

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 371 Session of
2009

INTRODUCED BY STABACK, BELFANTI, BOBACK, FABRIZIO, FREEMAN,
GEORGE, GRUCELA, HORNAMAN, JOSEPHS, KORTZ, KOTIK, KULA,
McGEEHAN, MUNDY, M. O'BRIEN, PASHINSKI, READSHAW, SEIP,
SIPTROTH, K. SMITH, WALKO, WANSACZ, WATSON, YOUNGBLOOD,
YUDICHAK, MOUL, J. TAYLOR, DeLUCA, PRESTON, MAHONEY, PALLONE,
BEYER AND CALTAGIRONE, FEBRUARY 10, 2009

AS RE-REPORTED FROM COMMITTEE ON APPROPRIATIONS, HOUSE OF
REPRESENTATIVES, AS AMENDED, OCTOBER 1, 2009

AN ACT

1 Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An
2 act to consolidate, editorially revise, and codify the public
3 welfare laws of the Commonwealth," in general powers and
4 duties of Department of Public Welfare, providing for onsite
5 complaint investigations and plans of correction AND FOR
6 DETERMINING WHETHER APPLICANTS ARE VETERANS; IN PUBLIC
7 ASSISTANCE, FURTHER PROVIDING FOR ESTABLISHMENT OF COUNTY
8 BOARDS AND EXPENSES AND FOR LIFETIME LIMIT; AND, IN HOSPITAL
9 ASSESSMENT, FURTHER PROVIDING FOR DEFINITIONS, FOR
10 AUTHORIZATION, FOR ADMINISTRATION, FOR NO HOLD HARMLESS, FOR
11 TAX EXEMPTION AND FOR CESSATION.

12 The General Assembly of the Commonwealth of Pennsylvania
13 hereby enacts as follows:

14 Section 1. The act of June 13, 1967 (P.L.31, No.21), known
15 as the Public Welfare Code, is amended by adding ~~a section~~
16 SECTIONS to read:

17 Section 211.1. Onsite Complaint Investigations and Plans of
18 Correction.--(a) The department shall initiate onsite
19 investigations of complaints at personal care homes and assisted
20 living residences as follows:

1 (1) If the complaint is a Class 1 complaint, the onsite
2 inspection shall be initiated within twenty-four hours of the
3 complaint intake.

4 (2) If the complaint is a Class 2 complaint, the onsite
5 inspection shall be initiated within seven calendar days of the
6 complaint intake.

7 (3) If the complaint is a Class 3 complaint, the onsite
8 inspection shall be initiated within twenty-one calendar days of
9 the complaint intake.

10 (b) The department shall contact and coordinate the
11 investigation with appropriate local agencies, including the
12 Area Agency on Aging, specifically the Protective Services or
13 Long-Term Care Ombudsman Program, County Mental Health/Mental
14 Retardation, local or Pennsylvania State Police, local code
15 enforcement or fire officials.

16 (c) The department shall conduct an unannounced onsite
17 inspection of the personal care home or assisted living
18 residence within the time frame established under subsection (a)
19 (1), (2) or (3). The complaint investigation shall include the
20 following components and adhere to the following time frames:

21 (1) Conduct an entrance interview with administrator or
22 designee, providing general information regarding the complaint,
23 but maintaining confidentiality of residents and complainant.

24 (2) Interview relevant subjects to the complaint such as
25 residents, families, staff or other witnesses.

26 (3) Preserve evidence by obtaining signed witness
27 statements, making copies of documents and taking photographs.

28 (4) Review relevant documents such as resident, staff and
29 facility records.

30 (5) Observe physical site conditions related to the

1 complaint.

2 (6) Contact the appropriate manager in the department
3 regarding Class 1 high-risk issues.

4 (7) Ensure that immediate threats are resolved before
5 leaving the personal care home or assisted living residence.

6 (8) Record all relevant information, including violations,
7 as directed by department policies and procedures.

8 (9) Conduct an exit interview with the administrator or the
9 most appropriate employe onsite and provide an opportunity to
10 respond to preliminary findings, unless the disclosure may
11 jeopardize ongoing aspects of the investigation.

12 (10) Determine and discuss findings with the appropriate
13 manager in the department and determine if a regulatory
14 violation is found or requires further investigation.

15 (11) Additional collateral contacts, interviews and site
16 inspections shall be made as indicated by the seriousness of the
17 complaint allegation and based on the initial onsite inspection.

18 (12) The complaint investigation, including all collateral
19 contacts, interviews and onsite inspections, must be concluded
20 within fifteen days following the onsite inspection.

21 (d) Within four business days of the conclusion of the
22 complaint investigation for Class 1 high-risk complaints, within
23 ten business days of the conclusion of the complaint
24 investigation for Class 2 complaints and within 15 business days
25 of the conclusion of the complaint investigation for Class 3
26 complaints, the department shall prepare a violation report if
27 applicable, review the violation report with the appropriate
28 manager in the department and transmit the violation report to
29 the personal care home or assisted living residence for
30 corrective action.

1 (e) If a violation report is provided by the department, the
2 personal care home or assisted living residence must submit a
3 plan of correction within seven calendar days of receipt of the
4 violation report.

5 (f) Within ten business days of receiving the plan of
6 correction from the personal care home or assisted living
7 residence, the department shall review the plan of correction
8 and refer the plan to the appropriate manager in the department
9 for plan approval or denial.

10 (g) If the personal care home or assisted living residence
11 does not submit a plan of correction within the required seven-
12 day time frame, the department may revoke or nonrenew a license,
13 or may issue a ban on admissions for the personal care home or
14 assisted living residence.

15 (h) Once the plan of correction has been approved by the
16 department, the follow-up complaint inspection of the personal
17 care home or assisted living residence shall be conducted onsite
18 after the longest target date for compliance has been reached as
19 noted on the plan of correction, but no later than ninety days
20 after the initial onsite complaint inspection by the department
21 to ensure compliance with the plan of correction.

22 (i) If the plan of correction is disapproved, the department
23 shall contact the personal care home or assisted living
24 residence within forty-eight hours of the disapproval decision
25 and require an alternate plan of correction within four business
26 days. If the personal care home or assisted living residence
27 returns an approved plan of correction within the required time
28 frame, the department shall conduct a follow-up onsite
29 inspection of the personal care home or assisted living
30 residence as outlined under subsection (h).

1 (j) If the alternate plan of correction is not resubmitted
2 by the personal care home or assisted living residence within
3 the required time frame, the department may revoke or nonrenew a
4 license, or may issue a ban on admissions for the personal care
5 home or assisted living residence.

6 (k) Within ten business days of the conclusion of the
7 investigation and determination on each of the complaint
8 allegations, the department shall send a complaint response
9 letter to the complainant.

10 (l) The department may exceed the timelines relating to a
11 Class 3 complaint if it determines that resources are otherwise
12 necessary to address risks to the health and safety of other
13 residents in the personal care home or assisted living
14 residence.

15 (m) For purposes of this section:

16 "Class 1 complaint" shall mean an alleged violation, which,
17 if verified, would constitute a Class 1 violation as defined in
18 section 1085. A Class 1 complaint means a complaint with a high
19 risk, including, but not limited to, incidents related to
20 immediate fire safety, physical assault or abuse, no food or
21 water, no heat in winter, no staff or serious illness outbreak.

22 "Class 2 complaint" shall mean an alleged violation, which,
23 if verified, would constitute a Class 2 violation as defined in
24 section 1085. A Class 2 complaint means a complaint with a
25 medium risk, including, but not limited to, incidents related to
26 inadequate staffing, quality of care issues, nutrition,
27 sanitation or medication administration.

28 "Class 3 complaint" shall mean an alleged violation, which,
29 if verified, would constitute a Class 3 violation as defined in
30 section 1085. A Class 3 complaint means a complaint with a low

1 risk, including, but not limited to, incidents related to menus,
2 policies, assessments, support plans, financial management or
3 contracts.

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

5 SECTION 215. DETERMINING WHETHER APPLICANTS ARE VETERANS.-- ←

6 (A) THE DEPARTMENT SHALL MAKE A GOOD FAITH EFFORT TO DETERMINE
7 WHETHER AN APPLICANT FOR CASH, MEDICAL OR ENERGY ASSISTANCE IS A
8 VETERAN. WHILE IN THE PROCESS OF MAKING ITS DETERMINATION, THE
9 DEPARTMENT SHALL DISPENSE BENEFITS TO THE APPLICANT, IF
10 OTHERWISE ELIGIBLE.

11 (B) AS A CONDITION OF ELIGIBILITY TO RECEIVE CASH, MEDICAL
12 OR ENERGY ASSISTANCE, UNLESS THERE IS GOOD CAUSE NOT TO DO SO,
13 AN APPLICANT WHO IS A VETERAN SHALL BE REQUIRED TO CONTACT A
14 VETERAN SERVICE OFFICER ACCREDITED AND RECOGNIZED BY THE UNITED
15 STATES DEPARTMENT OF VETERANS AFFAIRS, THE DEPARTMENT OF
16 MILITARY AND VETERANS AFFAIRS OR THE COUNTY DIRECTOR OF VETERANS
17 AFFAIRS IN WHICH THE APPLICANT RESIDES IN ORDER TO DETERMINE THE
18 APPLICANT'S ELIGIBILITY FOR VETERAN'S BENEFITS OR TO FILE A
19 VETERAN CLAIMS PACKET. THE DEPARTMENT SHALL DEVELOP A STANDARD
20 FORM TO BE USED BY A VETERAN SERVICE OFFICER TO VERIFY THE
21 APPLICANT'S ELIGIBILITY FOR VETERAN'S BENEFITS.

22 (C) AN APPLICANT WHO IS A VETERAN SHALL PROVIDE PROOF OF
23 COMPLIANCE WITH THIS SECTION AND THE DEPARTMENT SHALL, TO THE
24 GREATEST EXTENT POSSIBLE, REQUIRE THE APPLICANT TO PROVIDE
25 INFORMATION ON THE FINAL DETERMINATION OF ELIGIBILITY FOR
26 VETERAN'S BENEFITS AND THE TYPE OF BENEFITS THE VETERAN IS
27 ENTITLED TO RECEIVE.

28 (D) AS USED IN THIS SECTION, THE FOLLOWING WORDS AND PHRASES
29 SHALL HAVE THE FOLLOWING MEANINGS:

30 "ASSISTANCE" MEANS MONEY, SERVICES AND PAYMENT FOR MEDICAL

1 COVERAGE OR ENERGY ASSISTANCE FOR NEEDY PERSONS WHO ARE
2 RESIDENTS OF THIS COMMONWEALTH, ARE IN NEED OF ASSISTANCE AND
3 MEET ALL CONDITIONS OF ELIGIBILITY.

4 "VETERAN CLAIMS PACKET" MEANS AN APPLICATION REQUESTING A
5 DETERMINATION OR ENTITLEMENT OR EVIDENCING A BELIEF IN
6 ENTITLEMENT TO A BENEFIT AS PROVIDED FOR IN 38 CFR (RELATING TO
7 PENSIONS, BONUSES, AND VETERANS' RELIEF) OR 51 PA.C.S. (RELATING
8 TO MILITARY AFFAIRS).

9 SECTION 2. SECTION 415 OF THE ACT IS AMENDED TO READ:

10 SECTION 415. ESTABLISHMENT OF COUNTY BOARDS; EXPENSES.--FOR
11 EACH COUNTY OF THE COMMONWEALTH, THERE IS HEREBY ESTABLISHED A
12 COUNTY BOARD OF ASSISTANCE, TO BE KNOWN AS THE COUNTY BOARD OF
13 ASSISTANCE AND REFERRED TO IN THIS ARTICLE IV AS THE "COUNTY
14 BOARD," WHICH SHALL BE COMPOSED OF MEN AND WOMEN, TO BE
15 APPOINTED BY THE GOVERNOR [WITH THE ADVICE AND CONSENT OF TWO-
16 THIRDS OF ALL MEMBERS OF THE SENATE]. EACH APPOINTMENT BY THE
17 GOVERNOR SHALL BEAR THE ENDORSEMENT OF THE SENATOR OF THE
18 DISTRICT IN WHICH THE NOMINEE RESIDES. IN THE CASE OF A VACANCY
19 IN THAT SENATORIAL DISTRICT, THE NOMINEE SHALL BE ENDORSED BY
20 THE SENATOR OF AN ADJACENT DISTRICT. THE COUNTY BOARDS SHALL BE
21 COMPOSED AS FAR AS POSSIBLE OF PERSONS ENGAGED OR INTERESTED IN
22 BUSINESS, SOCIAL WELFARE, LABOR, INDUSTRY, EDUCATION OR PUBLIC
23 ADMINISTRATION. THE MEMBERS OF THE COUNTY BOARDS SHALL SERVE
24 WITHOUT COMPENSATION, BUT SHALL BE REIMBURSED FOR NECESSARY
25 EXPENSES. NO MEMBER OF A COUNTY BOARD SHALL HOLD OFFICE IN ANY
26 POLITICAL PARTY. NOT ALL OF THE MEMBERS OF A COUNTY BOARD SHALL
27 BELONG TO THE SAME POLITICAL PARTY.

28 SECTION 3. SECTION 441.4 OF THE ACT, ADDED JULY 7, 2005
29 (P.L.177, NO.42), IS AMENDED TO READ:

30 SECTION 441.4. [LIFETIME LIMIT] REASONABLE LIMITS ON

1 ALLOWABLE INCOME DEDUCTIONS FOR MEDICAL EXPENSES WHEN
2 DETERMINING PAYMENT TOWARD THE COST OF LONG-TERM CARE
3 SERVICES.-- (A) [NECESSARY MEDICAL OR REMEDIAL CARE EXPENSES
4 RECOGNIZED UNDER FEDERAL OR STATE LAW BUT NOT PAID FOR BY THE
5 MEDICAL ASSISTANCE PROGRAM ARE ALLOWABLE INCOME DEDUCTIONS WHEN
6 DETERMINING A RECIPIENT'S PAYMENT TOWARD THE COST OF LONG-TERM
7 CARE SERVICES. AN ALLOWABLE INCOME DEDUCTION FOR UNPAID MEDICAL
8 EXPENSES INCURRED PRIOR TO THE AUTHORIZATION OF MEDICAL
9 ASSISTANCE ELIGIBILITY AND THOSE MEDICAL EXPENSES INCURRED FOR
10 LONG-TERM CARE SERVICES AFTER MEDICAL ASSISTANCE IS AUTHORIZED
11 SHALL BE SUBJECT TO A LIFETIME MAXIMUM OF TEN THOUSAND DOLLARS
12 (\$10,000) UNLESS APPLICATION OF THE LIMIT WOULD RESULT IN UNDUE
13 HARDSHIP.] WHEN DETERMINING A RECIPIENT'S PAYMENT TOWARD THE
14 COST OF LONG-TERM CARE SERVICES, LONG-TERM CARE MEDICAL EXPENSES
15 INCURRED SIX MONTHS OR MORE PRIOR TO APPLICATION FOR MEDICAL
16 ASSISTANCE SHALL BE DISALLOWED AS A DEDUCTION, AND MEDICAL AND
17 REMEDIAL EXPENSES THAT WERE INCURRED AS A RESULT OF A TRANSFER
18 OF ASSETS PENALTY SHALL BE LIMITED TO ZERO UNLESS APPLICATION OF
19 THESE LIMITS WOULD RESULT IN UNDUE HARDSHIP.

20 (B) AS USED IN THIS SECTION, THE TERM "UNDUE HARDSHIP" SHALL
21 MEAN THAT EITHER:

22 (1) DENIAL OF MEDICAL ASSISTANCE WOULD DEPRIVE THE
23 INDIVIDUAL OF MEDICAL CARE AND ENDANGER THE INDIVIDUAL'S HEALTH
24 OR LIFE; OR

25 (2) THE INDIVIDUAL OR A FINANCIALLY DEPENDENT FAMILY MEMBER
26 WOULD BE DEPRIVED OF FOOD, SHELTER OR THE NECESSITIES OF LIFE.

27 SECTION 4. THE DEFINITIONS OF "EXEMPT HOSPITAL" AND "GENERAL
28 ACUTE CARE HOSPITAL" IN SECTION 801-E OF THE ACT, ADDED JULY 4,
29 2008 (P.L.557, NO.44), ARE AMENDED AND THE SECTION IS AMENDED BY
30 ADDING A DEFINITION TO READ:

1 SECTION 801-E. DEFINITIONS.

2 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS ARTICLE
3 SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE
4 CONTEXT CLEARLY INDICATES OTHERWISE:

5 * * *

6 ["EXEMPT HOSPITAL." A HOSPITAL THAT THE SECRETARY OF PUBLIC
7 WELFARE HAS DETERMINED MEETS ONE OF THE FOLLOWING:

8 (1) IS EXCLUDED UNDER 42 CFR 412.23(A), (B), (D) AND (F)
9 (RELATING TO EXCLUDED HOSPITALS: CLASSIFICATIONS) AS OF MARCH
10 20, 2008, FROM REIMBURSEMENT OF CERTAIN FEDERAL FUNDS UNDER
11 THE PROSPECTIVE PAYMENT SYSTEM DESCRIBED BY 42 CFR PT. 412
12 (RELATING TO PROSPECTIVE PAYMENT SYSTEMS FOR INPATIENT
13 HOSPITAL SERVICES).

14 (2) IS A FEDERAL VETERANS' AFFAIRS HOSPITAL.

15 (3) IS PART OF AN INSTITUTION WITH STATE-RELATED STATUS
16 AS THAT TERM IS DEFINED IN 22 PA. CODE § 31.2 (RELATING TO
17 DEFINITIONS) AND PROVIDES OVER 100,000 DAYS OF CARE TO
18 MEDICAL ASSISTANCE PATIENTS ANNUALLY.

19 (4) PROVIDES CARE, INCLUDING INPATIENT HOSPITAL
20 SERVICES, TO ALL PATIENTS FREE OF CHARGE.]

21 "GENERAL ACUTE CARE HOSPITAL." A HOSPITAL OTHER THAN [AN
22 EXEMPT HOSPITAL.] A HOSPITAL THAT THE SECRETARY OF PUBLIC
23 WELFARE HAS DETERMINED MEETS ONE OF THE FOLLOWING:

24 (1) IS EXCLUDED UNDER 42 CFR 412.23(A), (B), (D), (E)
25 AND (F) (RELATING TO EXCLUDED HOSPITALS: CLASSIFICATIONS) AS
26 OF MARCH 20, 2008, FROM REIMBURSEMENT OF CERTAIN FEDERAL
27 FUNDS UNDER THE PROSPECTIVE PAYMENT SYSTEM DESCRIBED BY 42
28 CFR 412 (RELATING TO PROSPECTIVE PAYMENT SYSTEMS FOR
29 INPATIENT HOSPITAL SERVICES).

30 (2) IS A FEDERAL VETERANS' AFFAIRS HOSPITAL.

1 (3) IS A HIGH VOLUME MEDICAID HOSPITAL.

2 (4) PROVIDES CARE, INCLUDING INPATIENT HOSPITAL
3 SERVICES, TO ALL PATIENTS FREE OF CHARGE.

4 "HIGH VOLUME MEDICAID HOSPITAL." A HOSPITAL THAT THE
5 SECRETARY OF PUBLIC WELFARE HAS DETERMINED MEETS ALL OF THE
6 FOLLOWING:

7 (1) IS A NONPROFIT HOSPITAL SUBSIDIARY OF A STATE-
8 RELATED INSTITUTION AS THAT TERM IS DEFINED IN 62 PA.C.S. §
9 103 (RELATING TO DEFINITIONS); AND

10 (2) PROVIDES MORE THAN 90,000 DAYS OF CARE TO MEDICAL
11 ASSISTANCE PATIENTS ANNUALLY.

12 * * *

13 SECTION 5. SECTIONS 802-E, 804-E, 805-E, 807-E AND 808-E OF
14 THE ACT, ADDED JULY 4, 2008 (P.L.557, NO.44), ARE AMENDED TO
15 READ:

16 SECTION 802-E. AUTHORIZATION.

17 (A) GENERAL RULE.--IN ORDER TO GENERATE ADDITIONAL REVENUES
18 FOR THE PURPOSE OF ASSURING THAT MEDICAL ASSISTANCE RECIPIENTS
19 HAVE ACCESS TO HOSPITAL SERVICES AND THAT ALL CITIZENS HAVE
20 ACCESS TO EMERGENCY DEPARTMENT SERVICES, AND SUBJECT TO THE
21 CONDITIONS AND REQUIREMENTS SPECIFIED UNDER THIS ARTICLE, A
22 MUNICIPALITY MAY, BY ORDINANCE, [IMPOSE] DO THE FOLLOWING:

23 (1) IMPOSE A MONETARY ASSESSMENT ON THE NET OPERATING
24 REVENUE REDUCED BY ALL REVENUES RECEIVED FROM MEDICARE OF
25 EACH GENERAL ACUTE CARE HOSPITAL LOCATED IN THE MUNICIPALITY
26 [SUBJECT TO THE CONDITIONS AND REQUIREMENTS SPECIFIED UNDER
27 THIS ARTICLE].

28 (2) BEGINNING ON OR AFTER JULY 1, 2009, AND SUBJECT TO
29 THE ADVANCE WRITTEN APPROVAL BY THE SECRETARY, IMPOSE A
30 MONETARY ASSESSMENT ON THE NET OPERATING REVENUES REDUCED BY

1 ALL REVENUES RECEIVED FROM MEDICARE OF EACH HIGH VOLUME
2 MEDICAID HOSPITAL LOCATED IN THE MUNICIPALITY.

3 (B) ADMINISTRATIVE PROVISIONS.--THE [ORDINANCE] ORDINANCES
4 ADOPTED PURSUANT TO SUBSECTION (A) MAY INCLUDE APPROPRIATE
5 ADMINISTRATIVE PROVISIONS INCLUDING, WITHOUT LIMITATION,
6 PROVISIONS FOR THE COLLECTION OF INTEREST AND PENALTIES.

7 (C) MAXIMUM ASSESSMENT.--IN EACH YEAR IN WHICH THE
8 ASSESSMENT IS IMPLEMENTED, THE ASSESSMENT SHALL BE SUBJECT TO
9 THE MAXIMUM AGGREGATE AMOUNT THAT MAY BE ASSESSED UNDER 42 CFR
10 433.68 (F) (3) (I) (RELATING TO PERMISSIBLE HEALTH CARE-RELATED
11 TAXES) OR ANY OTHER MAXIMUM ESTABLISHED UNDER FEDERAL LAW.
12 SECTION 804-E. ADMINISTRATION.

13 (A) REMITTANCE.--UPON COLLECTION OF THE FUNDS GENERATED BY
14 THE ASSESSMENT AUTHORIZED UNDER THIS ARTICLE, THE MUNICIPALITY
15 SHALL REMIT A PORTION OF THE FUNDS TO THE COMMONWEALTH FOR THE
16 PURPOSES SET FORTH UNDER SECTION 802-E, EXCEPT THAT THE
17 MUNICIPALITY MAY RETAIN FUNDS IN AN AMOUNT NECESSARY TO
18 REIMBURSE IT FOR ITS REASONABLE COSTS IN THE ADMINISTRATION AND
19 COLLECTION OF THE ASSESSMENT AND TO FUND A PORTION OF ITS COSTS
20 OF OPERATING PUBLIC HEALTH CLINICS AS SET FORTH IN AN AGREEMENT
21 TO BE ENTERED INTO BETWEEN THE MUNICIPALITY AND THE COMMONWEALTH
22 ACTING THROUGH THE SECRETARY.

23 (B) ESTABLISHMENT.--THERE IS ESTABLISHED A RESTRICTED
24 ACCOUNT IN THE GENERAL FUND FOR THE RECEIPT AND DEPOSIT OF FUNDS
25 UNDER SUBSECTION (A). FUNDS IN THE ACCOUNT ARE HEREBY
26 APPROPRIATED TO THE DEPARTMENT FOR PURPOSES OF MAKING
27 SUPPLEMENTAL OR INCREASED MEDICAL ASSISTANCE PAYMENTS FOR
28 EMERGENCY DEPARTMENT SERVICES TO GENERAL ACUTE CARE HOSPITALS
29 WITHIN THE MUNICIPALITY AND TO MAINTAIN OR INCREASE OTHER
30 MEDICAL ASSISTANCE PAYMENTS TO HOSPITALS WITHIN THE

1 MUNICIPALITY, AS SPECIFIED IN THE COMMONWEALTH'S APPROVED TITLE
2 XIX STATE PLAN.

3 SECTION 805-E. NO HOLD HARMLESS.

4 NO GENERAL ACUTE CARE HOSPITAL OR HIGH VOLUME MEDICAID
5 HOSPITAL SHALL BE DIRECTLY GUARANTEED A REPAYMENT OF ITS
6 ASSESSMENT IN DEROGATION OF 42 CFR 433.68(F) (RELATING TO
7 PERMISSIBLE HEALTH CARE-RELATED TAXES), EXCEPT THAT, IN EACH
8 FISCAL YEAR IN WHICH AN ASSESSMENT IS IMPLEMENTED, THE
9 DEPARTMENT SHALL USE A PORTION OF THE FUNDS RECEIVED UNDER
10 SECTION 804-E(A) FOR THE PURPOSES OUTLINED UNDER SECTION 804-
11 E(B) TO THE EXTENT PERMISSIBLE UNDER FEDERAL AND STATE LAW OR
12 REGULATION AND WITHOUT CREATING AN INDIRECT GUARANTEE TO HOLD
13 HARMLESS, AS THOSE TERMS ARE USED UNDER 42 CFR 433.68(F)(I). THE
14 SECRETARY SHALL SUBMIT ANY STATE MEDICAID PLAN AMENDMENTS TO THE
15 UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES THAT ARE
16 NECESSARY TO MAKE THE PAYMENTS AUTHORIZED UNDER SECTION 804-
17 E(B).

18 SECTION 807-E. TAX EXEMPTION.

19 NOTWITHSTANDING ANY EXEMPTIONS GRANTED BY ANY OTHER FEDERAL,
20 STATE OR LOCAL TAX OR OTHER LAW, INCLUDING SECTION 204(A)(3) OF
21 THE ACT OF MAY 22, 1933 (P.L.853, NO.155), KNOWN AS THE GENERAL
22 COUNTY ASSESSMENT LAW, NO GENERAL ACUTE CARE HOSPITAL OR HIGH
23 VOLUME MEDICAID HOSPITAL IN THE MUNICIPALITY SHALL BE EXEMPT
24 FROM THE ASSESSMENT.

25 SECTION 808-E. [CESSATION] TIME PERIOD.

26 (A) CESSATION.--THE ASSESSMENT AUTHORIZED UNDER THIS ARTICLE
27 SHALL CEASE JUNE 30, 2013.

28 (B) ASSESSMENT.--A MUNICIPALITY SHALL HAVE THE POWER TO
29 ENACT THE ASSESSMENT AUTHORIZED IN SECTION 802-E(A)(2) EITHER
30 PRIOR TO OR DURING ITS FISCAL YEAR ENDING JUNE 30, 2010.

1 SECTION 6. THIS ACT SHALL TAKE EFFECT IMMEDIATELY.