

## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## HOUSE BILL

No. 2625 Session of  
2008

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SAINATO, FRANKEL AND CALTAGIRONE, JUNE 13, 2008

AS AMENDED ON SECOND CONSIDERATION, HOUSE OF REPRESENTATIVES,  
JUNE 29, 2008

## AN ACT

1 Establishing the County Access to Community-based Care and  
2 Extended Safety-net Services (County Access) Program in the  
3 Department of Health; setting criteria for eligibility for  
4 counties and health care providers; developing plans to  
5 assure people and families with low income access to a  
6 continuum of health care services on a county basis; and  
7 providing for powers and duties of the Department of Public  
8 Welfare ~~and the Department of Insurance~~, THE DEPARTMENT OF  
9 HEALTH AND THE INSURANCE DEPARTMENT. <—

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

12 Section 1. Short title.

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

16 Section 2. Statement of purpose.

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

1 Section 3. Definitions.

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

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

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

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

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

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

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

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

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

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

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

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

7 (3) A nurse-managed health center.

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

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

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

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

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

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

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

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

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

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

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

6 (2) A federally qualified health center.

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

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

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

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

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

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

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

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

1 treatment, behavioral health and transportation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 obtaining Federal and State support for programs or funds.

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

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

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

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

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

19 (1) Administering the County Access Program.

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

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

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

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

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

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

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

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

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

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

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



1 Department of Public Welfare.

2 Section 5. Reports.

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

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

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

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

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

21 (ii) Prenatal and postpartum care.

22 (iii) The care of newborns and infants.

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

25 Section 6. Federal funds.

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

29 Section 7. State program.

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

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

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

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

9 Section 9. Award of grants.

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

12 Section 10. Funding.

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

16 Section 11. Funding contingency.

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

20 Section 12. Effective date.

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