	Hanna	Murphy	Staback
Civera	Harhai	Mustio	Stern
Clymer	Harhart	Myers	Stevenson
Cohen	Harkins	O'Brien, D.	Sturla
Conklin	Harper	O'Brien, M.	Swanger
Costa, D.	Harris	O'Neill	Tallman
Costa, P.	Helm	Oberlander	Taylor, J.
Cox	Hess	Oliver	Taylor, R.
Creighton	Hickernell	Pallone	Thomas
Curry	Hornaman	Parker	True
Cutler	Houghton	Pashinski	Turzai
Day	Hutchinson	Payne	Vereb
Deasy	Johnson	Payton	Vitali
DeLozier	Josephs	Peifer	Vulakovich
DeLuca	Kauffman	Perzel	Walko
Denlinger	Keller, M.K.	Petrarca	Wansacz
DePasquale	Keller, W.	Petri	Waters
Dermody	Kessler	Phillips	Watson
DeWeese	Killion	Pickett	Wheatley
DiGirolamo	Kirkland	Preston	White
Donatucci	Knowles	Pyle	Williams
Drucker	Kortz	Quigley	Youngblood
Eachus	Kotik	Quinn	Yudichak
Ellis	Krieger	Rapp	
Evans, D.	Kula	Readshaw	McCall,
Evans, J.	Levdansky	Reed	Speaker
Everett	Longietti		

NAYS—0

NOT VOTING—0

EXCUSED—11

Belfanti	Dally	Miccarelli	Rohrer
Cruz	Hennessey	Murt	Wagner
Daley	Lentz	Perry	

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 second consideration as amended?

The SPEAKER. The Chair recognizes the gentleman from Lancaster County, Representative Denlinger, who offers amendment A01575. However— The Chair stands corrected. He offers a corrective reprint to amendment A01575 and offers amendment A01696, which the clerk will read.

On the question recurring,

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

Mr. **DENLINGER** offered the following amendment No. **A01696**:

Amend Bill, page 4, line 3, by inserting after "plan" and does not qualify for health insurance as a child of an insured parent under section 315

Amend Bill, page 22, by inserting between lines 10 and 11 Section 315. Certain children of insured parents.

(a) General rule.—An insurer that issues, delivers, executes or renews group health care insurance in this Commonwealth, under which coverage of a child would otherwise terminate at a specified age, shall, at the option of the policyholder, provide coverage to a child of an insured employee beyond that specified age, up through and including the age of 29, at the insured employee's expense, and provided that the child meet all of the following requirements:

(1) Is not married.

(2) Has no dependents.

(3) Is a resident of this Commonwealth or is enrolled as a full-time student at an institution of higher education.

(4) Is not provided coverage as a named subscriber, insured, enrollee or covered person under any other group or individual health insurance policy or enrolled in or entitled to benefits under any government health care benefits program, including benefits under Title XVIII of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1395 et seq.).

(b) Increase in premium.—Insurers may determine increases in premiums related to continuation of coverage for the adult dependent past the limiting age of 19.

(c) Exclusions.—This section shall not include the following types of insurance or any combination thereof:

(1) Hospital indemnity.

(2) Accident.

(3) Specified disease.

(4) Disability income.

(5) Dental.

(6) Vision.

(7) Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) supplement.

(8) Medicare supplement.

(9) Long-term care.

(10) Other limited benefit plans.

(11) Individual health insurance policies.

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

"Health care insurance" A group health, sickness or accident policy or subscriber contract or certificate issued by an entity subject to any one of the following:

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

(2) The act of December 29, 1972 (P.L.1701, No.364), known as the Health Maintenance Organization Act.

(3) The act of May 18, 1976 (P.L.123, No.54), known as the Individual Accident and Sickness Insurance Minimum Standards Act.

(4) 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations) or 63 (relating to professional health services plan corporations).

On the question,

Will the House agree to the amendment?

The SPEAKER. On that question, the Chair recognizes the gentleman from Lancaster County, Representative Denlinger.

Mr. **DENLINGER**. Thank you, Mr. Speaker.

My amendment very simply requires that certain dependent children who have access to coverage under a parent's group policy obtain that coverage prior to seeking benefits under an expanded adultBasic program.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS—192

Adolph	Fabrizio	Maher	Reese
Baker	Fairchild	Mahoney	Reichley
Barbin	Farry	Major	Roae
Barrar	Fleck	Manderino	Rock
Bear	Frankel	Mann	Roebuck
Benninghoff	Freeman	Markosek	Ross
Beyer	Gabig	Marshall	Sabatina
Bishop	Gabler	Marsico	Sainato
Boback	Galloway	Matzie	Samuelson
Boyd	Geist	McGeehan	Santarsiero
Boyle	George	McI. Smith	Santoni
Bradford	Gerber	Melio	Saylor
Brennan	Gergely	Mensch	Scavello
Briggs	Gibbons	Metcalf	Schroder
Brooks	Gillespie	Metzgar	Seip
Brown	Gingrich	Micozzie	Shapiro
Burns	Godshall	Millard	Siptroth
Buxton	Goodman	Miller	Smith, K.
Caltagirone	Grell	Milne	Smith, M.
Carroll	Grove	Mirabito	Smith, S.
Casorio	Grucela	Moul	Solobay
Causar	Haluska	Mundy	Sonney
Christiana	Hanna	Murphy	Staback
Civera	Harhai	Mustio	Stern
Clymer	Harhart	Myers	Stevenson
Cohen	Harkins	O'Brien, D.	Sturla
Conklin	Harper	O'Brien, M.	Swanger
Costa, D.	Harris	O'Neill	Tallman
Costa, P.	Helm	Oberlander	Taylor, J.
Cox	Hess	Oliver	Taylor, R.
Creighton	Hickernell	Pallone	Thomas
Curry	Hornaman	Parker	True
Cutler	Houghton	Pashinski	Turzai
Day	Hutchinson	Payne	Vereb
Deasy	Johnson	Payton	Vitali

DeLozier	Josephs	Peifer	Vulakovich
DeLuca	Kauffman	Perzel	Walko
Denlinger	Keller, M.K.	Petrarca	Wansacz
DePasquale	Keller, W.	Petri	Waters
Dermody	Kessler	Phillips	Watson
DeWeese	Killion	Pickett	Wheatley
DiGirolamo	Kirkland	Preston	White
Donatucci	Knowles	Pyle	Williams
Drucker	Kortz	Quigley	Youngblood
Eachus	Kotik	Quinn	Yudichak
Ellis	Krieger	Rapp	
Evans, D.	Kula	Readshaw	McCall,
Evans, J.	Levdansky	Reed	Speaker
Everett	Longietti		

NAYS—0

NOT VOTING—0

EXCUSED—11

Belfanti	Dally	Miccarelli	Rohrer
Cruz	Hennessey	Murt	Wagner
Daley	Lentz	Perry	

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 second consideration as amended?

Mr. **SHAPIRO** offered the following amendment No. **A01685**:

Amend Bill, page 1, line 2, by inserting after "Program" and the Physician Retention Loan Forgiveness Program in the Pennsylvania Higher Education Assistance Agency; providing for powers and duties of the Pennsylvania Higher Education Assistance Agency

Amend Bill, page 22, by inserting between lines 10 and 11

CHAPTER 5

PHYSICIAN RETENTION LOAN FORGIVENESS

Section 501. Purpose.

The purpose of this chapter is to improve patient access to health care by assisting the Commonwealth with recruitment and retention of physicians.

Section 502. Definitions.

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

"Agency." The Pennsylvania Higher Education Assistance Agency.

"Health care facility." As defined in section 103 of the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act.

"Physician." A medical doctor or doctor of osteopathy.

"Program." The Physician Retention Loan Forgiveness Program established by this chapter.

Section 503. Program.

(a) Establishment.—The Physician Retention Loan Forgiveness Program is established in the agency.

(b) Applications.—The agency shall promulgate guidelines for the selection of candidates to the program based upon the following criteria:

- (1) Demonstrated need.
- (2) Willingness to continue practicing as a physician in

this Commonwealth after completing the program.

(c) Eligibility.—A program applicant must be:

(1) A citizen of the United States.

(2) Licensed to practice medicine in this Commonwealth and specializing in one of the following:

(i) Internal medicine.

(ii) Family medicine.

(iii) Pediatrics.

(iv) Obstetrics and gynecology.

(d) Selection.—The agency shall give preference to physicians in the following order:

(1) Recipients of loans who by contract with the agency agree to practice medicine in an area of this Commonwealth that is reported by the Department of Health as medically underserved or in a primary care health professional shortage area.

(2) Commonwealth physicians completing training in this Commonwealth.

(3) Out-of-State applicants completing training in this Commonwealth.

(4) Commonwealth natives completing out-of-State training.

(5) Out-of-State candidates completing out-of-State training.

(e) Verification.—The agency shall monitor and verify a physician's fulfillment of all requirements under this chapter.

Section 504. Amount of loan forgiveness.

(a) Physicians practicing full time.—A physician accepted into the program practicing full time may be reimbursed an amount up to 100% of the total loan for physician training based upon the following repayment assistance schedule:

(1) First year of service, 10%.

(2) Second year of service, 10%.

(3) Third year of service, 10%.

(4) Fourth year of service, 10%.

(5) Fifth year of service, 10%.

(6) Sixth year of service, 10%.

(7) Seventh year of service, 10%.

(8) Eighth year of service, 10%.

(9) Ninth year of service, 10%.

(10) Tenth year of service, 10%.

(b) Physicians practicing part time.—A physician accepted into the program practicing part time may be reimbursed an amount directly proportional to the number of hours worked of the total loan for physician training based upon the following repayment assistance schedule:

(1) First year of service, 10%.

(2) Second year of service, 10%.

(3) Third year of service, 10%.

(4) Fourth year of service, 10%.

(5) Fifth year of service, 10%.

(6) Sixth year of service, 10%.

(7) Seventh year of service, 10%.

(8) Eighth year of service, 10%.

(9) Ninth year of service, 10%.

(10) Tenth year of service, 10%.

Section 505. Contract.

(a) General rule.—Physicians receiving loan forgiveness shall enter into a contract with the agency. The contract shall include, but not be limited to, the following terms and conditions:

(1) The physician shall agree to practice not fewer than ten full consecutive years in a licensed health care facility in this Commonwealth immediately following completion of training pursuant to the schedule provided in section 5.

(2) The physician shall agree to accept Medicare and Medicaid patients.

(3) The physician shall agree not to discriminate against patients based on the ability to pay.

(4) The physician shall permit the agency to monitor compliance with the work requirement.

(5) The agency shall certify compliance of the physician receiving a loan forgiveness award for years subsequent to the initial year of the loan.

(6) The contract shall be renewable on an annual basis upon certification by the agency that the physician has complied with the terms of the contract.

(7) The contract shall terminate if the physician dies, is not able to perform the duties of a physician or is not able to maintain the physician's license to practice medicine due to physical or mental disability.

(8) If the physician's license to practice is suspended or revoked, the agency shall have the authority to terminate the physician's participation in the program and require repayment of all loan forgiveness payments rendered to date.

(9) A physician who fails to begin or complete the obligations contracted for shall reimburse the Commonwealth all amounts received under this chapter and interest thereon as determined by the agency. Both the physician and the agency shall make every effort to resolve conflicts in order to prevent a breach of contract.

(b) Contract enforcement.—The agency shall have the authority to seek garnishment of wages for the collection of damages provided for in subsection (a)(9).

Section 506. Disqualification.

Any person who knowingly or intentionally procures, obtains or aids another to procure or obtain loan forgiveness under this chapter through fraudulent means shall be disqualified from participation and shall be liable to the agency for an amount equal to three times the amount obtained.

Section 507. Tax consequences.

Loan forgiveness payments received by a physician shall not be considered taxable income for purposes of Article III of the act of March 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971.

Section 508. Regulations.

The agency shall adopt regulations and procedures necessary to carry out the purposes of this chapter.

Section 509. Funding.

Loan forgiveness payments shall be made from the Health Care Provider Retention Account.

On the question,

Will the House agree to the amendment?

The SPEAKER. On that question, the Chair recognizes the gentleman from Montgomery County, Representative Shapiro.

Mr. SHAPIRO. Thank you, Mr. Speaker.

Mr. Speaker, this amendment seeks to ensure that Pennsylvanians have access to primary-care physicians and ob-gyns, and as we look at the statistics today, Mr. Speaker, we know, according to the Department of Health, that 41 percent of our physicians say they will retire or leave Pennsylvania within the next 10 years, and just 7.7 percent of those physicians, Mr. Speaker, are under the age of 35.

At the same time, we have more medical school students, Mr. Speaker, in this Commonwealth than most other States in the Union, yet today we retain only 20 percent of those medical school students to stay here in Pennsylvania and practice compared to about 60 percent back in 1992.

Mr. Speaker, we have a great ball club that we are fielding each and every night here in Pennsylvania, but we have no farm team, no farm system, ready to take their place. So this amendment seeks to remedy that. It does that by creating a physician loan forgiveness program, where we say to a primary-care doctor, an ob-gyn, that if you commit to caring for

people in Pennsylvania for 10 years, that we will pay your medical school loans off 10 percent a year for 10 years to ensure that we have quality access to care here in Pennsylvania.

Mr. Speaker, this is remarkably similar, this amendment, to legislation, HB 1093, which passed overwhelmingly in a bipartisan manner on the House floor last year. It is supported by the Hospital Association of Pennsylvania, the Pennsylvania Medical Society, the Pennsylvania Academy of Family Physicians, the Pennsylvania chapter of the American College of Physicians, the Pennsylvania chapter of the American Academy of Pediatrics, UPMC (University of Pittsburgh Medical Center), the University of Pennsylvania Health System, to name just a few.

And, Mr. Speaker, I would respectfully ask for the members to support this amendment. Thank you.

The SPEAKER. The Chair thanks the gentleman.

The Chair recognizes the gentlelady from Chester County, Representative McIlvaine Smith.

Ms. MCILVAINE SMITH. Thank you, Mr. Speaker.

I rise today in support of this amendment.

I have met with members of the Chester County Medical Society several times over the past year and a half, and the doctors I have spoken with are very clear. Many of them are ready to retire, and they are having difficulty finding young primary doctors to come in to the southeast region to take over their practices. The reasons are due to very low reimbursement rates in our region, and they have no ability to negotiate those rates with insurance companies.

We also have the Mcare abatement problem, and these young doctors are coming out of medical school with high loans. They are choosing to go into specialty practices because there is better pay and less aggravation.

This amendment will certainly help keep our doctors, attract and keep these doctors in the State of Pennsylvania, and I urge my colleagues to support it. Thank you.

The SPEAKER. The Chair thanks the gentlelady and recognizes the gentleman from Delaware County, Representative Adolph.

Mr. ADOLPH. Thank you, Mr. Speaker.

Mr. Speaker, would the maker of the amendment stand for interrogation, please?

The SPEAKER. The gentleman indicates he will stand for interrogation. The gentleman, Mr. Adolph, is in order and may proceed.

Mr. ADOLPH. Thank you, Mr. Speaker.

Mr. Speaker, could you please tell the members of the General Assembly the fiscal note on this?

Mr. SHAPIRO. Thank you, Mr. Speaker.

Mr. Speaker, the fiscal note attached to this amendment indicates that there would be a \$2.1 million cost in 2010-2011, a \$4.6 million cost in 2011-'12, and a \$10.5 million cost in 2012-'13.

In addition to that, Mr. Speaker, there would be a \$375,000 administrative cost for PHEAA (Pennsylvania Higher Education Assistance Agency) to oversee this program. And, Mr. Speaker, the funding for this would come from the Health Care Provider Retention Account, an account obviously set up to try and attract and retain physicians to our Commonwealth, and I think it is exactly the right kind of use for this funding.

Thank you, Mr. Speaker.

Mr. ADOLPH. Thank you, Mr. Speaker.

I just wanted to make sure that—

The SPEAKER. On the amendment?

Mr. ADOLPH. On the amendment.

The SPEAKER. The gentleman is in order and may proceed.

Mr. ADOLPH. I appreciate the gentleman's explanation. I just wanted to make sure that the cost of this program that is being talked about would not be borne by the Pennsylvania Higher Education Assistance Agency.

As everyone in this General Assembly knows, we are still treading water over there with all the changes that are taking place in the capital markets. And hopefully, hopefully someday the State of Pennsylvania will be able to afford these types of programs. We started a very similar program several years ago for the nursing profession. It was a very successful program.

So hopefully the economy will turn around. I support the substance of this amendment. I do not know how we are going to pay for it, especially in this tough time. But I support the idea, and I urge a "yes" vote. Thank you.

The SPEAKER. The Chair thanks the gentleman and recognizes the gentleman from Philadelphia, Representative Thomas.

Mr. THOMAS. Thank you, Mr. Speaker.

Mr. Speaker, may I interrogate the maker of the amendment?

The SPEAKER. The gentleman, Mr. Shapiro, indicates he will stand for interrogation. The gentleman, Mr. Thomas, is in order and may proceed.

Mr. THOMAS. Thank you, Mr. Speaker.

Mr. Speaker, what is the distinction, if any, between your proposal and the Pennsylvania Health Care Practitioners Loan Repayment Program?

Mr. SHAPIRO. Thank you, Mr. Speaker.

Mr. Speaker, I am not sure I am familiar with the exact program the gentleman is speaking to. If it is the existing program within the Department of Health, I would be pleased to address that for the gentleman.

Mr. THOMAS. The existing program is operated by both the Department of Health in conjunction with the Department of Education, and it was specifically designed to retain physicians in the Commonwealth of Pennsylvania so long as they commit at least 3 years to rural and urban and underserved areas of rural and urban Pennsylvania.

And to the best of my understanding, it has been able to push family practitioners to rural Pennsylvania, and also I know that the State-related universities in urban Pennsylvania have been real aggressive in dealing with underserved areas. So I just wanted to know what the distinction was, if any.

Mr. SHAPIRO. Mr. Speaker, thank you for the clarification.

This program builds upon the successful program of the Department of Health. Unfortunately, that program does not do enough. It does not fund beyond \$64,000 for the medical school student.

But one of the most important things that it does, one of the most important things that it does is it focuses its attention on the medically underserved communities. Chairman George offered an amendment to my legislation in the last session, an amendment that made the priority recipient of these funds focused on the medically underserved communities. That language was retained in this amendment. Indeed, it is the first priority of the direction of that funding.

So I am pleased to say, what I think this does is it builds upon an already successful program, and it addresses what will

be, I believe, a health-care crisis in the next 6 to 8 years if we do not address it today.

Thank you, Mr. Speaker.

Mr. THOMAS. Thank you, Mr. Speaker.

And I am glad to know that it builds upon the existing Pennsylvania Health Care Practitioners Loan Repayment Program. Some of you that have been around here for a while might remember—

The SPEAKER. The gentleman will yield.

On the amendment?

Mr. THOMAS. Yes.

The SPEAKER. The gentleman is in order.

Mr. THOMAS. Representative Allen Kukovich and myself proposed this model as a part of the Pennsylvania Children's Health Insurance Program. So I am glad that we are taking another step further and building on that solid foundation, and I encourage my members to support the Shapiro amendment.

The SPEAKER. The Chair thanks the gentleman.

PARLIAMENTARY INQUIRY

The SPEAKER. The Chair recognizes the gentleman from Jefferson County, the minority leader, Representative Smith.

Mr. S. SMITH. Thank you, Mr. Speaker.

A parliamentary inquiry.

The SPEAKER. The gentleman may state his parliamentary inquiry.

Mr. S. SMITH. Just a few minutes ago, Mr. Speaker, there was an amendment by the gentleman from York County that dealt in a similar arena with doctors and kind of a parallel to the overall underwriting issue of this legislation, and the House ruled or voted that it was not germane.

I was just curious, as a parliamentary inquiry, Mr. Speaker, if the previous ruling, that that amendment was not germane, would apply to this amendment as well?

The SPEAKER. The gentleman would have to make that point of order to this specific amendment. The House ruled as a matter of point of order that the amendment offered by the gentleman from York County was not germane, by a ruling of the House. It would be up to the House to determine whether or not the amendment being offered by the gentleman, Mr. Shapiro, by a point of order, would be germane or not germane to this legislation.

Mr. S. SMITH. Thank you, Mr. Speaker.

I anticipated that would be the answer. I just was curious; it just struck me as ironic that the majority party voted the previous amendment as not germane but is supporting moving forward this amendment, that if that one was not germane, this one is probably not germane. But I am not going to fight it, Mr. Speaker. I just wanted to make the point.

The SPEAKER. The Chair thanks the gentleman and recognizes the gentleman from Clearfield County, Representative George.

Mr. GEORGE. Thank you, Mr. Speaker.

I congratulate the gentleman, Mr. Shapiro, in that a dozen times on this very day, I heard individuals on both sides talk about, you know, what good is insurance if in fact we do not have what makes that insurance operable to people to serve? And it has been 35 years since I have proposed this and put it into every medical school, each and every one, but you could not put substantive language in a budget.

And yet the gentleman, Mr. Thomas, is right. In the rural areas where we are fortunate enough to have doctors, unfortunately, we are still underserved. It amazes me then when we talk about under or deprived areas – even the cities in Pennsylvania are medically deprived.

So we owe it to our people to support this amendment and to show the people that we care. I congratulate the gentleman. Thank you.

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

The following roll call was recorded:

YEAS—187

Adolph	Fabrizio	Longietti	Reed
Baker	Fairchild	Maher	Reese
Barbin	Farry	Mahoney	Reichley
Barrar	Fleck	Major	Roae
Bear	Frankel	Manderino	Rock
Benninghoff	Freeman	Mann	Roebuck
Beyer	Gabler	Markosek	Ross
Bishop	Galloway	Marshall	Sabatina
Boback	Geist	Marsico	Sainato
Boyd	George	Matzie	Samuelson
Boyle	Gerber	McGeehan	Santarsiero
Bradford	Gergely	McI. Smith	Santoni
Brennan	Gibbons	Melio	Saylor
Briggs	Gillespie	Mensch	Scavello
Brooks	Gingrich	Metzgar	Schroder
Brown	Godshall	Micozzie	Seip
Burns	Goodman	Millard	Shapiro
Buxton	Grell	Miller	Siptroth
Caltagirone	Grove	Milne	Smith, K.
Carroll	Grucela	Mirabito	Smith, M.
Casorio	Haluska	Moul	Smith, S.
Causser	Hanna	Mundy	Solobay
Christiana	Harhai	Murphy	Sonney
Civera	Harhart	Mustio	Staback
Clymer	Harkins	Myers	Stern
Cohen	Harper	O'Brien, D.	Stevenson
Conklin	Harris	O'Brien, M.	Sturla
Costa, D.	Helm	O'Neill	Swanger
Costa, P.	Hess	Oberlander	Taylor, J.
Cox	Hickernell	Oliver	Taylor, R.
Curry	Hornaman	Pallone	Thomas
Cutler	Houghton	Parker	True
Day	Hutchinson	Pashinski	Turzai
Deasy	Johnson	Payne	Vereb
Delozier	Josephs	Payton	Vitali
DeLuca	Kauffman	Peifer	Vulakovich
Denlinger	Keller, M.K.	Perzel	Walko
DePasquale	Keller, W.	Petrarca	Wansacz
Dermody	Kessler	Petri	Waters
DeWeese	Killion	Phillips	Watson
DiGirolamo	Kirkland	Pickett	Wheatley
Donatucci	Knowles	Preston	Williams
Drucker	Kortz	Pyle	Youngblood
Eachus	Kotik	Quigley	Yudichak
Ellis	Krieger	Quinn	
Evans, D.	Kula	Rapp	McCall,
Evans, J.	Levdansky	Readshaw	Speaker
Everett			

NAYS—5

Creighton	Metcalf	Tallman	White
Gabig			

NOT VOTING—0

EXCUSED—11

Belfanti	Dally	Miccarelli	Rohrer
Cruz	Hennessey	Murt	Wagner
Daley	Lentz	Perry	

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 second consideration as amended?

Mr. **COHEN** offered the following amendment No. **A01690**:

Amend Bill, page 1, line 2, by inserting after "Program;"
providing for health care coverage for telehealth;
Amend Bill, page 2, by inserting between lines 7 and 8

Chapter 7. Telehealth

Section 701. Definitions.

Section 702. Provision of coverage.

Amend Bill, page 22, by inserting between lines 10 and 11

CHAPTER 7
TELEHEALTH

Sec.

701. Definitions.

702. Provision of coverage.

§ 701. Definitions.

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

"Health care professional." An individual who is licensed, certified or otherwise regulated to provide health care services under the laws of this Commonwealth.

"Health care services." Services for the diagnosis, prevention, treatment, cure or relief of a health condition, injury, disease or illness.

"Telehealth." The remote interaction between a health care professional and a patient through the use of any of the following:

- (1) A video camera transmission.
- (2) A computer video transmission.
- (3) An electronic health monitoring device.
- (4) Another telecommunications device that delivers

health information concerning a patient to a health care professional.

§ 702. Provision of coverage.

An insurer that issues, delivers, executes or renews health care insurance in this Commonwealth shall provide coverage for telehealth if a health care professional certifies all of the following:

- (1) That the use of telehealth is appropriate for the patient.
- (2) That the health care professional will be able to maintain proper direct examination of the patient or that direct examination of the patient is not necessary.
- (3) That the use of telehealth will result in lower health care costs than if it were not used.

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

The **SPEAKER**. On that question, the Chair recognizes the gentleman from Philadelphia, Representative Cohen.

Mr. **COHEN**. Thank you, Mr. Speaker.

Mr. Speaker, this is an agreed-to amendment which encourages the use of telehealth, which is computer

examination by video camera or computer video or an electronic health monitoring device. It shall be used when a certified health professional says that the use of telehealth is appropriate for the patient; the health-care professional will be able to maintain direct proper examination of the patient or that direct examination of the patient is not necessary; and three, that the use of telehealth will result in lower health-care costs than if it were not used.

This is a modest cost-saving measure that will also slightly expand access to health care. I urge support of it.

The SPEAKER. The Chair recognizes the gentleman from Jefferson County, the minority leader, Representative Smith.

Mr. S. SMITH. Thank you, Mr. Speaker.

Just as a clarification, I am not sure that this amendment was agreed to. I mean, it will go the way it is going to go, but I do not think there was any agreement on this amendment. As a matter of fact, I would have some concerns with it, but I just wanted to alert the members that I do not think that that was—It is not my understanding that this was evaluated or agreed to in any way, shape, or form here.

Thank you, Mr. Speaker.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS—111

Baker	Evans, D.	Levdansky	Sabatina
Barbin	Fabrizio	Longietti	Sainato
Beyer	Frankel	Mahoney	Samuelson
Bishop	Freeman	Manderino	Santarsiero
Boyle	Galloway	Mann	Santoni
Bradford	George	Markosek	Seip
Brennan	Gerber	Matzie	Shapiro
Briggs	Gergely	McGeehan	Siptroth
Brown	Gibbons	McI. Smith	Smith, K.
Burns	Godshall	Melio	Smith, M.
Buxton	Goodman	Millard	Solobay
Caltagirone	Grove	Mirabito	Staback
Carroll	Grucela	Moul	Sturla
Casorio	Haluska	Mundy	Taylor, J.
Causer	Hanna	Murphy	Taylor, R.
Cohen	Harhai	Myers	Thomas
Conklin	Harkins	O'Brien, D.	Vitali
Costa, D.	Harper	O'Brien, M.	Walko
Costa, P.	Hornaman	Oliver	Wansacz
Curry	Houghton	Pallone	Waters
Day	Johnson	Parker	Wheatley
Deasy	Josephs	Pashinski	White
DeLuca	Keller, W.	Payton	Williams
DePasquale	Kessler	Perzel	Youngblood
Dermody	Kirkland	Petrarca	Yudichak
DeWeese	Kortz	Preston	
Donatucci	Kotik	Readshaw	McCall,
Drucker	Kula	Roebuck	Speaker
Eachus			

NAYS—81

Adolph	Fleck	Marshall	Reed
Barrar	Gabig	Marsico	Reese
Bear	Gabler	Mensch	Reichley
Benninghoff	Geist	Metcalfe	Roae
Boback	Gillespie	Metzgar	Rock
Boyd	Gingrich	Micozzie	Ross
Brooks	Grell	Miller	Saylor
Christiana	Harhart	Milne	Scavello

Civera	Harris	Mustio	Schroder
Clymer	Helm	O'Neill	Smith, S.
Cox	Hess	Oberlander	Sonney
Creighton	Hickernell	Payne	Stern
Cutler	Hutchinson	Peifer	Stevenson
Delozier	Kauffman	Petri	Swanger
Denlinger	Keller, M.K.	Phillips	Tallman
DiGirolamo	Killion	Pickett	True
Ellis	Knowles	Pyle	Turzai
Evans, J.	Krieger	Quigley	Vereb
Everett	Maher	Quinn	Vulakovich
Fairchild	Major	Rapp	Watson
Farry			

NOT VOTING—0

EXCUSED—11

Belfanti	Dally	Miccarelli	Rohrer
Cruz	Hennessey	Murt	Wagner
Daley	Lentz	Perry	

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 second consideration as amended?

The SPEAKER. It is the Chair's understanding that all of the timely amendments that have been filed to HB 1 have been withdrawn.

There are two amendments the Chair has in its possession that were filed late and would require a suspension of the rules.

On the question recurring,

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

MOTION TO SUSPEND RULES

The SPEAKER. The Chair recognizes the gentleman from Union County, who moves to suspend the rules?

The gentleman, Mr. Fairchild from Union County, moves that the rules be suspended for the immediate consideration of amendment A01701.

On the question,

Will the House agree to the motion?

The SPEAKER. On that question, the Chair recognizes the gentleman, Mr. Fairchild.

Mr. FAIRCHILD. Thank you, Mr. Speaker. I will be brief.

There were amendments offered today which were probably intended to slow down or kill the bill. This amendment is not one of them. It is a technical amendment, and it should only hopefully take a couple of minutes. But what it does, it guarantees that veterans that have earned veterans' benefits will be covered under the provisions of this bill.

The intent of the bill was obviously to reach out there and reach as many people as possible, and what this does is directs that the department also do the same thing. We want to get veterans under the VA (Veterans' Administration) system. They

have earned that. They should be there. The problem now is that they do not get there. When they come in, they are not directed to a veterans' outreach officer. This simply is an amendment that will correct that oversight. I am positive it was an oversight. I apologize for being late, but sometimes we just do not pick up these things as we go through these technical bills.

So with that said, I would urge members to suspend the rules. Let us protect our veterans and give them their due. Thank you.

The SPEAKER. On the motion to suspend the rules, the Chair recognizes the majority leader, Representative Eachus.

Mr. EACHUS. Thank you, Mr. Speaker.

I have the greatest respect for the gentleman, but this is not an agreed-to amendment, and I would oppose the suspension.

On the question recurring,

Will the House agree to the motion?

The following roll call was recorded:

YEAS—107

Adolph	Gabig	Major	Rapp
Baker	Gabler	Marshall	Readshaw
Barbin	Geist	Marsico	Reed
Barrar	Gibbons	Mensch	Reese
Bear	Gillespie	Metcalfe	Reichley
Benninghoff	Gingrich	Metzgar	Roae
Beyer	Godshall	Micozzie	Rock
Boback	Grove	Millard	Ross
Boyd	Grucela	Miller	Saylor
Brooks	Hanna	Milne	Scavello
Causar	Harhai	Mirabito	Schroder
Christiana	Harhart	Moul	Seip
Civera	Harper	Mustio	Siptroth
Clymer	Harris	O'Brien, D.	Smith, S.
Cox	Helm	O'Neill	Sonney
Creighton	Hess	Oberlander	Staback
Day	Hickernell	Pallone	Stern
Delozier	Hornaman	Payne	Stevenson
Denlinger	Houghton	Peifer	Swanger
DiGirolamo	Hutchinson	Perzel	Tallman
Donatucci	Kauffman	Petrarca	Taylor, J.
Ellis	Keller, M.K.	Petri	True
Evans, J.	Killion	Phillips	Turzai
Everett	Knowles	Pickett	Vereb
Fairchild	Krieger	Pyle	Volakovich
Farry	Maher	Quigley	Watson
Fleck	Mahoney	Quinn	

NAYS—85

Bishop	Drucker	Levdansky	Santarsiero
Boyle	Eachus	Longietti	Santoni
Bradford	Evans, D.	Manderino	Shapiro
Brennan	Fabrizio	Mann	Smith, K.
Briggs	Frankel	Markosek	Smith, M.
Brown	Freeman	Matzie	Solobay
Burns	Galloway	McGeehan	Sturla
Buxton	George	McI. Smith	Taylor, R.
Caltagirone	Gerber	Melio	Thomas
Carroll	Gergely	Mundy	Vitali
Casorio	Goodman	Murphy	Walko
Cohen	Grell	Myers	Wansacz
Conklin	Haluska	O'Brien, M.	Waters
Costa, D.	Harkins	Oliver	Wheatley

Costa, P.	Johnson	Parker	White
Curry	Josephs	Pashinski	Williams
Cutler	Keller, W.	Payton	Youngblood
Deasy	Kessler	Preston	Yudichak
DeLuca	Kirkland	Roebuck	
DePasquale	Kortz	Sabatina	McCall,
Dermody	Kotik	Sainato	Speaker
DeWeese	Kula	Samuelson	

NOT VOTING—0

EXCUSED—11

Belfanti	Dally	Miccarelli	Rohrer
Cruz	Hennessey	Murt	Wagner
Daley	Lentz	Perry	

Less than a majority of the members required by the rules having voted in the affirmative, the question was determined in the negative and the motion was not agreed to.

LEAVE OF ABSENCE CANCELED

The SPEAKER. The Chair notes the presence of the gentleman from Washington County, Representative Daley, on the floor of the House. His name will be added to the master roll.

CONSIDERATION OF HB 1 CONTINUED

On the question recurring,

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

The SPEAKER. Does the gentleman, Mr. Reichley, wish to suspend the rules to offer amendment A01700?

The gentleman withdraws the amendment. The Chair thanks the gentleman.

On the question recurring,

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

Bill as amended was agreed to.

(Bill as amended will be reprinted.)

CALENDAR CONTINUED

RESOLUTION

Mr. EACHUS called up **HR 17, PN 15**, entitled:

A Resolution directing the Legislative Budget and Finance Committee to review the Commonwealth's program of providing grants for environmental protection and improvement projects under the Growing Greener Program and the Community Conservation Partnerships Program.

On the question,

Will the House adopt the resolution?

RESOLUTION TABLED

The SPEAKER. The Chair recognizes the majority leader, who moves that HR 17 be removed from the active calendar and placed on the tabled calendar.

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

RESOLUTION REMOVED FROM TABLE

The SPEAKER. The Chair recognizes the majority leader, who moves that HR 17 be removed from the tabled calendar and placed on the active calendar.

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

PARLIAMENTARY INQUIRY

Mr. S. SMITH. Parliamentary inquiry.

The SPEAKER. The gentleman will state his parliamentary inquiry.

Mr. S. SMITH. Did you give the bill second consideration, HB 1?

The SPEAKER. I did.

Mr. S. SMITH. I was under the impression that the Chair was in receipt of one or two reconsideration motions that I believe would have to be addressed before that bill could be given second consideration.

The SPEAKER. The Chair was informed that both of those motions were withdrawn.

Mr. S. SMITH. If that is the case, I accept that, Mr. Speaker. Thank you.

The SPEAKER. The Chair thanks the gentleman.

BILLS REMOVED FROM TABLE

The SPEAKER. The Chair recognizes the majority leader, who moves that the following bills be removed from the tabled calendar: SB 195 and SB 731.

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

BILLS RECOMMITTED

The SPEAKER. The Chair recognizes the majority leader, who moves that the following bills be recommitted to the Committee on Appropriations: SB 195 and SB 731.

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

VOTE CORRECTIONS

The SPEAKER. The Chair recognizes the gentleman from Allegheny County, Representative Markosek, to correct the record?

Mr. MARKOSEK. Yes.

The SPEAKER. The gentleman is in order and may proceed.

Mr. MARKOSEK. Thank you, Mr. Speaker. I would like to correct the record on HB 1, amendment 1574. I should be recorded in the affirmative. Thank you.

The SPEAKER. The Chair thanks the gentleman. His remarks will be spread upon the record.

For what purpose does the gentleman, Representative Kessler, rise?

Mr. KESSLER. Thank you, Mr. Speaker. In reference to amendment 1574.

The SPEAKER. To correct the record?

Mr. KESSLER. Yes, please.

The SPEAKER. The gentleman is in order and may proceed.

Mr. KESSLER. I intended to vote "yes" and it was recorded "no," so let the record show that I was a "yes" vote on amendment 1574.

Thank you, Mr. Speaker.

The SPEAKER. The Chair thanks the gentleman. His remarks will be spread upon the record.

The Chair recognizes the gentledady from Northampton County, Representative Beyer. To correct the record?

Mrs. BEYER. Yes, Mr. Speaker.

On HB 174 that was on final passage, I was recorded in the negative, and I would like to be recorded in the affirmative, please.

The SPEAKER. The Chair thanks the gentledady. Her remarks will be spread upon the record.

Are there any further announcements?

Tomorrow will be a nonvoting session day.

Does the majority leader have any business before the House? Minority leader, any business?

BILLS AND RESOLUTIONS PASSED OVER

The SPEAKER. Without objection, any remaining bills and resolutions on today's calendar will be passed over. The Chair hears no objection.

ADJOURNMENT

The SPEAKER. The Chair has in its possession a motion by the gentleman from Westmoreland County, Representative Krieger, who moves that this House do now adjourn until Thursday, June 11, 2009, at 11 a.m., e.d.t., unless sooner recalled by the Speaker.

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

Motion was agreed to, and at 6:39 p.m., e.d.t., the House adjourned.