

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 802 Session of 2017

INTRODUCED BY MURT, V. BROWN, CALTAGIRONE, FREEMAN, ROZZI,
STURLA AND WATSON, MARCH 10, 2017

REFERRED TO COMMITTEE ON HEALTH, MARCH 10, 2017

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 further providing for other medical assistance payments and
5 providing for payments to providers for cognitive
6 rehabilitation therapy.

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

9 Section 1. Section 443.3(a) of the act of June 13, 1967
10 (P.L.31, No.21), known as the Human Services Code, amended
11 December 28, 2015 (P.L.500, No.92), is amended to read:

12 Section 443.3. Other Medical Assistance Payments.--(a)
13 Payments on behalf of eligible persons shall be made for other
14 services, as follows:

15 (1) Rates established by the department for outpatient
16 services as specified by regulations of the department adopted
17 under Title XIX of the Social Security Act (49 Stat. 620, 42
18 U.S.C. § 1396 et seq.) consisting of preventive, diagnostic,
19 therapeutic, rehabilitative or palliative services; furnished by
20 or under the direction of a physician, chiropractor or

1 podiatrist, by a hospital or outpatient clinic which qualifies
2 to participate under Title XIX of the Social Security Act, to a
3 patient to whom such hospital or outpatient clinic does not
4 furnish room, board and professional services on a continuous,
5 twenty-four hour a day basis.

6 (1.1) Rates established by the department for observation
7 services provided by or furnished under the direction of a
8 physician and furnished by a hospital. Payment for observation
9 services shall be made in an amount specified by the department
10 by notice in the Pennsylvania Bulletin and shall be effective
11 for dates of service on or after July 1, 2016. Payment for
12 observation services shall be subject to conditions specified in
13 the department's regulations, including regulations adopted by
14 the department to implement this paragraph. Pending adoption of
15 regulations implementing this paragraph, the conditions for
16 payment of observation services shall be specified in a medical
17 assistance bulletin.

18 (2) Rates established by the department for (i) other
19 laboratory and X-ray services prescribed by a physician,
20 chiropractor or podiatrist and furnished by a facility other
21 than a hospital which is qualified to participate under Title
22 XIX of the Social Security Act, (ii) physician's services
23 consisting of professional care by a physician, chiropractor or
24 podiatrist in his office, the patient's home, a hospital, a
25 nursing facility or elsewhere, (iii) the first three pints of
26 whole blood, (iv) remedial eye care, as provided in [Article
27 VIII] subarticle (b) of Article XXII of the act of April 9, 1929
28 (P.L.177, No.175), known as "The Administrative Code of 1929,"
29 consisting of medical or surgical care and aids and services and
30 other vision care provided by a physician skilled in diseases of

1 the eye or by an optometrist which are not otherwise available
2 under this [Article] article, (v) special medical services for
3 school children, as provided in the [Public School Code of
4 1949,] act of March 10, 1949 (P.L.30, No.14), known as the
5 "Public School Code of 1949," consisting of medical, dental,
6 vision care provided by a physician skilled in diseases of the
7 eye or by an optometrist or surgical care and aids and services
8 which are not otherwise available under this article.

9 (3) Notwithstanding any other provision of law, for
10 recipients aged twenty-one years or older receiving services
11 under the fee for service delivery system who are eligible for
12 medical assistance under Title XIX of the Social Security Act
13 and for recipients aged twenty-one years or older receiving
14 services under the fee-for-service delivery system who are
15 eligible for general assistance-related categories of medical
16 assistance, the following medically necessary services:

17 (i) Psychiatric outpatient clinic services not to exceed
18 five hours or ten one-half-hour sessions per thirty consecutive
19 day period.

20 (ii) Psychiatric partial hospitalization not to exceed five
21 hundred forty hours per fiscal year.

22 * * *

23 Section 2. The act is amended by adding a section to read:

24 Section 443.12. Payments to Providers for Cognitive
25 Rehabilitation Therapy.--(a) The department shall provide
26 payment to participating Medicaid providers for cognitive
27 rehabilitation therapy as a covered service when deemed to be
28 medically necessary by a licensed physician.

29 (b) Cognitive rehabilitation therapy will be considered
30 medically necessary as adjunctive treatment of cognitive

1 deficits, including, but not limited to, attention, language,
2 memory, reasoning, executive functions, problem solving and
3 visual processing, when all of the following are met:

4 (1) The cognitive deficits have been acquired as a result of
5 neurologic impairment due to traumatic brain injury, stroke or
6 encephalopathy.

7 (2) The individual has been seen and evaluated by a
8 neuropsychiatrist or neuropsychologist.

9 (3) Neuropsychological testing has been performed and
10 neuropsychological results will be used in treatment planning
11 and directing rehabilitation strategies.

12 (4) The individual is expected to make significant cognitive
13 improvement, as confirmed by a treating physician, which
14 includes not being in a persistent vegetative or custodial
15 state.

16 (c) In order to implement reimbursement payments for these
17 services, the department shall file a State plan amendment with
18 the Centers for Medicare and Medicaid Services of the United
19 States Department of Health and Human Services pursuant to Title
20 XIX of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1396
21 et seq.) by June 30, 2017. The program shall be structured and
22 administered by the department in accordance with Federal law
23 and applicable Federal guidelines for qualified State cognitive
24 rehabilitation therapy.

25 (d) The following words and phrases when used in this
26 section shall have the meanings given to them in this subsection
27 unless the context clearly indicates otherwise:

28 "Cognitive rehabilitation therapy" means services that are
29 designed to improve cognitive functioning after central nervous
30 system insult and that assist with the improvement of attention,

1 auditory and visual processing, concentration, decision making,
2 judgment, language, learning, memory, perception, planning,
3 problem solving, reasoning, sequencing, thinking and executive
4 functions, including compensatory training and direct patient
5 contact performed by a licensed physician or licensed
6 psychologist or a licensed physical, occupational or speech
7 therapist with the desired outcomes of an enhanced capacity to
8 process and interpret information and an improved ability to
9 function in home and community life.

10 Section 3. This act shall take effect immediately.