

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 44

Session of  
2003

INTRODUCED BY OLIVER, THOMAS, DIGIROLAMO, DeWEESE, YOUNGBLOOD,  
MANDERINO, LEACH, RUFFING, HERSHEY, ROEBUCK, CURRY, BISHOP,  
CRUZ, HARHAI, JAMES, KIRKLAND, WATERS, BROWNE, HORSEY,  
CORRIGAN AND WASHINGTON, JANUARY 29, 2003

SENATOR THOMPSON, APPROPRIATIONS, IN SENATE, RE-REPORTED AS  
AMENDED, DECEMBER 19, 2003

AN ACT

~~Amending the act of April 9, 1929 (P.L.177, No.175), entitled~~  
~~"An act providing for and reorganizing the conduct of the~~  
~~executive and administrative work of the Commonwealth by the~~  
~~Executive Department thereof and the administrative~~  
~~departments, boards, commissions, and officers thereof,~~  
~~including the boards of trustees of State Normal Schools, or~~  
~~Teachers Colleges; abolishing, creating, reorganizing or~~  
~~authorizing the reorganization of certain administrative~~  
~~departments, boards, and commissions; defining the powers and~~  
~~duties of the Governor and other executive and administrative~~  
~~officers, and of the several administrative departments,~~  
~~boards, commissions, and officers; fixing the salaries of the~~  
~~Governor, Lieutenant Governor, and certain other executive~~  
~~and administrative officers; providing for the appointment of~~  
~~certain administrative officers, and of all deputies and~~  
~~other assistants and employes in certain departments, boards,~~  
~~and commissions; and prescribing the manner in which the~~  
~~number and compensation of the deputies and all other~~  
~~assistants and employes of certain departments, boards and~~  
~~commissions shall be determined,"~~

AMENDING THE ACT OF JUNE 13, 1967 (P.L.31, NO.21), ENTITLED "AN  
ACT TO CONSOLIDATE, EDITORIALY REVISE, AND CODIFY THE PUBLIC  
WELFARE LAWS OF THE COMMONWEALTH," exempting certain persons  
from Federal law relating to public assistance; ESTABLISHING  
THE HEALTH CARE PROVIDER RETENTION ACCOUNT AND THE HEALTH  
CARE PROVIDER RETENTION PROGRAM; AND REPEALING PROVISIONS  
RELATED TO PHYSICIAN DISCOUNTS ON ASSESSMENTS AND CERTAIN  
HEALTH CARE PROVIDER MEDICAL PROFESSIONAL LIABILITY  
INSURANCE.

The General Assembly of the Commonwealth of Pennsylvania

1 hereby enacts as follows:

2 ~~Section 1. Section 2301 of the act of April 9, 1929~~ <—  
3 ~~(P.L.177, No.175), known as The Administrative Code of 1929,~~  
4 ~~amended July 13, 1957 (P.L.852, No.390), is amended to read:~~

5 ~~Section 2301. Powers and Duties in General. (a) The~~  
6 ~~Department of Public Welfare shall, subject to any inconsistent~~  
7 ~~provisions in this act contained, continue to exercise the~~  
8 ~~powers and perform the duties by law vested in and imposed upon~~  
9 ~~the said department, the Secretary of Public Welfare, and the~~  
10 ~~former Department of Public Welfare, and Commissioner of Public~~  
11 ~~Welfare, and the former Department of Welfare.~~

12 ~~(b) Pursuant to the authorization provided to the states~~  
13 ~~under the Personal Responsibility and Work Opportunity~~  
14 ~~Reconciliation Act of 1996 (Public Law 104 193, 21 U.S.C. §~~  
15 ~~862a(d)(1)(A)), Pennsylvania elects to exempt all individuals~~  
16 ~~domiciled in the State from application of 21 U.S.C. § 862a(a).~~  
17 ~~After approval of benefits, the department shall refer all~~  
18 ~~affected individuals for assessment and treatment under the act~~  
19 ~~of April 14, 1972 (P.L.221, No.63), known as the "Pennsylvania~~  
20 ~~Drug and Alcohol Abuse Control Act." This subsection shall not~~  
21 ~~be construed to alter or supersede the provisions of section~~  
22 ~~405.1 of the act of June 13, 1967 (P.L.31, No.21), known as the~~  
23 ~~"Public Welfare Code."~~

24 ~~Section 2. This act shall take effect in 60 days.~~

25 SECTION 1. SECTION 405.1 OF THE ACT OF JUNE 13, 1967 <—  
26 (P.L.31, NO.21), KNOWN AS THE PUBLIC WELFARE CODE, IS AMENDED BY  
27 ADDING A SUBSECTION TO READ:

28 SECTION 405.1. ESTABLISHMENT OF RESET.--\* \* \*

29 (I) PURSUANT TO THE AUTHORIZATION PROVIDED TO THE STATES  
30 UNDER SECTION 115(D)(1)(A) OF THE PERSONAL RESPONSIBILITY AND

1 WORK OPPORTUNITY RECONCILIATION ACT OF 1996 (PUBLIC LAW 104-193,  
2 21 U.S.C. § 862A(D)(1)(A)), THE COMMONWEALTH ELECTS TO EXEMPT  
3 ALL INDIVIDUALS DOMICILED IN THIS COMMONWEALTH FROM APPLICATION  
4 OF SECTION 115(A) OF THE PERSONAL RESPONSIBILITY AND WORK  
5 OPPORTUNITY RECONCILIATION ACT OF 1996 (21 U.S.C. § 862A(A)).  
6 AFTER APPROVAL OF BENEFITS, THE DEPARTMENT SHALL REFER ALL  
7 AFFECTED INDIVIDUALS FOR ASSESSMENT AND TREATMENT UNDER THE ACT  
8 OF APRIL 14, 1972 (P.L.221, NO.63), KNOWN AS THE "PENNSYLVANIA  
9 DRUG AND ALCOHOL ABUSE CONTROL ACT." THIS SUBSECTION SHALL NOT  
10 BE CONSTRUED TO ALTER OR SUPERSEDE ANY OTHER PROVISION OF THIS  
11 SECTION.

12 SECTION 2. THE ACT IS AMENDED BY ADDING A SECTION TO READ:

13 SECTION 443.7. HEALTH CARE PROVIDER RETENTION ACCOUNT.--(A)  
14 THERE IS ESTABLISHED WITHIN THE GENERAL FUND A SPECIAL ACCOUNT  
15 TO BE KNOWN AS THE HEALTH CARE PROVIDER RETENTION ACCOUNT. FUNDS  
16 IN THE ACCOUNT SHALL BE SUBJECT TO AN ANNUAL APPROPRIATION BY  
17 THE GENERAL ASSEMBLY TO THE DEPARTMENT. THE DEPARTMENT SHALL  
18 ADMINISTER FUNDS APPROPRIATED UNDER THIS SECTION CONSISTENT WITH  
19 ITS DUTIES UNDER SECTION 201(1).

20 (B) BY DECEMBER 31 OF EACH YEAR, THE SECRETARY OF THE BUDGET  
21 SHALL TRANSFER FROM THE MEDICAL CARE AVAILABILITY AND REDUCTION  
22 OF ERROR (MCARE) FUND ESTABLISHED IN SECTION 712(A) OF THE ACT  
23 OF MARCH 20, 2002 (P.L.154, NO.13), KNOWN AS THE "MEDICAL CARE  
24 AVAILABILITY AND REDUCTION OF ERROR (MCARE) ACT," TO THE HEALTH  
25 CARE PROVIDER RETENTION ACCOUNT AN AMOUNT EQUAL TO THE  
26 DIFFERENCE BETWEEN THE AMOUNT DEPOSITED UNDER SECTION 712(M) OF  
27 THE MEDICAL CARE AVAILABILITY AND REDUCTION OF ERROR (MCARE) ACT  
28 AND THE AMOUNT GRANTED AS DISCOUNTS UNDER SECTION 712(E)(2) OF  
29 THE MEDICAL CARE AVAILABILITY AND REDUCTION OF ERROR (MCARE)  
30 ACT, FOR THAT CALENDAR YEAR.

1       (C) THE DEPARTMENT MAY DEPOSIT ANY OTHER FUNDS RECEIVED BY  
2 THE DEPARTMENT WHICH IT DEEMS APPROPRIATE IN THE HEALTH CARE  
3 PROVIDER RETENTION ACCOUNT.

4       (D) THE INSURANCE DEPARTMENT SHALL PROVIDE ASSISTANCE TO THE  
5 DEPARTMENT IN ADMINISTERING THE HEALTH CARE PROVIDER RETENTION  
6 ACCOUNT.

7       SECTION 3. THE ACT IS AMENDED BY ADDING AN ARTICLE TO READ:

8                       ARTICLE XIII-A

9                       HEALTH CARE PROVIDER RETENTION PROGRAM

10       SECTION 1301-A. DEFINITIONS.

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

14       "ACCOUNT." THE HEALTH CARE PROVIDER RETENTION ACCOUNT  
15 ESTABLISHED IN SECTION 443.7.

16       "APPLICANT." A HEALTH CARE PROVIDER WHO RESIDES IN OR  
17 PRACTICES IN THIS COMMONWEALTH AND WHO APPLIES FOR AN ABATEMENT  
18 UNDER SECTION 1304-A.

19       "ASSESSMENT." THE ASSESSMENT IMPOSED UNDER SECTION 712(D) OF  
20 THE ACT OF MARCH 20, 2002 (P.L.154, NO.13), KNOWN AS THE MEDICAL  
21 CARE AVAILABILITY AND REDUCTION OR ERROR (MCARE) ACT.

22       "EMERGENCY PHYSICIAN." A PHYSICIAN WHO IS CERTIFIED BY THE  
23 AMERICAN BOARD OF EMERGENCY MEDICINE AND WHO IS EITHER EMPLOYED  
24 FULL TIME BY A TRAUMA CENTER OR IS WORKING UNDER AN EXCLUSIVE  
25 CONTRACT WITH A TRAUMA CENTER.

26       "HEALTH CARE PROVIDER." AN INDIVIDUAL WHO IS ALL OF THE  
27 FOLLOWING:

28               (1) A PHYSICIAN OR CERTIFIED NURSE MIDWIFE.

29               (2) A PARTICIPATING HEALTH CARE PROVIDER AS DEFINED IN  
30 SECTION 702 OF THE ACT OF MARCH 20, 2002 (P.L.154, NO.13),

1 KNOWN AS THE MEDICAL CARE AVAILABILITY AND REDUCTION OF ERROR  
2 (MCARE) ACT.

3 "MCARE ACT." THE ACT OF MARCH 20, 2002 (P.L.154, NO.13),  
4 KNOWN AS THE MEDICAL CARE AVAILABILITY AND REDUCTION OF ERROR  
5 (MCARE) ACT.

6 "PROGRAM." THE HEALTH CARE PROVIDER RETENTION PROGRAM  
7 ESTABLISHED IN SECTION 1302-A.

8 "TRAUMA CENTER." A HOSPITAL ACCREDITED BY THE PENNSYLVANIA  
9 TRAUMA SYSTEMS FOUNDATION AS A LEVEL I OR LEVEL II TRAUMA CENTER  
10 SECTION 1302-A. ABATEMENT PROGRAM.

11 THERE IS HEREBY ESTABLISHED WITHIN THE INSURANCE DEPARTMENT A  
12 PROGRAM TO BE KNOWN AS THE HEALTH CARE PROVIDER RETENTION  
13 PROGRAM. THE INSURANCE DEPARTMENT, IN CONJUNCTION WITH THE  
14 DEPARTMENT, SHALL ADMINISTER THE PROGRAM. THE PROGRAM SHALL  
15 PROVIDE ASSISTANCE IN THE FORM OF ASSESSMENT ABATEMENTS TO  
16 HEALTH CARE PROVIDERS FOR CALENDAR YEARS 2003 AND 2004.  
17 SECTION 1303-A. ELIGIBILITY.

18 A HEALTH CARE PROVIDER SHALL NOT BE ELIGIBLE FOR ASSESSMENT  
19 ABATEMENT UNDER THE PROGRAM IF ANY OF THE FOLLOWING APPLY:

20 (1) THE HEALTH CARE PROVIDER'S LICENSE HAS BEEN REVOKED  
21 IN ANY STATE WITHIN THE TEN MOST RECENT YEARS.

22 (2) THE HEALTH CARE PROVIDER'S ABILITY, IF ANY, TO  
23 DISPENSE OR PRESCRIBE DRUGS OR MEDICATION HAS BEEN REVOKED IN  
24 THIS COMMONWEALTH OR ANY OTHER STATE WITHIN THE TEN MOST  
25 RECENT YEARS.

26 (3) THE HEALTH CARE PROVIDER HAS HAD THREE OR MORE  
27 MEDICAL LIABILITY CLAIMS IN THE PAST FIVE MOST RECENT YEARS  
28 IN WHICH A JUDGMENT WAS ENTERED AGAINST THE HEALTH CARE  
29 PROVIDER OR A SETTLEMENT WAS PAID ON BEHALF OF THE HEALTH  
30 CARE PROVIDER, IN AN AMOUNT EQUAL TO OR EXCEEDING \$500,000

1 PER CLAIM.

2 (4) THE HEALTH CARE PROVIDER HAS BEEN CONVICTED OF OR  
3 HAS ENTERED A PLEA OF GUILTY OR NO CONTEST TO AN OFFENSE  
4 WHICH IS REQUIRED TO BE REPORTED UNDER SECTION 903(3) OR (4)  
5 OF THE MCARE ACT WITHIN THE TEN MOST RECENT YEARS.

6 (5) THE HEALTH CARE PROVIDER HAS AN UNPAID SURCHARGE  
7 UNDER THE MCARE ACT.

8 SECTION 1304-A. PROCEDURE.

9 (A) APPLICATION.--A HEALTH CARE PROVIDER MAY APPLY TO THE  
10 INSURANCE DEPARTMENT FOR AN ABATEMENT OF THE ASSESSMENT IMPOSED  
11 FOR THE PREVIOUS CALENDAR YEAR. THE APPLICATION MUST BE  
12 SUBMITTED BY FEBRUARY 15 OF THE CURRENT CALENDAR YEAR AND BE ON  
13 THE FORM REQUIRED BY THE INSURANCE DEPARTMENT. IN ADDITION TO A  
14 COMPLETED APPLICATION, AN APPLICANT SHALL SUBMIT ALL OF THE  
15 FOLLOWING SUPPORTING INFORMATION:

16 (1) A STATEMENT OF THE APPLICANT'S FIELD OF PRACTICE  
17 INCLUDING ANY SPECIALTY.

18 (2) ANY PROOF OF PAYMENT OF THE APPLICANT'S ASSESSMENT  
19 FOR THE PRECEDING CALENDAR YEAR.

20 (3) A COPY OF, AND PROOF OF PAYMENT OF THE APPLICANT'S  
21 PREMIUM FOR MEDICAL PROFESSIONAL LIABILITY INSURANCE FOR THE  
22 PRECEDING, IF APPLICABLE, AND THE CURRENT CALENDAR YEARS. THE  
23 PROOF OF PAYMENT SHALL INDICATE THE AMOUNT OF PREMIUM PAID.

24 (4) EXCEPT FOR PHYSICIANS ENROLLED IN AN APPROVED  
25 RESIDENCY OR FELLOWSHIP PROGRAM, A SIGNED CERTIFICATE OF  
26 RETENTION.

27 (5) A SIGNED CERTIFICATION THAT THE HEALTH CARE PROVIDER  
28 IS AN ELIGIBLE APPLICANT UNDER SECTION 1303-A FOR THE  
29 PROGRAM.

30 (6) SUCH OTHER INFORMATION AS THE INSURANCE DEPARTMENT

1       MAY REQUIRE.

2       (B) REVIEW.--UPON RECEIPT OF A COMPLETE APPLICATION, THE  
3       INSURANCE DEPARTMENT SHALL REVIEW THE APPLICANT'S INFORMATION  
4       AND GRANT A COMPLETE OR PARTIAL ABATEMENT OF THE ASSESSMENT FOR  
5       THE PREVIOUS CALENDAR YEAR IN ACCORDANCE WITH ALL OF THE  
6       FOLLOWING:

7               (1) THE INSURANCE DEPARTMENT SHALL NOTIFY THE DEPARTMENT  
8               THAT THE APPLICANT IS ENTITLED TO A 100% ABATEMENT OF THE  
9               IMPOSED ASSESSMENT IF THE HEALTH CARE PROVIDER WAS ASSESSED  
10              UNDER SECTION 712(D) OF THE MCARE ACT AS:

11                   (I) A PHYSICIAN WHO IS ASSESSED AS A MEMBER OF ONE  
12                   OF THE FOUR HIGHEST RATE CLASSES OF THE PREVAILING  
13                   PRIMARY PREMIUM;

14                   (II) AN EMERGENCY PHYSICIAN;

15                   (III) A PHYSICIAN WHO ROUTINELY PROVIDES OBSTETRICAL  
16                   SERVICES IN RURAL AREAS AS DESIGNATED BY THE INSURANCE  
17                   DEPARTMENT; OR

18                   (IV) A CERTIFIED NURSE MIDWIFE.

19               (2) THE INSURANCE DEPARTMENT SHALL NOTIFY THE DEPARTMENT  
20               THAT THE APPLICANT IS ENTITLED TO A 50% ABATEMENT OF THE  
21               IMPOSED ASSESSMENT IF THE HEALTH CARE PROVIDER WAS ASSESSED  
22               UNDER SECTION 712(D) OF THE MCARE ACT AS A PHYSICIAN BUT DOES  
23               NOT QUALIFY FOR AN ABATEMENT UNDER PARAGRAPH (1).

24       (C) REFUND.--IF A HEALTH CARE PROVIDER PAID THE ASSESSMENT  
25       FOR CALENDAR YEAR 2003 PRIOR TO APPLYING FOR AN ABATEMENT UNDER  
26       SUBSECTION (A), THE HEALTH CARE PROVIDER MAY, IN ADDITION TO THE  
27       COMPLETED APPLICATION REQUIRED BY SUBSECTION (A), SUBMIT A  
28       REQUEST FOR A REFUND. THE REQUEST SHALL BE SUBMITTED BY FEBRUARY  
29       15, 2004 AND BE ON THE FORM REQUIRED BY THE INSURANCE  
30       DEPARTMENT. IF THE INSURANCE DEPARTMENT GRANTS THE HEALTH CARE

1 PROVIDER AN ABATEMENT OF THE ASSESSMENT FOR CALENDAR YEAR 2003  
2 IN ACCORDANCE WITH SUBSECTION (B), THE INSURANCE DEPARTMENT  
3 SHALL REFUND TO THE HEALTH CARE PROVIDER THE PORTION OF THE  
4 ASSESSMENT WHICH WAS ABATED.

5 SECTION 1305-A. CERTIFICATE OF RETENTION.

6 (A) CERTIFICATE.--THE INSURANCE DEPARTMENT SHALL PREPARE A  
7 CERTIFICATE OF RETENTION FORM. THE FORM SHALL REQUIRE A HEALTH  
8 CARE PROVIDER SEEKING AN ABATEMENT UNDER THE PROGRAM TO ATTEST  
9 THAT THE HEALTH CARE PROVIDER WILL CONTINUE TO PROVIDE HEALTH  
10 CARE SERVICES IN THIS COMMONWEALTH FOR AT LEAST ONE FULL  
11 CALENDAR YEAR FOLLOWING THE YEAR FOR WHICH AN ABATEMENT WAS  
12 RECEIVED PURSUANT TO THIS ARTICLE.

13 (B) REPAYMENT.--

14 (1) EXCEPT AS PROVIDED IN PARAGRAPH (2), IF A HEALTH  
15 CARE PROVIDER RECEIVES AN ABATEMENT BUT, PRIOR TO THE END OF  
16 THE RETENTION PERIOD, CEASES PROVIDING HEALTH CARE SERVICES  
17 IN THIS COMMONWEALTH, THE HEALTH CARE PROVIDER SHALL REPAY TO  
18 THE COMMONWEALTH 100% OF THE ABATEMENT RECEIVED PLUS  
19 ADMINISTRATIVE AND LEGAL COSTS, IF APPLICABLE.

20 (2) PARAGRAPH (1) SHALL NOT APPLY TO A HEALTH CARE  
21 PROVIDER WHO IS ANY OF THE FOLLOWING:

22 (I) A PHYSICIAN WHO IS ENROLLED IN AN APPROVED  
23 RESIDENCY OR FELLOWSHIP PROGRAM.

24 (II) A PHYSICIAN WHO DIES PRIOR TO THE END OF THE  
25 RETENTION PERIOD.

26 (III) A PHYSICIAN WHO IS DISABLED AND UNABLE TO  
27 PRACTICE PRIOR TO THE END OF THE RETENTION PERIOD.

28 (IV) A PHYSICIAN WHO IS CALLED TO ACTIVE MILITARY  
29 DUTY PRIOR TO THE END OF THE RETENTION PERIOD.

30 (V) A PHYSICIAN 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.

SECTION 1306-A. REPORTING.

(A) REPORT.--BY MAY 15, 2004, 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.

1 SECTION 1307-A. COOPERATION.

2 NOTWITHSTANDING ANY LAW TO THE CONTRARY, ALL DEPARTMENTS  
3 UNDER THE JURISDICTION OF THE GOVERNOR SHALL COOPERATE WITH THE  
4 INSURANCE DEPARTMENT IN ITS ADMINISTRATION OF THE PROGRAM.

5 SECTION 1308-A. CONFIDENTIALITY.

6 ANY INFORMATION SUBMITTED BY AN APPLICANT TO THE INSURANCE  
7 DEPARTMENT UNDER THIS ARTICLE SHALL BE CONFIDENTIAL BY LAW AND  
8 PRIVILEGED AND SHALL NOT BE DEEMED A PUBLIC RECORD UNDER THE ACT  
9 OF JUNE 21, 1957 (P.L.390, NO.212), REFERRED TO AS THE RIGHT-TO-  
10 KNOW LAW.

11 SECTION 1309-A. VIOLATIONS.

12 THE FOLLOWING SHALL APPLY:

13 (1) ANY PERSON WHO WILLFULLY SUBMITS FALSE OR FRAUDULENT  
14 INFORMATION UNDER SECTION 1304-A COMMITS A VIOLATION OF 18  
15 PA.C.S. § 4904 (RELATING TO UNSWORN FALSIFICATION TO  
16 AUTHORITIES) AND SHALL, UPON CONVICTION, BE SUBJECT TO  
17 PUNISHMENT AS PROVIDED BY LAW. ANY PENALTY IMPOSED FOR  
18 VIOLATING 18 PA.C.S. § 4904 SHALL BE IN ADDITION TO ANY  
19 PENALTY IMPOSED IN ACCORDANCE WITH THIS ARTICLE.

20 (2) ANY PERSON WHO WILLFULLY DIVULGES OR MAKES KNOWN  
21 INDIVIDUAL SPECIFIC INFORMATION SUBMITTED UNDER THIS ARTICLE,  
22 PERMITS INDIVIDUAL SPECIFIC INFORMATION TO BE SEEN OR  
23 EXAMINED BY ANY PERSON OR PRINTS, PUBLISHES OR MAKES KNOWN IN  
24 ANY MANNER INDIVIDUAL SPECIFIC INFORMATION COMMITS A  
25 MISDEMEANOR OF THE THIRD DEGREE AND SHALL, UPON CONVICTION,  
26 BE SENTENCED TO PAY A FINE NOT EXCEEDING \$2,500 AND THE COSTS  
27 OF PROSECUTION OR TO UNDERGO IMPRISONMENT FOR NOT MORE THAN  
28 ONE YEAR, OR BOTH.

29 SECTION 1310-A. EXPIRATION.

30 THE HEALTH CARE PROVIDER RETENTION PROGRAM ESTABLISHED UNDER

1 THIS ARTICLE SHALL EXPIRE DECEMBER 31, 2005.

2 SECTION 4. (A) THE FOLLOWING ACTS AND PARTS OF ACTS ARE  
3 REPEALED TO THE EXTENT SPECIFIED:

4 SECTION 712(E)(2) AND (3) OF THE ACT OF MARCH 20, 2002  
5 (P.L.154, NO.13), KNOWN AS THE MEDICAL CARE AVAILABILITY AND  
6 REDUCTION OF ERROR (MCARE) ACT, INsofar AS IT RELATES TO  
7 PHYSICIANS AND CERTIFIED NURSE MIDWIVES.

8 SUBCHAPTERS A AND B OF CHAPTER 7 OF THE ACT OF MARCH 20, 2002  
9 (P.L.154, NO.13), KNOWN AS THE MEDICAL CARE AVAILABILITY AND  
10 REDUCTION OF ERROR (MCARE) ACT, INsofar AS IT RELATES TO HEALTH  
11 CARE PROVIDERS THAT CONDUCT LESS THAN 50% OF THEIR HEALTH CARE  
12 BUSINESS OR PRACTICE WITHIN THIS COMMONWEALTH.

13 (B) ALL OTHER ACTS AND PARTS OF ACTS ARE REPEALED INsofar AS  
14 THEY ARE INCONSISTENT WITH THIS ACT.

15 SECTION 5. THIS ACT SHALL TAKE EFFECT AS FOLLOWS:

16 (1) THIS SECTION SHALL TAKE EFFECT IMMEDIATELY.

17 (2) THE ADDITION OF SECTION 405.1(I) OF THE ACT SHALL  
18 TAKE EFFECT IN 60 DAYS.

19 (3) THE REMAINDER OF THIS ACT SHALL TAKE EFFECT JANUARY  
20 1, 2004.