

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 922 Session of 2009

INTRODUCED BY KITCHEN, WASHINGTON, TARTAGLIONE, FONTANA, HUGHES, DINNIMAN AND WILLIAMS, JUNE 5, 2009

AS RE-REPORTED FROM COMMITTEE ON APPROPRIATIONS, HOUSE OF REPRESENTATIVES, AS AMENDED, OCTOBER 5, 2010

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 THE DEPARTMENT OF PUBLIC WELFARE, PROVIDING FOR
5 DETERMINING WHETHER APPLICANTS ARE VETERANS; AND, in public
6 assistance, further providing for establishment of county
7 boards and expenses and for lifetime limit; further defining
8 "general acute care hospital"; providing for a definition;
9 and further providing for authorization, for administration,
10 for no hold harmless, for tax exemption and for cessation;
11 PROVIDING FOR THE AVAILABILITY OF AND ACCESS TO A
12 COMPREHENSIVE TRAUMA CARE SYSTEM; IMPOSING POWERS AND DUTIES
13 UPON THE DEPARTMENT OF PUBLIC WELFARE; AND MAKING A RELATED
14 REPEAL.



15 The General Assembly of the Commonwealth of Pennsylvania
16 hereby enacts as follows:

17 ~~Section 1. Section 415 of the act of June 13, 1967 (P.L.31,~~
18 ~~No.21), known as the Public Welfare Code, is amended to read:~~



19 SECTION 1. THE ACT OF JUNE 13, 1967 (P.L.31, NO.21), KNOWN
20 AS THE PUBLIC WELFARE CODE, IS AMENDED BY ADDING A SECTION TO
21 READ:



22 SECTION 215. DETERMINING WHETHER APPLICANTS ARE VETERANS.--

23 (A) THE DEPARTMENT SHALL MAKE A GOOD FAITH EFFORT TO DETERMINE

1 WHETHER AN APPLICANT FOR CASH, MEDICAL OR ENERGY ASSISTANCE IS A  
2 VETERAN. WHILE IN THE PROCESS OF MAKING ITS DETERMINATION, THE  
3 DEPARTMENT SHALL DISPENSE BENEFITS TO THE APPLICANT, IF  
4 OTHERWISE ELIGIBLE.

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

16 (C) AN APPLICANT WHO IS A VETERAN SHALL PROVIDE PROOF OF  
17 COMPLIANCE WITH THIS SECTION AND THE DEPARTMENT SHALL, TO THE  
18 GREATEST EXTENT POSSIBLE, REQUIRE THE APPLICANT TO PROVIDE  
19 INFORMATION ON THE FINAL DETERMINATION OF ELIGIBILITY FOR  
20 VETERAN'S BENEFITS AND THE TYPE OF BENEFITS THE VETERAN IS  
21 ENTITLED TO RECEIVE.

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

24 "ASSISTANCE" MEANS MONEY, SERVICES AND PAYMENT FOR MEDICAL  
25 COVERAGE OR ENERGY ASSISTANCE FOR NEEDY PERSONS WHO ARE  
26 RESIDENTS OF THIS COMMONWEALTH, ARE IN NEED OF ASSISTANCE AND  
27 MEET ALL CONDITIONS OF ELIGIBILITY.

28 "VETERAN CLAIMS PACKET" MEANS AN APPLICATION REQUESTING A  
29 DETERMINATION OR ENTITLEMENT OR EVIDENCING A BELIEF IN  
30 ENTITLEMENT TO A BENEFIT AS PROVIDED FOR IN 38 CFR (RELATING TO

1 PENSIONS, BONUSES, AND VETERANS' RELIEF) OR 51 PA.C.S. (RELATING  
2 TO MILITARY AFFAIRS).

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

4 Section 415. Establishment of County Boards; Expenses.--For  
5 each county of the Commonwealth, there is hereby established a  
6 county board of assistance, to be known as the County Board of  
7 Assistance and referred to in this Article IV as the "county  
8 board," which shall be composed of men and women, to be  
9 appointed by the Governor [with the advice and consent of two-  
10 thirds of all members of the Senate]. Each appointment by the  
11 Governor shall bear the endorsement of the senator of the  
12 district in which the nominee resides. In the case of a vacancy  
13 in that senatorial district, the nominee shall be endorsed by  
14 the senator of an adjacent district. The county boards shall be  
15 composed as far as possible of persons engaged or interested in  
16 business, social welfare, labor, industry, education or public  
17 administration. The members of the county boards shall serve  
18 without compensation, but shall be reimbursed for necessary  
19 expenses. No member of a county board shall hold office in any  
20 political party. Not all of the members of a county board shall  
21 belong to the same political party.

22 Section ~~2~~ 3. Section 441.4 of the act, added July 7, 2005 ←  
23 (P.L.177, No.42), is amended to read:

24 Section 441.4. [Lifetime Limit] Reasonable Limits on  
25 Allowable Income Deductions for Medical Expenses When  
26 Determining Payment Toward the Cost of Long-Term Care  
27 Services.--(a) [Necessary medical or remedial care expenses  
28 recognized under Federal or State law but not paid for by the  
29 medical assistance program are allowable income deductions when  
30 determining a recipient's payment toward the cost of long-term

1 care services. An allowable income deduction for unpaid medical  
2 expenses incurred prior to the authorization of medical  
3 assistance eligibility and those medical expenses incurred for  
4 long-term care services after medical assistance is authorized  
5 shall be subject to a lifetime maximum of ten thousand dollars  
6 (\$10,000) unless application of the limit would result in undue  
7 hardship.] When determining a recipient's payment toward the  
8 cost of long-term care services, long-term care medical expenses  
9 incurred six months or more prior to application for medical  
10 assistance shall be disallowed as a deduction, and medical and  
11 remedial expenses that were incurred as a result of a transfer  
12 of assets penalty shall be limited to zero unless application of  
13 these limits would result in undue hardship.

14 (b) As used in this section, the term "undue hardship" shall  
15 mean that either:

16 (1) denial of medical assistance would deprive the  
17 individual of medical care and endanger the individual's health  
18 or life; or

19 (2) the individual or a financially dependent family member  
20 would be deprived of food, shelter or the necessities of life.

21 Section 3 4. The definition of "general acute care hospital" ←  
22 in section 801-E of the act, added July 4, 2008 (P.L.557,  
23 No.44), is amended and the section is amended by adding a  
24 definition to read:

25 Section 801-E. Definitions.

26 The following words and phrases when used in this article  
27 shall have the meanings given to them in this section unless the  
28 context clearly indicates otherwise:

29 \* \* \*

30 "General acute care hospital." A hospital other than [an

1 exempt hospital.] a hospital that the Secretary of Public  
2 Welfare has determined meets one of the following:

3 (1) Is excluded under 42 CFR 412.23(a), (b), (d), (e) and  
4 (f) (relating to excluded hospitals: Classifications) as of  
5 March 20, 2008, from reimbursement of certain Federal funds  
6 under the prospective payment system described by 42 CFR 412  
7 (relating to prospective payment systems for inpatient hospital  
8 services).

9 (2) Is a Federal veterans' affairs hospital.

10 (3) Is a high volume Medicaid hospital.

11 (4) Provides care, including inpatient hospital services, to  
12 all patients free of charge.

13 "High volume Medicaid hospital." A hospital that the  
14 Secretary of Public Welfare has determined meets all of the  
15 following:

16 (1) Is a nonprofit hospital subsidiary of a State-related  
17 institution as that term is defined in 62 Pa.C.S. § 103  
18 (relating to definitions); and

19 (2) Provides more than 90,000 days of care to medical  
20 assistance patients annually.

21 \* \* \*

22 Section 4 5. Sections 802-E, 804-E, 805-E, 807-E and 808-E ←  
23 of the act, added July 4, 2008 (P.L.557, No.44), are amended to  
24 read:

25 Section 802-E. Authorization.

26 (a) General rule.--In order to generate additional revenues  
27 for the purpose of assuring that medical assistance recipients  
28 have access to hospital services and that all citizens have  
29 access to emergency department services, and subject to the  
30 conditions and requirements specified under this article, a

1 municipality may, by ordinance, [impose] do the following:

2 (1) Impose a monetary assessment on the net operating  
3 revenue reduced by all revenues received from Medicare of  
4 each general acute care hospital located in the municipality  
5 [subject to the conditions and requirements specified under  
6 this article].

7 (2) Beginning on or after July 1, 2009, and subject to  
8 the advance written approval by the secretary, impose a  
9 monetary assessment on the net operating revenues reduced by  
10 all revenues received from Medicare of each high volume  
11 Medicaid hospital located in the municipality.

12 (b) Administrative provisions.--The [ordinance] ordinances  
13 adopted pursuant to subsection (a) may include appropriate  
14 administrative provisions including, without limitation,  
15 provisions for the collection of interest and penalties.

16 (c) Maximum assessment.--In each year in which the  
17 assessment is implemented, the assessment shall be subject to  
18 the maximum aggregate amount that may be assessed under 42 CFR  
19 433.68(f)(3)(i) (relating to permissible health care-related  
20 taxes) or any other maximum established under Federal law.  
21 Section 804-E. Administration.

22 (a) Remittance.--Upon collection of the funds generated by  
23 the assessment authorized under this article, the municipality  
24 shall remit a portion of the funds to the Commonwealth for the  
25 purposes set forth under section 802-E, except that the  
26 municipality may retain funds in an amount necessary to  
27 reimburse it for its reasonable costs in the administration and  
28 collection of the assessment and to fund a portion of its costs  
29 of operating public health clinics as set forth in an agreement  
30 to be entered into between the municipality and the Commonwealth

1 acting through the secretary.

2 (b) Establishment.--There is established a restricted  
3 account in the General Fund for the receipt and deposit of funds  
4 under subsection (a). Funds in the account are hereby  
5 appropriated to the department for purposes of making  
6 supplemental or increased medical assistance payments for  
7 emergency department services to general acute care hospitals  
8 within the municipality and to maintain or increase other  
9 medical assistance payments to hospitals within the  
10 municipality, as specified in the Commonwealth's approved Title  
11 XIX State Plan.

12 Section 805-E. No hold harmless.

13 No general acute care hospital or high volume Medicaid  
14 hospital shall be directly guaranteed a repayment of its  
15 assessment in derogation of 42 CFR 433.68(f) (relating to  
16 permissible health care-related taxes), except that, in each  
17 fiscal year in which an assessment is implemented, the  
18 department shall use a portion of the funds received under  
19 section 804-E(a) for the purposes outlined under section 804-  
20 E(b) to the extent permissible under Federal and State law or  
21 regulation and without creating an indirect guarantee to hold  
22 harmless, as those terms are used under 42 CFR 433.68(f)(i). The  
23 secretary shall submit any State Medicaid plan amendments to the  
24 United States Department of Health and Human Services that are  
25 necessary to make the payments authorized under section 804-  
26 E(b).

27 Section 807-E. Tax exemption.

28 Notwithstanding any exemptions granted by any other Federal,  
29 State or local tax or other law, including section 204(a)(3) of  
30 the act of May 22, 1933 (P.L.853, No.155), known as The General

1 County Assessment Law, no general acute care hospital or high  
2 volume Medicaid hospital in the municipality shall be exempt  
3 from the assessment.

4 Section 808-E. [Cessation] Time period.

5 (a) Cessation.--The assessment authorized under this article  
6 shall cease June 30, 2013.

7 (b) Assessment.--A municipality shall have the power to  
8 enact the assessment authorized in section 802-E(a)(2) either  
9 prior to or during its fiscal year ending June 30, 2010.

10 SECTION 6. THE ACT IS AMENDED BY ADDING AN ARTICLE TO READ: ←

11 ARTICLE VIII-H

12 PENNSYLVANIA TRAUMA SYSTEMS STABILIZATION

13 SECTION 801-H. SCOPE OF ARTICLE.

14 THIS ARTICLE RELATES TO PENNSYLVANIA TRAUMA SYSTEMS  
15 STABILIZATION.

16 SECTION 802-H. DEFINITIONS.

17 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS ARTICLE  
18 SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE  
19 CONTEXT CLEARLY INDICATES OTHERWISE:

20 "COMPREHENSIVE EMERGENCY SERVICES." THE CAPACITY OF A  
21 HOSPITAL EMERGENCY DEPARTMENT TO MAINTAIN STAFF AND PROVIDE  
22 IMMEDIATE AND ADVANCED CARE FOR PENNSYLVANIA PATIENTS WHO  
23 REQUIRE TRAUMA CARE TREATMENT 24 HOURS PER DAY AND SEVEN DAYS  
24 PER WEEK BASED ON THE AVAILABILITY OF THE FOLLOWING SERVICES:

25 (1) AT LEAST TWO QUALIFIED PHYSICIANS TO STAFF THE  
26 EMERGENCY DEPARTMENT DURING PERIODS OF PEAK UTILIZATION.

27 (2) AT LEAST ONE REGISTERED NURSE OR TECHNICIAN WITH  
28 SPECIALIZED TRAINING IN ADVANCED LIFE SUPPORT TECHNIQUES.

29 (3) ANESTHESIA SERVICES AT ALL TIMES.

30 (4) PHYSICIAN SPECIALISTS WHO CAN IMMEDIATELY CONSULT BY



1 TELEPHONE OR RADIO AND CAN REPORT IMMEDIATELY TO THE HOSPITAL  
2 EMERGENCY DEPARTMENT AS NEEDED.

3 (5) ANCILLARY SERVICES, SUCH AS LABORATORY, RADIOLOGY,  
4 PHARMACY AND RESPIRATORY THERAPY, AT ALL TIMES, WITH  
5 APPROPRIATE PERSONNEL WHO CAN REPORT IMMEDIATELY TO THE  
6 HOSPITAL EMERGENCY DEPARTMENT AS NEEDED.

7 "FOUNDATION." THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION AS  
8 DEFINED IN 35 PA.C.S. § 8103 (RELATING TO DEFINITIONS).

9 "HOSPITAL." AN ENTITY LOCATED IN THIS COMMONWEALTH THAT IS  
10 LICENSED AS A HOSPITAL UNDER THE ACT OF JULY 19, 1979 (P.L.130,  
11 NO.48), KNOWN AS THE HEALTH CARE FACILITIES ACT, OR AN OUT-OF-  
12 STATE HOSPITAL LICENSED BY ITS HOME STATE.

13 "TRAUMA CARE." MEDICAL SERVICES PROVIDED TO AN INDIVIDUAL  
14 WITH A SEVERE, LIFE-THREATENING INJURY WHICH IS LIKELY TO  
15 PRODUCE MORTALITY OR PERMANENT DISABILITY.

16 "TRAUMA CENTER." INCLUDES:

17 (1) A HOSPITAL ACCREDITED AS A LEVEL I, LEVEL II OR  
18 LEVEL III TRAUMA CENTER BY THE PENNSYLVANIA TRAUMA SYSTEMS  
19 FOUNDATION IN ACCORDANCE WITH THIS ARTICLE AND 35 PA.C.S.  
20 § 8107 (RELATING TO PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION).

21 (2) AN OUT-OF-STATE HOSPITAL THAT QUALIFIES AS A TRAUMA  
22 CENTER UNDER THE STATE PLAN FOR MEDICAL ASSISTANCE AND:

23 (I) HAS PAID TO THE FOUNDATION THE ANNUAL  
24 PARTICIPATION FEES THAT WOULD BE DUE IF IT WERE TO OBTAIN  
25 ACCREDITATION FROM THE FOUNDATION; AND

26 (II) HAS SUBMITTED TO THE FOUNDATION ON AN ANNUAL  
27 BASIS:

28 (A) THE CLINICAL PATIENT DATA THAT THE HOSPITAL  
29 SUBMITS TO THE NATIONAL TRAUMA DATABASE REGARDING  
30 PENNSYLVANIA RESIDENTS WHO RECEIVE TRAUMA SERVICES

1 FROM THE HOSPITAL; AND

2 (B) THE INFORMATION NECESSARY TO CALCULATE THE  
3 SUPPLEMENTAL PAYMENT REFERENCED IN SECTION 805-H AS  
4 PROVIDED IN THE STATE PLAN FOR MEDICAL ASSISTANCE.

5 "TRAVEL DISTANCE." THE DISTANCE TRAVELED BY A MOTOR VEHICLE  
6 ON PAVED PUBLIC ROADS HAVING AT LEAST TWO DRIVING LANES OF WIDTH  
7 AND ON WHICH A MOTOR VEHICLE WOULD REASONABLY TRAVEL IN THE  
8 TRANSPORT OF PATIENTS.

9 SECTION 803-H. ACCREDITATION OF LEVEL III TRAUMA CENTERS.

10 (A) STANDARDS.--THE FOUNDATION SHALL ACCREDIT LEVEL III  
11 TRAUMA CENTERS IN ACCORDANCE WITH ESTABLISHED STANDARDS, WHICH  
12 SHALL BE BASED UPON THE CURRENT GUIDELINES FOR TRAUMA CENTERS AS  
13 DEFINED BY THE AMERICAN COLLEGE OF SURGEONS FOR LEVEL III TRAUMA  
14 CENTERS. THE ACCREDITATION PROCESS SHALL BE CONDUCTED IN  
15 COMPLIANCE WITH 35 PA.C.S. § 8107 (RELATING TO PENNSYLVANIA  
16 TRAUMA SYSTEMS FOUNDATION).

17 (B) ADDITIONAL REQUIREMENTS.--IN ADDITION TO THE LEVEL III  
18 STANDARDS ESTABLISHED BY THE FOUNDATION UNDER SUBSECTION (A), A  
19 HOSPITAL MUST MEET ALL OF THE FOLLOWING CRITERIA TO QUALIFY FOR  
20 LEVEL III ACCREDITATION:

21 (1) PROVIDE COMPREHENSIVE EMERGENCY SERVICES.

22 (2) TOTAL ON AN ANNUAL BASIS AT LEAST 4,000 INPATIENT  
23 ADMISSIONS FROM ITS EMERGENCY DEPARTMENT.

24 (3) BE LOCATED IN A THIRD TO EIGHTH CLASS COUNTY.

25 (4) BE LOCATED MORE THAN 25 MILES OF TRAVEL DISTANCE  
26 ESTABLISHED BY ROADWAYS FROM A LEVEL I, LEVEL II OR LEVEL III  
27 TRAUMA CENTER.

28 THE REQUIREMENTS OF PARAGRAPH (3) AND (4) SHALL NOT APPLY TO  
29 LEVEL III TRAUMA CENTERS ACCREDITED OR SEEKING ACCREDITATION AS  
30 OF THE EFFECTIVE DATE OF THIS SUBSECTION.

1 (C) SUBMISSION OF APPLICATION REQUIRED.--TO BE ELIGIBLE FOR  
2 ACCREDITATION AS A LEVEL III TRAUMA CENTER AND TO QUALIFY FOR  
3 FUNDS UNDER THIS ARTICLE, A HOSPITAL MUST SUBMIT AN APPLICATION  
4 TO THE FOUNDATION FOR THE PURPOSE OF DETERMINING COMPLIANCE WITH  
5 THE CRITERIA UNDER SUBSECTION (B).

6 (D) REVIEW OF APPLICATION.--WITHIN 120 DAYS OF THE RECEIPT  
7 OF AN APPLICATION, THE FOUNDATION SHALL COMPLETE ITS REVIEW OF  
8 THE APPLICATION TO DETERMINE COMPLIANCE WITH THE CRITERIA UNDER  
9 SUBSECTION (B). NO LATER THAN 240 DAYS FROM THE COMPLETION OF A  
10 SITE SURVEY, THE FOUNDATION SHALL GRANT OR DENY A CERTIFICATE TO  
11 THOSE HOSPITALS SEEKING TO BE ACCREDITED AS LEVEL III TRAUMA  
12 CENTERS.

13 (E) OTHER TRAUMA CENTER REFERENCES.--A LEVEL III TRAUMA  
14 CENTER ACCREDITED UNDER THIS ARTICLE SHALL NOT BE CONSIDERED AN  
15 ACCREDITED TRAUMA CENTER FOR PURPOSES OF ANY OTHER ACT.  
16 SECTION 804-H. SUBMISSION OF LIST.

17 (A) LEVEL I AND LEVEL II TRAUMA CENTERS.--THE FOUNDATION  
18 SHALL ANNUALLY SUBMIT TO THE DEPARTMENT ITS LIST OF ACCREDITED  
19 LEVEL I AND LEVEL II TRAUMA CENTERS WITH UPDATES AS NECESSARY.  
20 THE LIST SHALL INCLUDE ALL LEVEL I AND LEVEL II TRAUMA CENTERS  
21 AS DEFINED UNDER THIS ARTICLE.

22 (B) LEVEL III TRAUMA CENTERS.--WITHIN 15 DAYS OF THE INITIAL  
23 APPROVAL OF AN ACCREDITED LEVEL III TRAUMA CENTER UNDER SECTION  
24 803-H(D), THE FOUNDATION SHALL SUBMIT THAT INFORMATION TO THE  
25 DEPARTMENT. THE FOUNDATION SHALL MAINTAIN A COMPLETE LIST OF ALL  
26 ACCREDITED LEVEL III TRAUMA CENTERS AND PROVIDE THE LIST TO THE  
27 DEPARTMENT ON AN ANNUAL BASIS WITH UPDATES AS NECESSARY.

28 SECTION 805-H. FUNDING.

29 (A) DISTRIBUTION.--EFFECTIVE FOR FISCAL YEAR 2008-2009 AND  
30 EACH YEAR THEREAFTER, THE DEPARTMENT SHALL DISTRIBUTE ANNUALLY

1 FROM AVAILABLE FUNDS APPROPRIATED FOR THIS PURPOSE A  
2 SUPPLEMENTAL PAYMENT TO EACH ACCREDITED LEVEL I OR LEVEL II  
3 TRAUMA CENTER OR EACH LEVEL III TRAUMA CENTER OR HOSPITAL  
4 SEEKING LEVEL III ACCREDITATION AS PROVIDED IN SECTION 803-H(B)  
5 FOR THE PURPOSE OF IMPROVING ACCESS TO READILY AVAILABLE AND  
6 COORDINATED TRAUMA CARE FOR THE CITIZENS OF THIS COMMONWEALTH.

7 (B) FUNDING.--THE DEPARTMENT SHALL SEEK TO MAXIMIZE ANY  
8 FEDERAL FUNDS, INCLUDING FUNDS OBTAINED PURSUANT TO TITLE XIX OF  
9 THE SOCIAL SECURITY ACT (49 STAT. 620, 42 U.S.C. § 1396 ET SEQ.)  
10 AVAILABLE FOR TRAUMA CARE STABILIZATION.

11 (C) PAYMENT CALCULATION.--

12 (1) PAYMENT SHALL BE ALLOCATED AS FOLLOWS:

13 (I) NINETY PERCENT OF AVAILABLE FUNDS SHALL BE  
14 ALLOCATED TO ACCREDITED LEVEL I AND LEVEL II TRAUMA  
15 CENTERS.

16 (II) THE REMAINING 10% SHALL BE ALLOCATED TO  
17 HOSPITALS ACCREDITED AS LEVEL III TRAUMA CENTERS AND  
18 HOSPITALS SEEKING LEVEL III ACCREDITATION FOR UP TO FOUR  
19 YEARS WITH DOCUMENTED EVIDENCE OF PROGRESSION TOWARD  
20 ACCREDITATION AND ACHIEVEMENT OF BENCHMARKS AS VERIFIED  
21 AND ESTABLISHED BY THE FOUNDATION IN COLLABORATION WITH  
22 THE DEPARTMENT.

23 (2) PAYMENT TO EACH QUALIFYING LEVEL I OR LEVEL II  
24 TRAUMA CENTER SHALL BE CALCULATED USING DATA PROVIDED BY THE  
25 FOUNDATION AS FOLLOWS:

26 (I) FIFTY PERCENT OF THE TOTAL AMOUNT AVAILABLE FOR  
27 LEVEL I AND LEVEL II TRAUMA CENTERS SHALL BE ALLOCATED  
28 EQUALLY AMONG LEVEL I AND LEVEL II TRAUMA CENTERS.

29 (II) FIFTY PERCENT OF THE TOTAL AMOUNT AVAILABLE FOR  
30 LEVEL I AND LEVEL II TRAUMA CENTERS SHALL BE ALLOCATED ON

1 THE BASIS OF EACH TRAUMA CENTER'S PERCENTAGE OF MEDICAL  
2 ASSISTANCE AND UNINSURED TRAUMA CASES AND PATIENT DAYS  
3 COMPARED TO THE STATEWIDE TOTAL NUMBER OF MEDICAL  
4 ASSISTANCE AND UNINSURED TRAUMA CASES AND PATIENT DAYS  
5 FOR ALL LEVEL I AND LEVEL II TRAUMA CENTERS.

6 (3) SUBJECT TO PARAGRAPH (4), PAYMENT TO EACH QUALIFYING  
7 HOSPITAL ACCREDITED OR SEEKING ACCREDITATION AS A LEVEL III  
8 TRAUMA CENTER SHALL BE CALCULATED USING THE INFORMATION AND  
9 DATA PROVIDED BY THE FOUNDATION AS FOLLOWS:

10 (I) FIFTY PERCENT OF THE TOTAL AMOUNT AVAILABLE FOR  
11 LEVEL III TRAUMA CENTERS SHALL BE ALLOCATED EQUALLY AMONG  
12 ALL LEVEL III TRAUMA CENTERS.

13 (II) FIFTY PERCENT OF THE TOTAL AMOUNT AVAILABLE FOR  
14 LEVEL III TRAUMA CENTERS SHALL BE ALLOCATED ON THE BASIS  
15 OF EACH TRAUMA CENTER'S PERCENTAGE OF MEDICAL ASSISTANCE  
16 AND UNINSURED TRAUMA CASES AND PATIENT DAYS COMPARED TO  
17 THE STATEWIDE TOTAL NUMBER OF MEDICAL ASSISTANCE AND  
18 UNINSURED TRAUMA CASES AND PATIENT DAYS FOR ALL LEVEL III  
19 TRAUMA CENTERS.

20 (4) PAYMENT TO EACH QUALIFYING HOSPITAL ACCREDITED AS A  
21 LEVEL III MAY NOT BE GREATER THAN 50% OF THE AVERAGE  
22 STATEWIDE ANNUAL PAYMENT TO A LEVEL II TRAUMA CENTER AS  
23 DETERMINED IN THE METHODOLOGY DESCRIBED IN PARAGRAPH (2).

24 (D) OUT-OF-STATE TRAUMA CENTERS.--ANY HOSPITAL WITH A LEVEL  
25 I OR LEVEL II TRAUMA CENTER NOT LICENSED IN THIS COMMONWEALTH  
26 SHALL BE ELIGIBLE FOR PAYMENT UNDER THIS ARTICLE IF IT MEETS THE  
27 DEFINITION OF "TRAUMA CENTER" IN SECTION 802-H.

28 SECTION 806-H. NOTIFICATION OF TRAUMA CENTER CLOSURE.

29 A HOSPITAL THAT RECEIVES FUNDS PURSUANT TO THIS ARTICLE SHALL  
30 NOTIFY THE DEPARTMENT, THE FOUNDATION AND THE DEPARTMENT OF

1 HEALTH OF ITS INTENT TO CEASE OPERATION OF ITS TRAUMA CENTER NO  
2 LATER THAN 60 DAYS PRIOR TO CLOSURE OF THAT TRAUMA CENTER.  
3 SECTION 807-H. REPORTING.

4 (A) GENERAL RULE.--ON MARCH 1, 2011, AND ANNUALLY  
5 THEREAFTER, THE DEPARTMENT SHALL REPORT TO THE PUBLIC HEALTH AND  
6 WELFARE COMMITTEE OF THE SENATE AND THE HEALTH AND HUMAN  
7 SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES ON THE TRAUMA  
8 CENTERS FUNDED UNDER THIS ARTICLE.

9 (B) CONTENTS OF REPORT.--THE REPORT SHALL DO ALL OF THE  
10 FOLLOWING:

11 (1) IDENTIFY THE TRAUMA CENTERS RECEIVING FUNDS.

12 (2) STATE THE AMOUNT RECEIVED AND THE NUMBER OF  
13 INDIVIDUALS SERVED.

14 (3) MAKE ANY RECOMMENDATIONS FOR IMPROVEMENTS IN THIS  
15 ARTICLE WHICH FURTHER PROMOTE THE AVAILABILITY OF TRAUMA CARE  
16 SERVICES TO THE CITIZENS OF THIS COMMONWEALTH.

17 SECTION 808-H. CERTIFICATION AND FINANCIAL REPORT.

18 (A) CERTIFICATION.--BEFORE FUNDS ARE PROVIDED, A TRAUMA  
19 CENTER QUALIFYING FOR FUNDS UNDER THIS ARTICLE SHALL CERTIFY  
20 THAT THE FUNDS ARE INTENDED TO BE USED FOR DEVELOPING AND  
21 PROVIDING FOR THE AVAILABILITY OF AND ACCESS TO TRAUMA CARE FOR  
22 PENNSYLVANIA RESIDENTS.

23 (B) REPORT.--EACH TRAUMA CENTER WHICH RECEIVES FUNDS UNDER  
24 THIS ARTICLE SHALL REPORT TO THE DEPARTMENT THE FOLLOWING:

25 (1) AN EXPENDITURE REPORT SIX MONTHS AFTER THE END OF  
26 THE FISCAL YEAR ACCOUNTING FOR HOW THE FUNDS WERE SPENT.

27 (2) THE AMOUNT RECEIVED AND THE NUMBER OF INDIVIDUALS  
28 SERVED.

29 (3) HOW FUNDS RECEIVED THROUGH THIS ARTICLE IMPROVED  
30 ACCESS TO TRAUMA CARE FOR PENNSYLVANIA RESIDENTS.

1 SECTION 7. THE ADDITION OF ARTICLE VIII-H OF THE ACT IS A  
2 CONTINUATION OF THE ACT OF MARCH 24, 2004 (P.L.148, NO.15),  
3 KNOWN AS THE PENNSYLVANIA TRAUMA SYSTEMS STABILIZATION ACT. THE  
4 FOLLOWING APPLY:

5 (1) EXCEPT AS OTHERWISE PROVIDED IN ARTICLE VIII-H OF  
6 THE ACT, ALL ACTIVITIES INITIATED UNDER THE PENNSYLVANIA  
7 TRAUMA SYSTEMS STABILIZATION ACT SHALL CONTINUE AND REMAIN IN  
8 FULL FORCE AND EFFECT AND MAY BE COMPLETED UNDER ARTICLE  
9 VIII-H OF THE ACT. RESOLUTIONS, ORDERS, REGULATIONS, RULES  
10 AND DECISIONS WHICH WERE MADE UNDER THE PENNSYLVANIA TRAUMA  
11 SYSTEMS STABILIZATION ACT AND WHICH ARE IN EFFECT ON THE  
12 EFFECTIVE DATE OF THIS SECTION SHALL REMAIN IN FULL FORCE AND  
13 EFFECT UNTIL REVOKED, VACATED OR MODIFIED UNDER ARTICLE VIII-  
14 H OF THE ACT. CONTRACTS, OBLIGATIONS AND AGREEMENTS ENTERED  
15 INTO UNDER THE PENNSYLVANIA TRAUMA SYSTEMS STABILIZATION ACT  
16 ARE NOT AFFECTED NOR IMPAIRED BY THE REPEAL OF THE  
17 PENNSYLVANIA TRAUMA SYSTEMS STABILIZATION ACT.

18 (2) EXCEPT AS SET FORTH IN PARAGRAPH (3), ANY DIFFERENCE  
19 IN LANGUAGE BETWEEN ARTICLE VIII-H OF THE ACT AND THE  
20 PENNSYLVANIA TRAUMA SYSTEMS STABILIZATION ACT IS INTENDED  
21 ONLY TO CONFORM TO THE STYLE OF THE ACT OF JUNE 13, 1967  
22 (P.L.31, NO.21), KNOWN AS THE PUBLIC WELFARE CODE, AND IS NOT  
23 INTENDED TO CHANGE OR AFFECT THE LEGISLATIVE INTENT, JUDICIAL  
24 CONSTRUCTION OR ADMINISTRATIVE INTERPRETATION AND  
25 IMPLEMENTATION OF THE PENNSYLVANIA TRAUMA SYSTEMS  
26 STABILIZATION ACT.

27 (3) PARAGRAPH (2) DOES NOT APPLY TO THE FOLLOWING:

28 (I) THE ADDITION OF THE DEFINITIONS OF  
29 "COMPREHENSIVE EMERGENCY SERVICES," "HOSPITAL," "TRAUMA  
30 CENTER" AND "TRAVEL DISTANCE" IN SECTION 802-H OF THE

1 ACT.

2 (II) THE ADDITION OF SECTIONS 803-H(B), (C) AND (D),  
3 804-H(A), 805-H(A), (C) AND (D) AND 808-H OF THE ACT.

4 SECTION 8. REPEALS ARE AS FOLLOWS:

5 (1) THE GENERAL ASSEMBLY DECLARES THAT THE REPEAL UNDER  
6 PARAGRAPH (2) IS NECESSARY TO EFFECTUATE THE ADDITION OF  
7 ARTICLE VIII-H OF THE ACT.

8 (2) THE ACT OF MARCH 24, 2004 (P.L.148, NO.15), KNOWN AS  
9 THE PENNSYLVANIA TRAUMA SYSTEMS STABILIZATION ACT, IS  
10 REPEALED.

11 Section ~~5~~ ~~6~~ 9. This act shall take effect immediately.

