
 THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1062 Session of
2015

INTRODUCED BY KILLION, MURT, HARHART, GODSHALL, McNEILL,
O'NEILL, HELM, HAHN, FREEMAN, WATSON, HENNESSEY, COHEN,
PICKETT, ZIMMERMAN, EMRICK, SCHLOSSBERG, BAKER AND RADER,
APRIL 27, 2015

SENATOR VANCE, PUBLIC HEALTH AND WELFARE, IN SENATE, AS AMENDED,
JUNE 27, 2016

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 public assistance,~~
 4 ~~repealing certain provisions relating to county liability for~~
 5 ~~nursing home care for persons at county owned facilities.~~
 6 AMENDING THE ACT OF JUNE 13, 1967 (P.L.31, NO.21), ENTITLED "AN <--
 7 ACT TO CONSOLIDATE, EDITORIALY REVISE, AND CODIFY THE PUBLIC
 8 WELFARE LAWS OF THE COMMONWEALTH," AS FOLLOWS:
 9 IN PUBLIC ASSISTANCE, FURTHER PROVIDING FOR PERSONS ELIGIBLE FOR
 10 MEDICAL ASSISTANCE, FOR MEDICAL ASSISTANCE PAYMENTS FOR
 11 INSTITUTIONAL CARE AND FOR OTHER COMPUTATIONS AFFECTING
 12 COUNTIES;
 13 IN CHILDREN AND YOUTH, FURTHER PROVIDING FOR PROVIDER
 14 SUBMISSIONS;
 15 IN NURSING FACILITY ASSESSMENTS, FURTHER PROVIDING FOR TIME
 16 PERIODS;
 17 IN INTERMEDIATE CARE FACILITIES FOR PERSONS WITH AN INTELLECTUAL
 18 DISABILITY ASSESSMENTS, FURTHER PROVIDING FOR TIME PERIODS;
 19 IN HOSPITAL ASSESSMENTS, FURTHER PROVIDING FOR TIME PERIODS;
 20 IN DEPARTMENTAL POWERS AND DUTIES AS TO LICENSING, FURTHER
 21 PROVIDING FOR REGULATIONS;
 22 ESTABLISHING THE PENNSYLVANIA EHEALTH PARTNERSHIP PROGRAM;
 23 MAKING EDITORIAL CHANGES; AND
 24 MAKING RELATED REPEALS.

25 The General Assembly of the Commonwealth of Pennsylvania
 26 hereby enacts as follows:

27 ~~Section 1. Section 472 of the act of June 13, 1967 (P.L.31, <--~~

1 ~~No.21), known as the Public Welfare Code, amended July 7, 2005-~~
2 ~~(P.L.177, No.42), is repealed:~~

3 ~~[Section 472. Other Computations Affecting Counties. To~~
4 ~~compute for each month the amount expended as medical assistance-~~
5 ~~for public nursing home care on behalf of persons at each public~~
6 ~~medical institution operated by a county, county institution-~~
7 ~~district or municipality and the amount expended in each county-~~
8 ~~for aid to families with dependent children on behalf of-~~
9 ~~children in foster family homes or child caring institutions,~~
10 ~~plus the cost of administering such assistance. From such total-~~
11 ~~amount the department shall deduct the amount of Federal funds-~~
12 ~~properly received or to be received by the department on account-~~
13 ~~of such expenditures, and shall certify the remainder increased-~~
14 ~~or decreased, as the case may be, by any amount by which the sum-~~
15 ~~certified for any previous month differed from the amount which-~~
16 ~~should have been certified for such previous month, and by the-~~
17 ~~proportionate share of any refunds of such assistance, to each-~~
18 ~~appropriate county, county institution district or municipality.-~~
19 ~~The amounts so certified shall become obligations of such-~~
20 ~~counties, county institution districts or municipalities to be-~~
21 ~~paid to the department for assistance: Provided, however, That-~~
22 ~~for fiscal year 1979-80 and thereafter, the obligations of the-~~
23 ~~counties shall be the amounts so certified representing aid to-~~
24 ~~dependent children foster care as computed above plus one tenth-~~
25 ~~of the amount so certified above for public nursing home care:-~~
26 ~~And provided further, That as to public nursing home care, for-~~
27 ~~fiscal year 2005-2006 and thereafter, the obligations of the-~~
28 ~~counties shall be the amount so certified above, less nine-~~
29 ~~tenths of the non Federal share of payments made by the-~~
30 ~~department during the fiscal year to county homes for public-~~

1 ~~nursing care at rates established in accordance with section~~
2 ~~443.1(5).]~~

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

4 SECTION 1. SECTION 441.1 OF THE ACT OF JUNE 13, 1967 <--
5 (P.L.31, NO.21), KNOWN AS THE HUMAN SERVICES CODE, IS AMENDED BY
6 ADDING SUBSECTIONS TO READ:

7 SECTION 441.1. PERSONS ELIGIBLE FOR MEDICAL ASSISTANCE.--* *
8 *

9 (C) EXCEPT AS PROVIDED UNDER SUBSECTION (A) (4) AND (5), UPON
10 NOTIFICATION OF INCARCERATION, THE DEPARTMENT SHALL TEMPORARILY
11 SUSPEND, FOR A PERIOD OF NOT MORE THAN TWO YEARS, MEDICAL
12 ASSISTANCE FOR A RECIPIENT WHO BECOMES INCARCERATED IN A
13 CORRECTIONAL INSTITUTION. THE SUSPENSION OF MEDICAL ASSISTANCE
14 SHALL CEASE AND THE RECIPIENT SHALL CONTINUE TO RECEIVE MEDICAL
15 ASSISTANCE UPON NOTIFICATION OF AN INMATE'S RELEASE FROM THE
16 CORRECTIONAL INSTITUTION, SUBJECT TO THE ELIGIBILITY
17 REQUIREMENTS UNDER THE COMMONWEALTH'S APPROVED TITLE XIX STATE
18 PLAN.

19 (D) NOTWITHSTANDING SUBSECTION (C), UPON NOTIFICATION FROM A
20 CORRECTIONAL INSTITUTION OF AN INMATE'S RELEASE AND THE
21 DEPARTMENT'S RECEIPT OF AN INMATE'S APPLICATION, THE DEPARTMENT
22 SHALL DETERMINE THE INMATE'S ELIGIBILITY FOR MEDICAL ASSISTANCE.
23 EXCEPT AS PROVIDED UNDER SUBSECTION (A) (4) AND (5), MEDICAL
24 ASSISTANCE MAY NOT BE PROVIDED UNTIL THE DATE OF THE INMATE'S
25 RELEASE.

26 SECTION 2. SECTION 443.1(7) (IV) AND (VI) OF THE ACT, AMENDED
27 JULY 9, 2013 (P.L.369, NO.55) AND DECEMBER 28, 2015 (P.L.500,
28 NO.92), ARE AMENDED TO READ:

29 SECTION 443.1. MEDICAL ASSISTANCE PAYMENTS FOR INSTITUTIONAL
30 CARE.--THE FOLLOWING MEDICAL ASSISTANCE PAYMENTS SHALL BE MADE

1 ON BEHALF OF ELIGIBLE PERSONS WHOSE INSTITUTIONAL CARE IS
2 PRESCRIBED BY PHYSICIANS:

3 * * *

4 (7) AFTER JUNE 30, 2007, PAYMENTS TO COUNTY AND NONPUBLIC
5 NURSING FACILITIES ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM AS
6 PROVIDERS OF NURSING FACILITY SERVICES SHALL BE DETERMINED IN
7 ACCORDANCE WITH THE METHODOLOGIES FOR ESTABLISHING PAYMENT RATES
8 FOR COUNTY AND NONPUBLIC NURSING FACILITIES SPECIFIED IN THE
9 DEPARTMENT'S REGULATIONS AND THE COMMONWEALTH'S APPROVED TITLE
10 XIX STATE PLAN FOR NURSING FACILITY SERVICES IN EFFECT AFTER
11 JUNE 30, 2007. THE FOLLOWING SHALL APPLY:

12 * * *

13 (IV) SUBJECT TO FEDERAL APPROVAL OF SUCH AMENDMENTS AS MAY
14 BE NECESSARY TO THE COMMONWEALTH'S APPROVED TITLE XIX STATE
15 PLAN, FOR EACH FISCAL YEAR BEGINNING ON OR AFTER JULY 1, 2011,
16 THE DEPARTMENT SHALL APPLY A REVENUE ADJUSTMENT NEUTRALITY
17 FACTOR TO COUNTY AND NONPUBLIC NURSING FACILITY PAYMENT RATES SO
18 THAT THE ESTIMATED STATEWIDE DAY-WEIGHTED AVERAGE PAYMENT RATE
19 IN EFFECT FOR THAT FISCAL YEAR IS LIMITED TO THE AMOUNT
20 PERMITTED BY THE FUNDS APPROPRIATED BY THE GENERAL APPROPRIATION
21 ACT FOR THE FISCAL YEAR. THE REVENUE ADJUSTMENT NEUTRALITY
22 FACTOR SHALL REMAIN IN EFFECT UNTIL THE SOONER OF JUNE 30,
23 [2016] 2019, OR THE DATE ON WHICH A NEW RATE-SETTING METHODOLOGY
24 FOR MEDICAL ASSISTANCE NURSING FACILITY SERVICES WHICH REPLACES
25 THE RATE-SETTING METHODOLOGY CODIFIED IN 55 PA. CODE CHS. 1187
26 (RELATING TO NURSING FACILITY SERVICES) AND 1189 (RELATING TO
27 COUNTY NURSING FACILITY SERVICES) TAKES EFFECT.

28 * * *

29 (VI) SUBJECT TO FEDERAL APPROVAL OF SUCH AMENDMENTS AS MAY
30 BE NECESSARY TO THE COMMONWEALTH'S APPROVED TITLE XIX STATE

1 PLAN, FOR FISCAL [YEAR 2015-2016] YEARS 2015-2016 AND 2016-2017,
2 THE DEPARTMENT SHALL MAKE UP TO FOUR MEDICAL ASSISTANCE DAY-ONE
3 INCENTIVE PAYMENTS TO QUALIFIED NONPUBLIC NURSING FACILITIES.
4 THE DEPARTMENT SHALL DETERMINE THE NONPUBLIC NURSING FACILITIES
5 THAT QUALIFY FOR THE MEDICAL ASSISTANCE DAY-ONE INCENTIVE
6 PAYMENTS AND CALCULATE THE PAYMENTS USING THE TOTAL PENNSYLVANIA
7 MEDICAL ASSISTANCE (PA MA) DAYS AND TOTAL RESIDENT DAYS AS
8 REPORTED BY NONPUBLIC NURSING FACILITIES UNDER ARTICLE VIII-A.
9 THE DEPARTMENT'S DETERMINATION AND CALCULATIONS UNDER THIS
10 SUBPARAGRAPH SHALL BE BASED ON THE NURSING FACILITY ASSESSMENT
11 QUARTERLY RESIDENT DAY REPORTING FORMS, AS DETERMINED BY THE
12 DEPARTMENT. THE DEPARTMENT SHALL NOT RETROACTIVELY REVISE A
13 MEDICAL ASSISTANCE DAY-ONE INCENTIVE PAYMENT AMOUNT BASED ON A
14 NURSING FACILITY'S LATE SUBMISSION OR REVISION OF THE
15 DEPARTMENT'S REPORT AFTER THE DATES DESIGNATED BY THE
16 DEPARTMENT. THE DEPARTMENT, HOWEVER, MAY RECOUP PAYMENTS BASED
17 ON AN AUDIT OF A NURSING FACILITY'S REPORT. THE FOLLOWING SHALL
18 APPLY:

19 (A) A NONPUBLIC NURSING FACILITY SHALL MEET ALL OF THE
20 FOLLOWING CRITERIA TO QUALIFY FOR A MEDICAL ASSISTANCE DAY-ONE
21 INCENTIVE PAYMENT:

22 (I) THE NURSING FACILITY SHALL HAVE AN OVERALL OCCUPANCY
23 RATE OF AT LEAST EIGHTY-FIVE PERCENT DURING THE RESIDENT DAY
24 QUARTER. FOR PURPOSES OF DETERMINING A NURSING FACILITY'S
25 OVERALL OCCUPANCY RATE, A NURSING FACILITY'S TOTAL RESIDENT
26 DAYS, AS REPORTED BY THE FACILITY UNDER ARTICLE VIII-A, SHALL BE
27 DIVIDED BY THE PRODUCT OF THE FACILITY'S LICENSED BED CAPACITY,
28 AT THE END OF THE QUARTER, MULTIPLIED BY THE NUMBER OF CALENDAR
29 DAYS IN THE QUARTER.

30 (II) THE NURSING FACILITY SHALL HAVE A MEDICAL ASSISTANCE

1 OCCUPANCY RATE OF AT LEAST SIXTY-FIVE PERCENT DURING THE
2 RESIDENT DAY QUARTER. FOR PURPOSES OF DETERMINING A NURSING
3 FACILITY'S MEDICAL ASSISTANCE OCCUPANCY RATE, THE NURSING
4 FACILITY'S TOTAL PA MA DAYS SHALL BE DIVIDED BY THE NURSING
5 FACILITY'S TOTAL RESIDENT DAYS, AS REPORTED BY THE FACILITY
6 UNDER ARTICLE VIII-A.

7 (III) THE NURSING FACILITY SHALL BE A NONPUBLIC NURSING
8 FACILITY FOR A FULL RESIDENT DAY QUARTER PRIOR TO THE APPLICABLE
9 QUARTERLY REPORTING DUE DATES, AS DETERMINED BY THE DEPARTMENT.

10 (B) THE DEPARTMENT SHALL CALCULATE A QUALIFIED NONPUBLIC
11 NURSING FACILITY'S MEDICAL ASSISTANCE DAY-ONE INCENTIVE PAYMENT
12 AS FOLLOWS:

13 (I) THE TOTAL FUNDS APPROPRIATED FOR PAYMENTS UNDER THIS
14 SUBPARAGRAPH SHALL BE DIVIDED BY THE NUMBER OF PAYMENTS, AS
15 DETERMINED BY THE DEPARTMENT.

16 (II) TO ESTABLISH THE PER DIEM RATE FOR A PAYMENT, THE
17 AMOUNT UNDER SUBCLAUSE (I) SHALL BE DIVIDED BY THE TOTAL PA MA
18 DAYS, AS REPORTED BY ALL QUALIFYING NONPUBLIC NURSING FACILITIES
19 UNDER ARTICLE VIII-A FOR THAT PAYMENT.

20 (III) TO DETERMINE A QUALIFYING NONPUBLIC NURSING FACILITY'S
21 MEDICAL ASSISTANCE DAY-ONE INCENTIVE PAYMENT, THE PER DIEM RATE
22 CALCULATED FOR THE PAYMENT SHALL BE MULTIPLIED BY A NONPUBLIC
23 NURSING FACILITY'S TOTAL PA MA DAYS, AS REPORTED BY THE FACILITY
24 UNDER ARTICLE VIII-A FOR THE PAYMENT.

25 (C) FOR FISCAL [YEAR 2015-2016] YEARS 2015-2016 AND 2016-
26 2017, THE STATE FUNDS AVAILABLE FOR THE NONPUBLIC NURSING
27 FACILITY MEDICAL ASSISTANCE DAY-ONE INCENTIVE PAYMENTS SHALL
28 EQUAL EIGHT MILLION DOLLARS (\$8,000,000).

29 * * *

30 SECTION 3. SECTIONS 472 AND 704.3(A) OF THE ACT, AMENDED

1 DECEMBER 28, 2015 (P.L.500, NO.92), ARE AMENDED TO READ:
2 SECTION 472. OTHER COMPUTATIONS AFFECTING COUNTIES.--(A) TO
3 COMPUTE FOR EACH MONTH THE AMOUNT EXPENDED AS MEDICAL ASSISTANCE
4 FOR PUBLIC NURSING HOME CARE ON BEHALF OF PERSONS AT EACH PUBLIC
5 MEDICAL INSTITUTION OPERATED BY A COUNTY, COUNTY INSTITUTION
6 DISTRICT OR MUNICIPALITY AND THE AMOUNT EXPENDED IN EACH COUNTY
7 FOR AID TO FAMILIES WITH DEPENDENT CHILDREN ON BEHALF OF
8 CHILDREN IN FOSTER FAMILY HOMES OR CHILD-CARING INSTITUTIONS,
9 PLUS THE COST OF ADMINISTERING SUCH ASSISTANCE. FROM SUCH TOTAL
10 AMOUNT THE DEPARTMENT SHALL DEDUCT THE AMOUNT OF FEDERAL FUNDS
11 PROPERLY RECEIVED OR TO BE RECEIVED BY THE DEPARTMENT ON ACCOUNT
12 OF SUCH EXPENDITURES, AND SHALL CERTIFY THE REMAINDER INCREASED
13 OR DECREASED, AS THE CASE MAY BE, BY ANY AMOUNT BY WHICH THE SUM
14 CERTIFIED FOR ANY PREVIOUS MONTH DIFFERED FROM THE AMOUNT WHICH
15 SHOULD HAVE BEEN CERTIFIED FOR SUCH PREVIOUS MONTH, AND BY THE
16 PROPORTIONATE SHARE OF ANY REFUNDS OF SUCH ASSISTANCE, TO EACH
17 APPROPRIATE COUNTY, COUNTY INSTITUTION DISTRICT OR MUNICIPALITY.
18 THE AMOUNTS SO CERTIFIED SHALL BECOME OBLIGATIONS OF SUCH
19 COUNTIES, COUNTY INSTITUTION DISTRICTS OR MUNICIPALITIES TO BE
20 PAID TO THE DEPARTMENT FOR ASSISTANCE: PROVIDED, HOWEVER, THAT
21 FOR FISCAL YEAR 1979-80 AND THEREAFTER, THE OBLIGATIONS OF THE
22 COUNTIES SHALL BE THE AMOUNTS SO CERTIFIED REPRESENTING AID TO
23 DEPENDENT CHILDREN FOSTER CARE AS COMPUTED ABOVE PLUS ONE-TENTH
24 OF THE AMOUNT SO CERTIFIED ABOVE FOR PUBLIC NURSING HOME CARE:
25 AND PROVIDED FURTHER, THAT AS TO PUBLIC NURSING HOME CARE,
26 EXCEPT AS PROVIDED IN SUBSECTION (B), FOR FISCAL YEAR 2005-2006
27 AND THEREAFTER, THE OBLIGATIONS OF THE COUNTIES SHALL BE THE
28 AMOUNT SO CERTIFIED ABOVE, LESS NINE-TENTHS OF THE NON-FEDERAL
29 SHARE OF PAYMENTS MADE BY THE DEPARTMENT DURING THE FISCAL YEAR
30 TO COUNTY HOMES FOR PUBLIC NURSING CARE AT RATES ESTABLISHED IN

1 ACCORDANCE WITH SECTION 443.1(5) AND (7).

2 (B) A COUNTY, COUNTY INSTITUTION DISTRICT OR MUNICIPALITY
3 OPERATING A PUBLIC MEDICAL INSTITUTION PROVIDING PUBLIC NURSING
4 HOME CARE SHALL NOT BE REQUIRED TO MEET THE OBLIGATIONS UNDER
5 SUBSECTION (A) ONCE THE APPROVED FEDERAL WAIVERS UNDER SECTION
6 1915(B) AND (C) OF THE SOCIAL SECURITY ACT (49 STAT. 620, 42
7 U.S.C. § 1396N(B) AND (C)) TO PROVIDE MANAGED PHYSICAL HEALTH
8 CARE AND LONG-TERM SERVICES AND SUPPORTS TO INDIVIDUALS WHO
9 REQUIRE A NURSING HOME LEVEL OF CARE ARE IMPLEMENTED IN THE
10 COUNTY.

11 (C) THIS SECTION SHALL EXPIRE JANUARY 1, 2019.

12 SECTION 704.3. PROVIDER SUBMISSIONS.--(A) FOR FISCAL YEARS
13 2013-2014, 2014-2015 [AND], 2015-2016 AND 2016-2017, A PROVIDER
14 SHALL SUBMIT DOCUMENTATION OF ITS COSTS OF PROVIDING SERVICES;
15 AND THE DEPARTMENT SHALL USE SUCH DOCUMENTATION, TO THE EXTENT
16 NECESSARY, TO SUPPORT THE DEPARTMENT'S CLAIM FOR FEDERAL FUNDING
17 AND FOR STATE REIMBURSEMENT FOR ALLOWABLE DIRECT AND INDIRECT
18 COSTS INCURRED IN THE PROVISION OF OUT-OF-HOME PLACEMENT
19 SERVICES.

20 * * *

21 SECTION 4. SECTION 801-A OF THE ACT, AMENDED JUNE 30, 2007
22 (P.L.49, NO.16), IS AMENDED TO READ:

23 SECTION 801-A. DEFINITIONS.--AS USED IN THIS ARTICLE--

24 "ASSESSMENT" MEANS THE FEE IMPLEMENTED PURSUANT TO THIS
25 ARTICLE ON EVERY NURSING FACILITY.

26 "COUNTY NURSING FACILITY" MEANS A LONG-TERM CARE NURSING
27 FACILITY THAT IS LICENSED BY THE DEPARTMENT OF HEALTH UNDER THE
28 ACT OF JULY 19, 1979 (P.L.130, NO.48), KNOWN AS THE "HEALTH CARE
29 FACILITIES ACT," AND CONTROLLED BY THE COUNTY INSTITUTION
30 DISTRICT OR COUNTY GOVERNMENT IF NO COUNTY INSTITUTION DISTRICT

1 EXISTS. THE TERM DOES NOT INCLUDE INTERMEDIATE CARE FACILITIES
2 FOR THE MENTALLY RETARDED CONTROLLED BY THE COUNTY INSTITUTION
3 DISTRICT OR COUNTY GOVERNMENT.

4 "MEDICAL ASSISTANCE PROVIDER" MEANS A PERSON OR ENTITY
5 ENROLLED BY THE DEPARTMENT OF [PUBLIC WELFARE] HUMAN SERVICES AS
6 A PROVIDER OF SERVICES IN THE MEDICAL ASSISTANCE PROGRAM.

7 "NURSING FACILITY" MEANS A NON-FEDERAL, NONPUBLIC LONG-TERM
8 CARE NURSING FACILITY LICENSED BY THE DEPARTMENT OF HEALTH
9 PURSUANT TO THE ACT OF JULY 19, 1979 (P.L.130, NO.48), KNOWN AS
10 THE "HEALTH CARE FACILITIES ACT." THE TERM DOES NOT INCLUDE
11 INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED.

12 "PROGRAM" MEANS THE MEDICAL ASSISTANCE PROGRAM.

13 SECTION 5. SECTION 815-A OF THE ACT, AMENDED JUNE 30, 2012
14 (P.L.668, NO.80), IS AMENDED TO READ:

15 SECTION 815-A. TIME PERIODS.--THE ASSESSMENT AUTHORIZED IN
16 THIS ARTICLE SHALL NOT BE IMPOSED PRIOR TO JULY 1, 2003, OR
17 AFTER JUNE 30, [2016] 2019.

18 SECTION 6. SECTIONS 801-C AND 811-C OF THE ACT, AMENDED JULY
19 9, 2013 (P.L.369, NO.55), ARE AMENDED TO READ:

20 SECTION 801-C. DEFINITIONS.

21 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS ARTICLE
22 SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE
23 CONTEXT CLEARLY INDICATES OTHERWISE:

24 "ASSESSMENT." THE FEE IMPLEMENTED PURSUANT TO THIS ARTICLE
25 ON EVERY INTERMEDIATE CARE FACILITY FOR PERSONS WITH AN
26 INTELLECTUAL DISABILITY.

27 "DEPARTMENT." THE DEPARTMENT OF [PUBLIC WELFARE] HUMAN
28 SERVICES OF THE COMMONWEALTH.

29 "INTERMEDIATE CARE FACILITY FOR PERSONS WITH AN INTELLECTUAL
30 DISABILITY" OR " ICF/ID." A PUBLIC OR PRIVATE FACILITY DEFINED

1 IN SECTION 1905 OF THE SOCIAL SECURITY ACT (49 STAT. 620, 42
2 U.S.C. § 1905).

3 "MEDICAID." THE PROGRAM ESTABLISHED UNDER TITLE XIX OF THE
4 SOCIAL SECURITY ACT (49 STAT. 620, 42 U.S.C. § 1396 ET SEQ.).

5 "MEDICAL ASSISTANCE PROGRAM" OR "PROGRAM." THE MEDICAL
6 ASSISTANCE PROGRAM AS ADMINISTERED BY THE DEPARTMENT OF [PUBLIC
7 WELFARE] HUMAN SERVICES.

8 "SECRETARY." THE SECRETARY OF [PUBLIC WELFARE] HUMAN
9 SERVICES OF THE COMMONWEALTH.

10 "SOCIAL SECURITY ACT." 49 STAT. 620, 42 U.S.C. § 301 ET SEQ.
11 SECTION 811-C. TIME PERIODS.

12 (A) IMPOSITION.--THE ASSESSMENT AUTHORIZED UNDER THIS
13 ARTICLE SHALL NOT BE IMPOSED AS FOLLOWS:

14 (1) PRIOR TO JULY 1, 2003, FOR PRIVATE ICFS/ID.

15 (2) PRIOR TO JULY 1, 2004, FOR PUBLIC ICFS/ID.

16 (3) IN THE ABSENCE OF FEDERAL FINANCIAL PARTICIPATION AS
17 DESCRIBED UNDER SECTION 803-C.

18 (B) CESSATION.--THE ASSESSMENT AUTHORIZED UNDER THIS ARTICLE
19 SHALL CEASE JUNE 30, [2016] 2019, OR EARLIER, IF REQUIRED BY
20 LAW.

21 SECTION 7. THE DEFINITIONS OF "GENERAL ACUTE CARE HOSPITAL"
22 AND "HIGH VOLUME MEDICAID HOSPITAL" IN SECTION 801-E OF THE ACT,
23 REENACTED OCTOBER 22, 2010 (P.L.829, NO.84), ARE AMENDED TO
24 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 A

1 HOSPITAL THAT THE SECRETARY OF [PUBLIC WELFARE] HUMAN SERVICES
2 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 (5) IS A FREE-STANDING ACUTE CARE HOSPITAL ORGANIZED
14 PRIMARILY FOR THE TREATMENT OF AND RESEARCH ON CANCER AND WHICH
15 IS AN EXEMPT HOSPITAL UNDER SECTION 801-G.

16 "HIGH VOLUME MEDICAID HOSPITAL." A HOSPITAL THAT THE
17 SECRETARY OF [PUBLIC WELFARE] HUMAN SERVICES HAS DETERMINED
18 MEETS ALL OF THE FOLLOWING:

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

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

24 * * *

25 SECTION 8. SECTION 808-E OF THE ACT, AMENDED JULY 9, 2013
26 (P.L.369, NO.55), IS AMENDED TO READ:

27 SECTION 808-E. TIME PERIOD.

28 (A) CESSATION.--THE ASSESSMENT AUTHORIZED UNDER THIS ARTICLE
29 SHALL CEASE JUNE 30, [2016] 2019.

30 (B) ASSESSMENT.--

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

4 (2) A MUNICIPALITY MAY ADJUST AN ASSESSMENT PERCENTAGE
5 AS SPECIFIED UNDER SECTION 802-E(A.1) EITHER PRIOR TO OR
6 DURING THE FISCAL YEAR IN WHICH THE ADJUSTED ASSESSMENT
7 PERCENTAGE TAKES EFFECT.

8 SECTION 9. SECTION 1021(C) OF THE ACT IS REPEALED:

9 SECTION 1021. REGULATIONS.--* * *

10 [(C) THE DEPARTMENT SHALL HAVE ENFORCEMENT AND LICENSURE
11 STAFF DEDICATED SOLELY TO ASSISTED LIVING RESIDENCES. ALL
12 INSPECTIONS OF RESIDENCES DUALY LICENSED AS ASSISTED LIVING
13 RESIDENCES AND PERSONAL CARE HOMES SHALL BE CONDUCTED BY A TEAM
14 OF SURVEYORS COMPRISED OF BOTH PERSONAL CARE HOME AND ASSISTED
15 LIVING RESIDENCE SURVEYORS.]

16 * * *

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

18 ARTICLE XIV-C

19 PENNSYLVANIA EHEALTH PARTNERSHIP PROGRAM

20 SECTION 1401-C. DEFINITIONS.

21 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS ARTICLE
22 SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE
23 CONTEXT CLEARLY INDICATES OTHERWISE:

24 "BOARD." THE PENNSYLVANIA EHEALTH PARTNERSHIP ADVISORY
25 BOARD.

26 "DEPARTMENT." THE DEPARTMENT OF HUMAN SERVICES OF THE
27 COMMONWEALTH.

28 "ELECTRONIC HEALTH RECORD." AN ELECTRONIC RECORD OF HEALTH-
29 RELATED INFORMATION RELATING TO AN INDIVIDUAL THAT IS CREATED,
30 GATHERED, MANAGED AND CONSULTED BY HEALTH CARE PROVIDERS OR

1 PAYERS.

2 "FUND." THE PENNSYLVANIA EHEALTH PARTNERSHIP FUND.

3 "HEALTH CARE PROVIDER." A PERSON LICENSED BY THE

4 COMMONWEALTH TO PROVIDE HEALTH CARE OR PROFESSIONAL CLINICAL

5 SERVICES. THE TERM INCLUDES:

6 (1) A "HEALTH CARE PRACTITIONER" AS DEFINED IN SECTION
7 103 OF THE ACT OF JULY 19, 1979 (P.L.130, NO.48), KNOWN AS
8 THE HEALTH CARE FACILITIES ACT.

9 (2) A "HEALTH CARE PROVIDER" AS DEFINED IN SECTION 103
10 OF THE HEALTH CARE FACILITIES ACT.

11 (3) A PUBLIC HEALTH AUTHORITY.

12 (4) A PHARMACY.

13 (5) A LABORATORY.

14 (6) A PERSON THAT PROVIDES ITEMS OR SERVICES DESCRIBED
15 IN SECTION 1861(S) OF THE SOCIAL SECURITY ACT (49 STAT. 620,
16 42 U.S.C. § 1395X(S)).

17 (7) A "PROVIDER OF SERVICES" AS DEFINED IN SECTION
18 1861(U) OF THE SOCIAL SECURITY ACT (49 STAT. 620, 42 U.S.C. §
19 1395X(U)).

20 "HEALTH INFORMATION." ORAL OR RECORDED INFORMATION IN ANY
21 FORM OR MEDIUM THAT IS CREATED OR RECEIVED BY A HEALTH CARE
22 PROVIDER RELATING TO THE FOLLOWING:

23 (1) THE PAST, PRESENT OR FUTURE PHYSICAL OR MENTAL
24 HEALTH OR MEDICAL CONDITION OF AN INDIVIDUAL.

25 (2) THE PAST, PRESENT OR FUTURE PAYMENT, TREATMENT OR
26 OPERATIONS FOR THE PROVISION OF HEALTH CARE TO AN INDIVIDUAL.

27 "HEALTH INFORMATION EXCHANGE." A STATEWIDE INTEROPERABLE
28 SYSTEM ESTABLISHED UNDER THIS ARTICLE THAT ELECTRONICALLY MOVES
29 AND EXCHANGES HEALTH INFORMATION BETWEEN APPROVED PARTICIPATING
30 HEALTH CARE PROVIDERS OR HEALTH INFORMATION ORGANIZATIONS IN A

1 MANNER THAT ENSURES THE SECURE EXCHANGE OF HEALTH INFORMATION TO
2 PROVIDE CARE TO PATIENTS.

3 "HEALTH INFORMATION ORGANIZATION." AN INFORMATION TECHNOLOGY
4 INFRASTRUCTURE WITH AN INTEROPERABLE SYSTEM THAT IS ESTABLISHED
5 BY A HEALTH CARE PROVIDER OR PAYER OR THAT CONNECTS
6 PARTICIPATING HEALTH CARE PROVIDERS OR PAYERS TO ENSURE THE
7 SECURE DIGITAL EXCHANGE OF HEALTH INFORMATION AMONG PARTICIPANTS
8 ENGAGED IN THE CARE OF THE PATIENT.

9 "HEALTH INFORMATION TECHNOLOGY." HARDWARE, SOFTWARE,
10 INTEGRATED TECHNOLOGIES OR RELATED LICENSES, INTELLECTUAL
11 PROPERTY, UPGRADES OR PACKAGED SOLUTIONS SOLD AS SERVICES THAT
12 ARE DESIGNED FOR OR SUPPORT THE USE BY HEALTH CARE ENTITIES OR
13 PATIENTS FOR THE ELECTRONIC CREATION, MAINTENANCE, ACCESS OR
14 EXCHANGE OF HEALTH INFORMATION.

15 "INTEROPERABILITY." THE ABILITY OF DIFFERENT OPERATING AND
16 SOFTWARE SYSTEMS TO EMPLOY FEDERALLY RECOGNIZED STANDARDS TO
17 EXCHANGE DATA SECURELY, ACCURATELY, EFFECTIVELY AND IN A MANNER
18 THAT MAINTAINS AND PRESERVES THE CLINICAL PURPOSE OF THE DATA.

19 "PARTICIPANT." A PERSON OR ENTITY WHICH HAS BEEN APPROVED BY
20 THE DEPARTMENT TO SEND AND RECEIVE HEALTH INFORMATION USING THE
21 HEALTH INFORMATION EXCHANGE.

22 "PAYER." AN ENTITY THAT CONTRACTS OR OFFERS TO CONTRACT TO
23 PROVIDE, DELIVER, PAY OR REIMBURSE ANY OF THE COSTS OF HEALTH
24 CARE SERVICES, INCLUDING AN EMPLOYER, A HEALTH CARE PLAN, THE
25 FEDERAL GOVERNMENT, THE COMMONWEALTH, A MUNICIPALITY, A LABOR
26 UNION OR AN ENTITY LICENSED UNDER ANY OF THE FOLLOWING:

27 (1) THE ACT OF MAY 17, 1921 (P.L.682, NO.284), KNOWN AS
28 THE INSURANCE COMPANY LAW OF 1921.

29 (2) THE ACT OF DECEMBER 29, 1972 (P.L.1701, NO.364),
30 KNOWN AS THE HEALTH MAINTENANCE ORGANIZATION ACT.

1 (3) 40 PA.C.S. CH. 61 (RELATING TO HOSPITAL PLAN
2 CORPORATIONS).

3 (4) 40 PA.C.S. CH. 63 (RELATING TO PROFESSIONAL HEALTH
4 SERVICES PLAN CORPORATIONS).

5 "SECRETARY." THE SECRETARY OF HUMAN SERVICES OF THE
6 COMMONWEALTH.

7 SECTION 1402-C. PENNSYLVANIA EHEALTH PARTNERSHIP PROGRAM.

8 THE PENNSYLVANIA EHEALTH PARTNERSHIP PROGRAM IS ESTABLISHED
9 WITHIN THE DEPARTMENT.

10 SECTION 1403-C. POWERS AND DUTIES.

11 THE DEPARTMENT'S POWERS AND DUTIES SHALL INCLUDE THE
12 FOLLOWING:

13 (1) DEVELOP, ESTABLISH AND MAINTAIN A HEALTH INFORMATION
14 EXCHANGE THAT COMPLIES WITH FEDERAL AND STATE LAW AND THAT:

15 (I) PROMOTES EFFICIENT AND EFFECTIVE COMMUNICATION
16 AMONG MULTIPLE HEALTH CARE PROVIDERS, PAYERS AND
17 PARTICIPANTS.

18 (II) CREATES EFFICIENCIES AND PROMOTES ACCURACY IN
19 THE DELIVERY OF HEALTH CARE.

20 (III) SUPPORTS THE ABILITY TO IMPROVE COMMUNITY
21 HEALTH STATUS.

22 (2) DETERMINE CRITERIA FOR ORGANIZATIONS AND INDIVIDUALS
23 TO BECOME AND REMAIN PARTICIPANTS IN THE HEALTH INFORMATION
24 EXCHANGE, INCLUDING CRITERIA FOR ORGANIZATIONS AND
25 INDIVIDUALS TO BE SUSPENDED AND DISENGAGED AS PARTICIPANTS IN
26 THE HEALTH INFORMATION EXCHANGE.

27 (3) DEVELOP AND MAINTAIN A DIRECTORY OF HEALTH CARE
28 PROVIDERS' CONTACT INFORMATION TO ENABLE PARTICIPANTS TO
29 SHARE HEALTH INFORMATION ELECTRONICALLY.

30 (4) DEVELOP AND MAINTAIN STANDARDS TO ENSURE

1 INTEROPERABILITY.

2 (5) ESTABLISH AND COLLECT FEES. FEES MAY INCLUDE
3 TRANSACTION FEES, SUBSCRIPTION FEES OR OTHER FEES OR
4 DONATIONS TO COVER COSTS OF IMPLEMENTATION AND OPERATION OF
5 THE HEALTH INFORMATION EXCHANGE OR FOR OTHER SERVICES
6 PROVIDED UNDER THIS ARTICLE. RECEIPT OF SERVICES PROVIDED BY
7 OR THROUGH THE DEPARTMENT MAY BE CONDITIONED ON PAYMENT OF
8 FEES. PARTICIPATION IN THE HEALTH INFORMATION EXCHANGE BY ANY
9 HEALTH CARE PROVIDER, PAYER, CONSUMER OR ANY OTHER PERSON
10 SHALL BE VOLUNTARY.

11 (6) ESTABLISH AN ADVISORY BOARD UNDER SECTION 1404-C
12 WITH A DIVERSE MEMBERSHIP REPRESENTING INTERESTED AND
13 AFFECTED GROUPS AND INDIVIDUALS.

14 (7) DEVELOP AND CONDUCT PUBLIC INFORMATION PROGRAMS TO
15 EDUCATE AND INFORM CONSUMERS AND PATIENTS ABOUT HEALTH
16 INFORMATION.

17 (8) SUBMIT AN ANNUAL REPORT TO THE GOVERNOR, THE
18 PRESIDENT PRO TEMPORE OF THE SENATE AND THE SPEAKER OF THE
19 HOUSE OF REPRESENTATIVES FOR DISTRIBUTION TO APPROPRIATE
20 LEGISLATIVE COMMITTEES ON THE ACTIVITIES OF THE PROGRAM FOR
21 THE YEAR, INCLUDING A SUMMARY OF THE RECEIPTS AND
22 EXPENDITURES, A LIST OF CONTRACTS AND A SUMMARY OF ANY
23 REPORTABLE SECURITY BREACHES THAT OCCURRED AND CORRECTIVE
24 ACTIONS THAT WERE TAKEN.

25 (9) DEVELOP AND MAINTAIN:

26 (I) A REGISTRY OF PATIENTS CHOOSING TO OPT OUT OF
27 THE HEALTH INFORMATION EXCHANGE; AND

28 (II) PROCEDURES TO RE-ENROLL INTO THE HEALTH
29 INFORMATION EXCHANGE.

30 (10) PROMULGATE REGULATIONS, AS NECESSARY, TO IMPLEMENT

1 AND ADMINISTER THIS ARTICLE.

2 (11) PERFORM ALL OTHER ACTIVITIES IN FURTHERANCE OF THE
3 PURPOSES OF THIS ARTICLE.

4 SECTION 1404-C. PENNSYLVANIA EHEALTH PARTNERSHIP ADVISORY
5 BOARD.

6 (A) ESTABLISHMENT.--THE PENNSYLVANIA EHEALTH PARTNERSHIP
7 ADVISORY BOARD IS ESTABLISHED WITHIN THE DEPARTMENT AS AN
8 ADVISORY BOARD.

9 (B) COMPOSITION.--THE BOARD SHALL CONSIST OF THE FOLLOWING
10 MEMBERS WHO MUST BE RESIDENTS OF THIS COMMONWEALTH:

11 (1) THE SECRETARY OR A DESIGNEE, WHO SHALL BE AN
12 EMPLOYEE OF THE DEPARTMENT, DESIGNATED IN WRITING PRIOR TO
13 SERVICE.

14 (2) THE SECRETARY OF HEALTH OF THE COMMONWEALTH OR A
15 DESIGNEE, WHO SHALL BE AN EMPLOYEE OF THE DEPARTMENT OF
16 HEALTH, DESIGNATED IN WRITING PRIOR TO SERVICE.

17 (3) THE INSURANCE COMMISSIONER OR A DESIGNEE, WHO SHALL
18 BE AN EMPLOYEE OF THE INSURANCE DEPARTMENT, DESIGNATED IN
19 WRITING PRIOR TO SERVICE.

20 (4) ONE REPRESENTATIVE OF THE HEALTH CARE COMMUNITY
21 FOCUSED ON AN UNSERVED OR UNDERSERVED RURAL OR URBAN PATIENT
22 POPULATION, WHO SHALL BE APPOINTED BY THE SECRETARY FROM A
23 LIST OF INDIVIDUALS SUBMITTED FOR CONSIDERATION BY BOTH THE
24 PENNSYLVANIA AREA HEALTH EDUCATION CENTER AND THE ASSOCIATION
25 OF COMMUNITY HEALTH CENTERS.

26 (5) ONE PHYSICIAN OR NURSE APPOINTED BY THE SECRETARY
27 FROM LISTS OF INDIVIDUALS SUBMITTED BY THE PENNSYLVANIA
28 MEDICAL SOCIETY, THE PENNSYLVANIA OSTEOPATHIC MEDICAL
29 ASSOCIATION, THE PENNSYLVANIA ACADEMY OF FAMILY PHYSICIANS
30 AND THE PENNSYLVANIA STATE NURSES ASSOCIATION. AT LEAST ONE

1 NAME ON EACH LIST MUST INCLUDE AN INDIVIDUAL RESIDING IN AN
2 UNSERVED OR UNDERSERVED RURAL PATIENT POPULATION AREA AND AN
3 INDIVIDUAL IN AN UNSERVED OR UNDERSERVED URBAN PATIENT
4 POPULATION AREA.

5 (6) ONE HOSPITAL REPRESENTATIVE APPOINTED BY THE
6 SECRETARY FROM A LIST OF INDIVIDUALS SUBMITTED BY THE
7 HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA. AT
8 LEAST ONE NAME ON THE LIST MUST INCLUDE AN INDIVIDUAL
9 RESIDING IN AN UNSERVED OR UNDERSERVED RURAL OR URBAN PATIENT
10 POPULATION AREA.

11 (7) ONE INSURANCE REPRESENTATIVE APPOINTED BY THE
12 SECRETARY FROM LISTS OF INDIVIDUALS SUBMITTED BY THE BLUE
13 CROSS AND BLUE SHIELD PLANS AND THE INSURANCE FEDERATION OF
14 PENNSYLVANIA.

15 (8) ONE REPRESENTATIVE OF AN ASSISTED LIVING RESIDENCE,
16 PERSONAL CARE HOME, LONG-TERM CARE NURSING FACILITY,
17 CONTINUING CARE FACILITY OR BEHAVIORAL OR MENTAL HEALTH
18 FACILITY WHO SHALL BE APPOINTED BY THE SECRETARY.

19 (9) TWO CONSUMER REPRESENTATIVES APPOINTED BY THE
20 SECRETARY WHO ARE NOT PRIMARILY INVOLVED IN PROVIDING HEALTH
21 CARE OR HEALTH CARE INSURANCE. AT LEAST ONE OF THE
22 INDIVIDUALS MUST HAVE EXPERTISE IN HEALTH CARE OR HEALTH CARE
23 INFORMATION TECHNOLOGY OR THE LABORATORY INDUSTRY.

24 (10) THREE REPRESENTATIVES FROM ESTABLISHED HEALTH
25 INFORMATION ORGANIZATIONS APPOINTED BY THE PRESIDENT PRO
26 TEMPORE OF THE SENATE, IN CONSULTATION WITH THE MAJORITY
27 LEADER AND THE MINORITY LEADER OF THE SENATE, EACH OF WHOM
28 SHALL RECOMMEND ONE PERSON. AT LEAST ONE OF THE
29 REPRESENTATIVES MUST BE FROM THE PRIVATE INFORMATION
30 TECHNOLOGY SECTOR WITH KNOWLEDGE ABOUT SECURITY ISSUES.

1 (11) THREE REPRESENTATIVES FROM ESTABLISHED HEALTH
2 INFORMATION ORGANIZATIONS APPOINTED BY THE SPEAKER OF THE
3 HOUSE OF REPRESENTATIVES, IN CONSULTATION WITH THE MAJORITY
4 LEADER AND THE MINORITY LEADER OF THE HOUSE OF
5 REPRESENTATIVES, EACH OF WHOM SHALL RECOMMEND ONE PERSON. AT
6 LEAST ONE OF THE REPRESENTATIVES MUST BE FROM THE PRIVATE
7 INFORMATION TECHNOLOGY SECTOR WITH KNOWLEDGE ABOUT SECURITY
8 ISSUES.

9 (12) ONE HOME CARE OR HOSPICE REPRESENTATIVE APPOINTED
10 BY THE SECRETARY FROM A LIST OF INDIVIDUALS SUBMITTED BY A
11 STATEWIDE HOME CARE ASSOCIATION.

12 (C) TERMS.--EXCEPT FOR A MEMBER UNDER SUBSECTION (B) (1), (2)
13 OR (3), A MEMBER OF THE BOARD SHALL SERVE FOR A TERM OF THREE
14 YEARS AFTER COMPLETION OF THE INITIAL TERMS DESIGNATED UNDER
15 SUBSECTION (G) AND MAY NOT BE ELIGIBLE TO SERVE MORE THAN TWO
16 FULL CONSECUTIVE THREE-YEAR TERMS. A MEMBER SHALL REMAIN ON THE
17 BOARD UNTIL THE MEMBER'S REPLACEMENT IS APPOINTED.

18 (D) QUORUM.--A MAJORITY OF THE APPOINTED MEMBERS OF THE
19 BOARD SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF ANY
20 BUSINESS. AN ACT BY A MAJORITY OF THE MEMBERS PRESENT AT A
21 MEETING AT WHICH THERE IS A QUORUM SHALL BE DEEMED TO BE THAT OF
22 THE BOARD.

23 (E) MEETINGS.--THE BOARD SHALL HOLD MEETINGS AT LEAST
24 QUARTERLY AND MAY PROVIDE FOR SPECIAL MEETINGS AS THE BOARD
25 DEEMS NECESSARY. THE MEETINGS SHALL BE SUBJECT TO THE
26 REQUIREMENTS OF 65 PA.C.S. CH. 7 (RELATING TO OPEN MEETINGS).
27 MEETINGS OF THE BOARD MAY BE HELD ANYWHERE WITHIN THIS
28 COMMONWEALTH.

29 (F) CHAIRPERSON.--THE SECRETARY SHALL APPOINT A CHAIRPERSON
30 OF THE BOARD. THE MEMBERS OF THE BOARD SHALL ANNUALLY ELECT, BY

1 A MAJORITY VOTE OF THE MEMBERS, A VICE CHAIRPERSON FROM AMONG
2 THE MEMBERS OF THE BOARD.

3 (G) INITIAL APPOINTMENT AND VACANCY.--

4 (1) A MEMBER APPOINTED UNDER SUBSECTION (B) (4), (5) OR
5 (6) SHALL BE APPOINTED TO AN INITIAL TERM OF TWO YEARS WITH
6 THE OPTION FOR REAPPOINTMENT TO TWO ADDITIONAL THREE-YEAR
7 TERMS.

8 (2) A MEMBER APPOINTED UNDER SUBSECTION (B) (7) OR (8)
9 SHALL BE APPOINTED TO AN INITIAL TERM OF ONE YEAR WITH THE
10 OPTION FOR REAPPOINTMENT TO TWO ADDITIONAL THREE-YEAR TERMS.

11 (3) A MEMBER APPOINTED UNDER SUBSECTION (B) (9) OR (12)
12 SHALL BE APPOINTED TO AN INITIAL TERM OF THREE YEARS WITH THE
13 OPTION FOR REAPPOINTMENT TO ONE ADDITIONAL THREE-YEAR TERM.

14 (4) A MEMBER APPOINTED UNDER SUBSECTION (B) (10) OR (11)
15 SHALL BE APPOINTED TO AN INITIAL TERM THAT COINCIDES WITH THE
16 APPOINTING MEMBERS' TERMS WITH THE OPTION FOR REAPPOINTMENT
17 TO TWO ADDITIONAL THREE-YEAR TERMS.

18 (H) FORMATION.--THE BOARD MUST BE FORMED WITHIN 90 DAYS OF
19 THE EFFECTIVE DATE OF THIS SECTION.

20 (I) REIMBURSEMENT.--THE MEMBERS OF THE BOARD MAY NOT RECEIVE
21 A SALARY OR PER DIEM ALLOWANCE FOR SERVING AS MEMBERS OF THE
22 BOARD BUT SHALL BE REIMBURSED FOR ACTUAL AND NECESSARY EXPENSES
23 INCURRED IN THE PERFORMANCE OF THE MEMBERS' DUTIES.

24 SECTION 1405-C. ESTABLISHMENT OF FUND.

25 THE PENNSYLVANIA EHEALTH PARTNERSHIP FUND, ESTABLISHED UNDER
26 SECTION 501 OF THE ACT OF JULY 5, 2012 (P.L.1042, NO.121), KNOWN
27 AS THE PENNSYLVANIA EHEALTH INFORMATION TECHNOLOGY ACT, IS
28 CONTINUED. THE FUND SHALL BE ADMINISTERED BY THE DEPARTMENT UPON
29 THE EFFECTIVE DATE OF THIS SECTION.

30 SECTION 1406-C. FUNDS.

1 ALL MONEY DEPOSITED INTO THE FUND SHALL BE HELD FOR THE
2 PURPOSES UNDER THIS ARTICLE, MAY NOT BE CONSIDERED A PART OF THE
3 GENERAL FUND AND SHALL BE USED ONLY TO EFFECTUATE THE PURPOSES
4 OF THIS ARTICLE AS DETERMINED BY THE DEPARTMENT. ALL INTEREST
5 EARNED FROM THE INVESTMENT OR DEPOSIT OF MONEY ACCUMULATED IN
6 THE FUND SHALL BE DEPOSITED IN THE FUND FOR THE SAME USE.

7 SECTION 1407-C. CONSENT AND CONFIDENTIALITY OF HEALTH
8 INFORMATION.

9 (A) CONSTRUCTION.--

10 (1) NOTHING UNDER THIS ARTICLE SHALL BE CONSTRUED TO
11 PROHIBIT A HEALTH CARE PROVIDER OR PAYER FROM OBTAINING AND
12 STORING A PATIENT'S HEALTH RECORDS IN ELECTRONIC FORM OR
13 EXCHANGING HEALTH INFORMATION WITH ANOTHER HEALTH CARE
14 PROVIDER OR PAYER IN ACCORDANCE WITH FEDERAL OR STATE LAW
15 OTHER THAN THIS ARTICLE.

16 (2) NOTHING UNDER THIS ARTICLE SHALL SUPERSEDE OR LIMIT
17 ANY OTHER LAW WHICH REQUIRES ADDITIONAL CONSENT TO THE
18 RELEASE OF HEALTH INFORMATION OR OTHERWISE ESTABLISHES
19 GREATER RESTRICTIONS OR LIMITATIONS ON THE RELEASE OF HEALTH
20 INFORMATION.

21 (B) CONSENT.--THE DEPARTMENT SHALL PUBLISH A CONSENT FORM
22 INCLUDING NOTICE OF A PATIENT'S ABILITY TO DECLINE TO ALLOW
23 EXCHANGE OF THE PATIENT'S ELECTRONIC HEALTH INFORMATION IN THE
24 HEALTH INFORMATION EXCHANGE. THE NOTICE SHALL INCLUDE, AT A
25 MINIMUM AND IN PLAIN LANGUAGE, THE FOLLOWING INFORMATION:

26 (1) DEFINITION OF A HEALTH INFORMATION EXCHANGE.

27 (2) EXPLANATION OF THE BENEFITS OF PARTICIPATION IN THE
28 HEALTH INFORMATION EXCHANGE.

29 (3) EXPLANATION OF THE LIMITS OF THE PATIENT'S ABILITY
30 TO DECLINE THE RELEASE OR EXCHANGE OF THE PATIENT'S HEALTH

1 INFORMATION WITH THE HEALTH INFORMATION EXCHANGE.

2 (4) EXPLANATION OF THE MANNER IN WHICH THE HEALTH
3 INFORMATION EXCHANGE WILL ADDRESS PRIVACY ISSUES.

4 (5) EXPLANATION OF THE MANNER IN WHICH AN INDIVIDUAL MAY
5 DECLINE TO PARTICIPATE IN THE HEALTH INFORMATION EXCHANGE.

6 (C) OPT-OUT REGISTRY.--

7 (1) IN ORDER TO DECLINE PARTICIPATION IN THE HEALTH
8 INFORMATION EXCHANGE, A PATIENT MUST SIGN AND DATE A FORM
9 DECLINING PARTICIPATION. IF APPROPRIATE, THE SIGNATURE MUST
10 BE WITNESSED BY THE PATIENT'S REPRESENTATIVE. COPIES OF THE
11 COMPLETED FORM SHALL BE SENT BY THE PROVIDER WITHIN FIVE
12 BUSINESS DAYS TO THE DEPARTMENT TO BE INCLUDED IN AN OPT-OUT
13 REGISTRY.

14 (2) AFTER RECEIPT OF THE FORM, THE DEPARTMENT SHALL
15 WITHIN FIVE BUSINESS DAYS NOTIFY HEALTH INFORMATION
16 ORGANIZATIONS THAT THE PATIENT HAS NOT AUTHORIZED THE RELEASE
17 OF THE HEALTH INFORMATION THROUGH THE HEALTH INFORMATION
18 EXCHANGE.

19 (3) ONCE THE PATIENT IS INCLUDED IN THE OPT-OUT
20 REGISTRY, THE DEPARTMENT SHALL NOTIFY THE PATIENT. THE
21 NOTIFICATION SHALL INCLUDE A COPY OF THE COMPLETED FORM
22 SIGNED BY THE PATIENT OR ELECTRONIC NOTIFICATION TO THE
23 PATIENT.

24 (4) THE PATIENT ALONE SHALL DECIDE TO OPT OUT OF THE
25 HEALTH INFORMATION EXCHANGE.

26 (D) DISCLOSURE.--

27 (1) THE DEPARTMENT MAY NOT DISCLOSE, WITHOUT PRIOR
28 WRITTEN CONSENT OF THE PATIENT, ANY HEALTH INFORMATION THAT
29 THE DEPARTMENT OR THE DEPARTMENT'S EMPLOYEES, AGENTS OR
30 CONTRACTORS RETAIN UNDER THIS ARTICLE, OR TO WHICH THE

1 DEPARTMENT OR THE DEPARTMENT'S AGENTS OR CONTRACTORS HAVE
2 ACCESS OR ANY OTHER HEALTH RECORDS MAINTAINED OR ACCESSIBLE
3 BY THE DEPARTMENT UNDER THIS ARTICLE, TO ANY PERSON WHO IS
4 NOT AN AUTHORIZED EMPLOYEE, AGENT OR CONTRACTOR OF THE
5 DEPARTMENT, EXCEPT AS REQUIRED OR PERMITTED BY LAW.

6 (2) SHARING HEALTH INFORMATION AMONG PARTICIPANTS IN THE
7 HEALTH INFORMATION EXCHANGE SHALL NOT BE CONSIDERED A
8 DISCLOSURE UNDER PARAGRAPH (1).

9 (3) VIOLATIONS OF THIS SUBSECTION:

10 (I) SHALL SUBJECT EMPLOYEES, AGENTS AND CONTRACTORS
11 TO ADMINISTRATIVE DISCIPLINE, INCLUDING DISCHARGE AND
12 SUSPENSION; AND

13 (II) SHALL SUBJECT CONTRACTORS TO MONETARY PENALTIES
14 OR CONTRACT REVOCATION OR SUSPENSION.

15 (E) CONSTRUCTION.--NOTHING UNDER THIS ARTICLE MAY BE
16 CONSTRUED TO ALTER A PROPRIETARY INTEREST HELD BY A PARTICIPANT
17 IN A RECORD, DATA OR INFORMATION RELEASED, ACCEPTED OR INCLUDED
18 IN THE HEALTH INFORMATION EXCHANGE, EXCEPT THAT THE PAPERWORK
19 APPROVED BY THE DEPARTMENT MAY REQUIRE PARTICIPANTS TO LICENSE
20 THE INTERESTS BY CONTRACT IN ORDER TO ALLOW FOR THE FREE FLOW OF
21 INFORMATION.

22 SECTION 1408-C. NONAPPLICABILITY.

23 (A) SOVEREIGN IMMUNITY.--THIS ARTICLE SHALL BE SUBJECT TO 1
24 PA.C.S. § 2310 (RELATING TO SOVEREIGN IMMUNITY REAFFIRMED;
25 SPECIFIC WAIVER).

26 (B) PUBLIC RECORD.--HEALTH INFORMATION OR PERSONALLY
27 IDENTIFYING INFORMATION SHALL NOT BE CONSIDERED A PUBLIC RECORD
28 FOR PURPOSES OF THE ACT OF FEBRUARY 14, 2008 (P.L.6, NO.3),
29 KNOWN AS THE RIGHT-TO-KNOW LAW.

30 (C) RIGHTS.--NOTHING UNDER THIS ARTICLE IS INTENDED TO

1 AFFECT COMMON LAW OR STATUTORY RIGHTS OR OBLIGATIONS WITH
2 RESPECT TO PATIENT ACCESSIBILITY TO THE PATIENT'S ELECTRONIC OR
3 NONELECTRONIC MEDICAL RECORDS.

4 (D) CONSTRUCTION.--NOTHING UNDER THIS ARTICLE SHALL BE
5 CONSTRUED TO ALTER, LIMIT OR SUPERSEDE ANY OTHER PROVISION OF
6 LAW REGARDING THE DEPARTMENT'S DUTIES, POWERS, RESPONSIBILITIES
7 AND AUTHORITY THAT EXIST SEPARATE FROM THIS ARTICLE.

8 SECTION 11. REPEALS ARE AS FOLLOWS:

9 (1) THE GENERAL ASSEMBLY DECLARES THAT THE REPEAL UNDER
10 PARAGRAPH (2) IS NECESSARY TO EFFECTUATE THE ADDITION OF
11 ARTICLE XIV-C OF THE ACT.

12 (2) THE ACT OF JULY 5, 2012 (P.L.1042, NO.121), KNOWN AS
13 THE PENNSYLVANIA EHEALTH INFORMATION TECHNOLOGY ACT, IS
14 REPEALED.

15 SECTION 12. EXCEPT AS OTHERWISE PROVIDED UNDER ARTICLE XIV-C
16 OF THE ACT, ALL ACTIVITIES INITIATED UNDER THE ACT OF JULY 5,
17 2012 (P.L.1042, NO.121), KNOWN AS THE PENNSYLVANIA EHEALTH
18 INFORMATION TECHNOLOGY ACT, SHALL CONTINUE AND REMAIN IN FULL
19 FORCE AND EFFECT AND MAY BE COMPLETED UNDER ARTICLE XIV-C OF THE
20 ACT. ORDERS, REGULATIONS, RULES AND DECISIONS WHICH WERE MADE
21 UNDER THE PENNSYLVANIA EHEALTH INFORMATION TECHNOLOGY ACT AND
22 WHICH ARE IN EFFECT ON THE EFFECTIVE DATE OF THIS SECTION SHALL
23 REMAIN IN FULL FORCE AND EFFECT UNTIL REVOKED, VACATED OR
24 MODIFIED UNDER ARTICLE XIV-C OF THE ACT. CONTRACTS AND
25 OBLIGATIONS ENTERED INTO UNDER THE PENNSYLVANIA EHEALTH
26 INFORMATION TECHNOLOGY ACT ARE NOT AFFECTED NOR IMPAIRED BY THE
27 REPEAL OF THE PENNSYLVANIA EHEALTH INFORMATION TECHNOLOGY ACT.
28 ALL CONTRACTS, GRANTS, PROCUREMENT DOCUMENTS AND PARTNERSHIP
29 AGREEMENTS UNDER THE PENNSYLVANIA EHEALTH INFORMATION TECHNOLOGY
30 ACT IN EFFECT ON THE EFFECTIVE DATE OF THIS SECTION ARE ASSIGNED

1 TO THE DEPARTMENT OF HUMAN SERVICES.

2 SECTION 13. THIS ACT SHALL TAKE EFFECT IMMEDIATELY.