
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 1192 Session of
2007

INTRODUCED BY FOLMER, EICHELBERGER, PICCOLA, WAUGH AND BROWNE,
DECEMBER 3, 2007

REFERRED TO PUBLIC HEALTH AND WELFARE, DECEMBER 3, 2007

AN ACT

1 Requiring health care facilities to provide consumers with
2 certain information about fees; providing for emergency room
3 patient diversion programs; providing for publication of
4 information relating to performance of health care
5 facilities, for electronic health records and for the powers
6 and duties of the Health Care Cost Containment Council.

7 The General Assembly of the Commonwealth of Pennsylvania
8 hereby enacts as follows:

9 Section 1. Short title.

10 This act shall be known and may be cited as the Health Care
11 Consumer Act.

12 Section 2. Definitions.

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

16 "Council." The Health Care Cost Containment Council.

17 "Health care facility." A hospital, outpatient clinic or
18 nursing home licensed or otherwise regulated by the
19 Commonwealth.

1 Section 3. Publication of fees for services.

2 (a) Internet and electronic notice.--A health care facility
3 shall make available to the public on its Internet website or,
4 at the request of a resident of this Commonwealth, by other
5 electronic means or in writing a description of and a link to
6 the performance outcome and financial data published by the
7 council under section 5.

8 (b) Premises posted notice.--

9 (1) A health care facility shall place a notice in its
10 reception area that the information identified under
11 subsection (a) is available on its Internet website and, on
12 request, electronically or in writing from the health care
13 facility.

14 (2) The health care facility may indicate on the notice
15 that:

16 (i) The pricing information is based on a
17 compilation of charges for the average patient and that
18 each patient's bill may vary from the average depending
19 on the severity of the medical condition and resources
20 used by the patient.

21 (ii) The price of service is negotiable for eligible
22 patients based on their ability to pay.

23 Section 4. Emergency room patient diversion programs.

24 A health care facility that provides emergency medical
25 services may develop and implement an emergency room patient
26 diversion program, including, but not limited to:

27 (1) An emergency hotline that allows patients to help
28 determine if emergency medical services are appropriate or if
29 other health care services may be more appropriate for care.

30 (2) A fast track program that allows patients that do

1 not require emergency medical services to be treated at an
2 alternative site, including, but not limited to, a health
3 care program funded with Federal, State or local funds,
4 community health center, county health department or other
5 nonhospital provider of health care services. The program may
6 include provisions for follow-up care and case management.

7 Section 5. Reporting of health care facility charges to
8 council.

9 (a) General rule.--A health care facility shall submit to
10 the council data necessary to carry out the council's duties.
11 Specifications for the data to be submitted under this section
12 shall be developed by the council with the assistance of
13 technical advisory panels, including representatives of affected
14 entities, consumers, purchasers and such other interested
15 parties as may be determined by the council.

16 (b) Data to be submitted.--

17 (1) Data submitted by health care facilities include,
18 but are not limited to: case-mix data, patient admission and
19 discharge data, hospital emergency department data which
20 shall include the number of patients treated in the emergency
21 department of a hospital reported by patient acuity level,
22 data on hospital-acquired infections, data on complications,
23 data on readmissions, with patient and provider-specific
24 identifiers included, actual charge data by diagnostic
25 groups, financial data, accounting data, operating expenses,
26 expenses incurred for rendering services to patients who
27 cannot or do not pay, interest charges, depreciation expenses
28 based on the expected useful life of the property and
29 equipment involved and demographic data.

30 (2) The council shall adopt nationally recognized risk

1 adjustment methodologies or software consistent with the
2 standards of the Agency for Healthcare Research and Quality
3 and as selected by the council for all data submitted as
4 required by this section. Data may be obtained from documents
5 such as, but not limited to, leases, contracts, debt
6 instruments, itemized patient bills, medical record abstracts
7 and related diagnostic information. Reported data elements
8 shall be reported electronically. Data submitted shall be
9 certified by the chief executive officer or an appropriate
10 and duly authorized representative or employee of the health
11 care facility that the information submitted is true and
12 accurate.

13 (c) Limitation.--Data required to be submitted by health
14 care facilities shall not include specific provider contract
15 reimbursement information. However, such specific provider
16 reimbursement data shall be reasonably available for onsite
17 inspection by the council as is necessary to carry out the
18 council's duties. Any such data obtained by the council as a
19 result of onsite inspections may not be used by the Commonwealth
20 for purposes of direct provider contracting and are
21 confidential.

22 Section 6. Publication of comprehensive health information.

23 In order to produce comparable and uniform health information
24 and statistics, the council shall develop and implement a long-
25 range plan for making available performance outcome and
26 financial data of health care facilities that will allow
27 consumers to compare health care services. The council shall
28 also make the plan and status report available to the public on
29 its Internet website. As part of the plan, the council shall
30 identify the process and timeframes for implementation, any

1 barriers to implementation and recommendations of changes in the
2 law that may be enacted by the General Assembly to eliminate the
3 barriers. As preliminary elements of the plan, the council
4 shall:

5 (1) Make available performance outcome and patient
6 charge data collected from health care facilities under
7 section 5. The council shall determine which conditions and
8 procedures, performance outcomes and patient charge data to
9 disclose. When determining which conditions and procedures
10 are to be disclosed, the council shall consider variation in
11 costs, variation in outcomes, magnitude of variations and
12 other relevant information. When determining which
13 performance outcomes to disclose, the council:

14 (i) Shall consider such factors as volume of cases,
15 average patient charges, average length of stay,
16 complication rates, mortality rates and infection rates,
17 among others, which shall be adjusted for case mix and
18 severity, if applicable.

19 (ii) May consider such additional measures that are
20 adopted by the Centers for Medicare and Medicaid Studies,
21 National Quality Forum, the Joint Commission on
22 Accreditation of Healthcare Organizations, the Agency for
23 Healthcare Research and Quality or a similar national
24 entity that establishes standards to measure the
25 performance of health care providers, or by other states.
26 When determining which patient charge data to disclose, the
27 council shall consider such measures as average charge,
28 average net revenue per adjusted patient day, average cost
29 per adjusted patient day and average cost per admission,
30 among others.

1 (2) Determine the method and format for public
2 disclosure of data reported pursuant to this act. At a
3 minimum, the data shall be made available on the council's
4 Internet website in a manner that allows consumers to conduct
5 an interactive search that allows them to view and compare
6 the information for specific providers. The Internet website
7 must include such additional information as is determined
8 necessary to ensure that the Internet website enhances
9 informed decision making among consumers and health care
10 purchasers, which shall include, at a minimum, appropriate
11 guidance on how to use the data and an explanation of why the
12 data may vary from provider to provider. The data shall be
13 released no later than .

14 Section 7. Electronic health records.

15 (a) Strategy to be developed by council.--The council shall
16 develop and implement a strategy for health care facilities to
17 adopt and use electronic health records of patients. The council
18 may develop rules to facilitate the functionality and protect
19 the confidentiality of electronic health records of patients.

20 (b) Report to Governor and General Assembly.--The council
21 shall report to the Governor, the President pro tempore of the
22 Senate and the Speaker of the House of Representatives on any
23 legislation necessary to protect the confidentiality of
24 electronic health records.

25 Section 8. Effective date.

26 This act shall take effect in 60 days.