
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2625 Session of
2008

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SAINATO AND FRANKEL, JUNE 13, 2008

REFERRED TO COMMITTEE ON INSURANCE, JUNE 13, 2008

AN ACT

1 Establishing the Access to Community-based Care and Extended
2 Safety-net Services (ACCESS) Program in the Department of
3 Health; setting criteria for eligibility for counties and
4 community-based health care providers; developing plans to
5 assure people and families with low income access to a
6 continuum of health care services on a county basis; and
7 providing for powers and duties of the Department of Public
8 Welfare and the Department of Health.

9 The General Assembly of the Commonwealth of Pennsylvania

10 hereby enacts as follows:

11 Section 1. Short title.

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

15 Section 2. Statement of purpose.

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

20 Section 3. Definitions.

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

4 "ACCESS Program." The Access to Community-based Care and
5 Extended Safety-net Services Program established under section
6 4.

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

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

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

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

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

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

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

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

29 (1) A federally qualified health center as defined under
30 section 1905(1)(2)(B) of the Social Security Act (49 Stat.

1 620, 42 U.S.C. § 1396d(1)(2)(B)).

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

5 (3) A nurse-managed health center.

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

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

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

15 "Community health needs assessment." An assessment for a
16 particular county where a community-based health improvement
17 partnership is based that contains revenue and cost data or
18 other information the Department of Public Welfare determines to
19 be appropriate to ascertain the financial condition and needs of
20 families with low income to access a continuum of health care
21 services on a county-specific basis.

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

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

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

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

30 "Medical assistance." A State program of medical

1 assistance established under Article IV(f) of the act of June
2 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.

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

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

8 (2) A federally qualified health center.

9 (3) An independent nonprofit health or social services
10 agency.

11 "Patient." A natural person receiving health care in or from
12 a health care provider.

13 "Primary care physician." A licensed physician, including an
14 osteopathic physician, who supervises, coordinates and provides
15 initial and basic care to an enrollee on the basis of a
16 contractual relationship with the enrollee's managed care plan.

17 "State Health Improvement Plan." A health plan project
18 established by the Department of Health which has the following
19 main components:

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

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

29 (3) A commitment to increase access to relevant data and
30 information necessary for communities to assess local health

1 status and to develop local health improvement priorities.

2 "Support services." Services that include preventative care,
3 inpatient care, outpatient care, pharmacy, drug and alcohol
4 treatment, behavioral health and transportation.

5 Section 4. Access to Community-based Care and Extended Safety-
6 net Services (ACCESS) Program.

7 (a) Establishment.--The Access to Community-based Care and
8 Extended Safety-net Services (ACCESS) Program is established
9 within the department to provide grants to community-based
10 health improvement partnerships to work with county governments,
11 the health care provider community and networks within the
12 county and the community at large to develop a plan for a system
13 that does all of the following:

14 (1) Provides outreach into the community to identify
15 people who would qualify for the program and integrates them
16 into the program.

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

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

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

28 (5) Improves access to medically necessary preventive,
29 curative and palliative physical, dental and behavioral
30 health care services offered by and through community-based

1 health care providers, while reducing unnecessary or
2 duplicative services.

3 (6) Contains a plan to implement a chronic care model
4 that includes the participation of all health care providers
5 and focuses on ways to obtain funding through commercial
6 insurers.

7 (7) Examines available resources in the county where the
8 partnership exists in order to reduce the unnecessary
9 utilization of emergency health care services by supporting
10 the development and provision of effective alternatives
11 offered by or through community-based health care providers.

12 (8) Develops methods through learning collaboratives
13 that promote the use of a chronic care model and disease
14 management protocols that link community-based health care
15 providers with other health care providers in an effort to
16 optimize both individual health outcomes and the use of
17 health care resources, including those resources offered by
18 commercial insurers.

19 (9) Determines the resources available at the Federal,
20 State and local level currently being used to pay for care
21 delivered to low-income and middle-income patients

22 (10) Develops a budget and funding mechanism to support
23 and maintain sufficient resources to implement the plan.

24 (b) Community-based health improvement partnership
25 responsibilities.--Within 12 months of receiving a grant from
26 the department, a community-based health improvement partnership
27 shall present to the department a comprehensive plan that
28 includes all of the following:

29 (1) A statement by the county that it is willing to act
30 as a partner under the program and will assist the community-

1 based health improvement partnership in obtaining Federal and
2 State support for programs or funds.

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

6 (3) The research design and costs associated with
7 implementing the outcomes measurement system, including a
8 community health status assessment including contracts with
9 the contractor expected to participate in the program.

10 (4) A description of how a case management system will
11 be implemented under the program and how that case management
12 system will interact with current programs established within
13 the department, the Insurance Department and the Department
14 of Health.

15 (5) An outreach plan to identify residents in the county
16 in need of services that includes a list of contracts with
17 providers or businesses that perform or will perform outreach
18 for residents to participate in the program.

19 (6) A transportation plan including contracts with
20 transportation providers expected to participate in the
21 program.

22 (7) A budget that includes the identification of sources
23 of revenue currently being used to pay for services for the
24 community as well as a statement of additional revenues that
25 may be needed to successfully meet the objectives of the
26 program and identification and commitment from future funding
27 sources.

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

30 (1) Administering the program.

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

4 (3) Determining the eligibility of community-based
5 health improvement partnerships for grants provided under
6 this act based upon submission of a community health needs
7 assessment that proposes to link health care providers with
8 the county in an effort to develop a continuum of care for
9 residents.

10 (4) Coordinating efforts with the Department of Health
11 and the Insurance Department in awarding grants.

12 (5) Approving the comprehensive plan submitted under
13 subsection (b) and providing technical support to implement
14 that comprehensive plan.

15 (6) Developing a plan that links counties together in
16 the sharing of health care services when those services are
17 nonexistent or heavily used in a particular county.

18 (7) Approving the budget for the comprehensive plan
19 submitted under subsection (b) and working with the county to
20 access funds from sources identified to finance the
21 implementation and operation of the comprehensive plan.

22 (d) County responsibilities.--An application to the
23 department for a grant under this act shall contain a statement
24 that the county in which the community-based health improvement
25 partnership is located or is agreeing to provide services shall
26 agree to be responsible for all of the following:

27 (1) The selection of a contractor that shall develop
28 outreach programs that identify residents in need of the
29 ACCESS Program.

30 (2) The selection of a contractor that shall be

1 responsible for making sure that the clinical and other
2 health care needs of the low-income residents are being met
3 throughout the continuum by health care providers.

4 (3) Contracting with health care providers to guarantee
5 that the residents and patients have access to the most
6 complete and comprehensible range of health care and other
7 related services available.

8 (4) Creating an outcomes measurement for the program,
9 including measuring the health status of the county prior to
10 the implementation of the program and at three-year intervals
11 thereafter, to evaluate the effectiveness of the program in
12 meeting the health care needs of the community.

13 (5) Managing the program to stay within budget limits
14 agreed to with the department and the Department of Health.

15 Section 5. Reports.

16 A community-based health improvement partnership that
17 receives a grant under this act shall annually submit a report
18 to the department. The report shall include a description of all
19 of the following:

20 (1) The community-based health care provider's efforts
21 to improve access to and the delivery and management of
22 health care services.

23 (2) The reduction of unnecessary and duplicative health
24 care services.

25 (3) Changes in overall health indicators and in
26 utilization of health care services among the communities and
27 individuals served by the community-based health care
28 providers, with particular emphasis on indicators, including
29 all of the following:

30 (i) The creation and maintenance of relationships

1 among and between primary care providers, hospitals and
2 the county that lead to individuals being able to access
3 various services that include, at a minimum, preventive
4 and chronic care management services.

5 (ii) Prenatal and postpartum care.

6 (iii) The care of newborns and infants.

7 (iv) Any other matters as may be specified by the
8 department.

9 (4) An accounting of the expenditure of funds from the
10 grant and all funds received from other sources.

11 Section 6. Federal funds.

12 The department shall seek Federal matching funds to
13 supplement amounts made available under this act.

14 Section 7. State program.

15 Nothing in the act shall prevent the use of a State program
16 or an element of a State program in any part listed under the
17 comprehensive plan submitted by a community-based health
18 improvement partnership under section 4(b).

19 Section 8. Multiple community-based health improvement
20 partnerships.

21 Two or more community-based health improvement partnerships
22 may join in submitting an application for a grant under this
23 act.

24 Section 30. Effective date.

25 This act shall take effect July 1, 2008, or immediately,
26 whichever is later.