
 THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1351 Session of
2023

INTRODUCED BY FRANKEL, VENKAT, SANCHEZ, MADDEN, CAUSER, McNEILL,
KHAN, STRUZZI, D. WILLIAMS, DALEY, OTTEN, FRITZ, GREEN AND
KENYATTA, JUNE 7, 2023

SENATOR PITTMAN, RULES AND EXECUTIVE NOMINATIONS, IN SENATE, RE-
REPORTED AS AMENDED, OCTOBER 16, 2023

AN ACT

1 ~~Amending the act of November 27, 2019 (P.L.742, No.108),~~ <--
 2 ~~entitled "An act establishing the Pennsylvania Rural Health~~
 3 ~~Redesign Center Authority and the Pennsylvania Rural Health~~
 4 ~~Redesign Center Fund," in Pennsylvania Rural Health Redesign~~
 5 ~~Center Authority, further providing for Pennsylvania Rural~~
 6 ~~Health Redesign Center Authority; and, in Pennsylvania Rural~~
 7 ~~Health Redesign Center Fund, further providing for money in~~
 8 ~~fund.~~

9 AMENDING THE ACT OF JUNE 13, 1967 (P.L.31, NO.21), ENTITLED "AN <--
 10 ACT TO CONSOLIDATE, EDITORIALY REVISE, AND CODIFY THE PUBLIC
 11 WELFARE LAWS OF THE COMMONWEALTH," IN PUBLIC ASSISTANCE,
 12 FURTHER PROVIDING FOR MEDICAL ASSISTANCE PAYMENTS FOR
 13 INSTITUTIONAL CARE AND PROVIDING FOR EMERGENCY TRANSPORTATION
 14 SERVICES AND FOR CASE-MIX RATES FOR NURSING FACILITIES; IN
 15 STATEWIDE QUALITY CARE ASSESSMENT, FURTHER PROVIDING FOR
 16 DEFINITIONS, FOR IMPLEMENTATION, FOR ADMINISTRATION, FOR
 17 RESTRICTED ACCOUNT AND FOR EXPIRATION; CONTINUING THE
 18 PENNSYLVANIA RURAL HEALTH REDESIGN CENTER AUTHORITY AND THE
 19 PENNSYLVANIA RURAL HEALTH REDESIGN CENTER FUND; AND MAKING A
 20 REPEAL.

21 The General Assembly of the Commonwealth of Pennsylvania

22 hereby enacts as follows:

23 ~~Section 1. Sections 302(c) and 902 of the act of November~~ <--
 24 ~~27, 2019 (P.L.742, No.108), known as the Pennsylvania Rural~~
 25 ~~Health Redesign Center Authority Act, are amended to read:~~

1 ~~Section 302. Pennsylvania Rural Health Redesign Center~~
2 ~~Authority.~~

3 * * *

4 ~~(c) Terms. The following shall apply to terms of the~~
5 ~~members of the board [shall be as follows]:~~

6 ~~(1) The terms of the members specified under subsection~~
7 ~~(b) (1), (2) and (3) shall be concurrent with their holding of~~
8 ~~public office.~~

9 ~~(2) The board members specified in subsection (b) (4),~~
10 ~~(5) [, (6), (7) and (8)] and (6) shall serve for a term of~~
11 ~~[four] three years and shall not be eligible to serve more~~
12 ~~than two full consecutive [four year] three year terms. [If a~~
13 ~~member leaves the board prior to completing a four year term~~
14 ~~due to change in professional status, including, but not~~
15 ~~limited to, retirement, changing jobs, failure to qualify or~~
16 ~~similar reasons, a new member shall be appointed or selected~~
17 ~~within 60 days of the seat becoming vacant.]~~

18 ~~(3) A board member specified in subsection (b) (7) shall~~
19 ~~serve for a term of two years and shall not be eligible to~~
20 ~~serve more than two full consecutive two year terms.~~

21 ~~(4) A board member specified in subsection (b) (8) shall~~
22 ~~serve for a term of four years and shall not be eligible to~~
23 ~~serve more than two full consecutive four year terms.~~

24 ~~(5) If a member of the board leaves prior to completing~~
25 ~~a term due to change in professional status, including, but~~
26 ~~not limited to, retirement, changing jobs, failure to qualify~~
27 ~~or other reason, a new member shall be appointed or selected~~
28 ~~within 60 days of the seat becoming vacant.~~

29 * * *

30 ~~Section 902. Money in fund.~~

1 ~~The General Assembly may appropriate money to carry out the~~
2 ~~provisions of this act. All money deposited into the fund shall~~
3 ~~be held for the purposes of the authority and may not be~~
4 ~~considered a part of the General Fund but shall be used only to~~
5 ~~effectuate the purposes of this act as determined by the~~
6 ~~authority. All interest earned from the investment or deposit of~~
7 ~~money accumulated in the fund shall be deposited in the fund for~~
8 ~~the same use. Any money returned to the authority by any party~~
9 ~~shall be deposited into the fund.~~

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

11 SECTION 1. SECTION 443.1(1.1)(I) OF THE ACT OF JUNE 13, 1967 <--
12 (P.L.31, NO.21), KNOWN AS THE HUMAN SERVICES CODE, IS AMENDED TO
13 READ:

14 SECTION 443.1. MEDICAL ASSISTANCE PAYMENTS FOR INSTITUTIONAL
15 CARE.--THE FOLLOWING MEDICAL ASSISTANCE PAYMENTS SHALL BE MADE
16 ON BEHALF OF ELIGIBLE PERSONS WHOSE INSTITUTIONAL CARE IS
17 PRESCRIBED BY PHYSICIANS:

18 * * *

19 (1.1) SUBJECT TO SECTION 813-G, FOR INPATIENT HOSPITAL
20 SERVICES PROVIDED DURING A FISCAL YEAR IN WHICH AN ASSESSMENT IS
21 IMPOSED UNDER ARTICLE VIII-G, PAYMENTS UNDER THE MEDICAL
22 ASSISTANCE FEE-FOR-SERVICE PROGRAM SHALL BE DETERMINED IN
23 ACCORDANCE WITH THE DEPARTMENT'S REGULATIONS, EXCEPT AS FOLLOWS:

24 (I) IF THE COMMONWEALTH'S APPROVED TITLE XIX STATE PLAN FOR
25 INPATIENT HOSPITAL SERVICES IN EFFECT FOR THE PERIOD OF JULY 1,
26 2010, THROUGH JUNE 30, [2023] 2028, SPECIFIES A METHODOLOGY FOR
27 CALCULATING PAYMENTS THAT IS DIFFERENT FROM THE DEPARTMENT'S
28 REGULATIONS OR AUTHORIZES ADDITIONAL PAYMENTS NOT SPECIFIED IN
29 THE DEPARTMENT'S REGULATIONS, SUCH AS INPATIENT DISPROPORTIONATE
30 SHARE PAYMENTS AND DIRECT MEDICAL EDUCATION PAYMENTS, THE

1 DEPARTMENT SHALL FOLLOW THE METHODOLOGY OR MAKE THE ADDITIONAL
2 PAYMENTS AS SPECIFIED IN THE APPROVED TITLE XIX STATE PLAN.

3 * * *

4 SECTION 2. THE ACT IS AMENDED BY ADDING SECTIONS TO READ:

5 SECTION 443.13. EMERGENCY TRANSPORTATION SERVICES.--SUBJECT
6 TO FEDERAL APPROVAL AS MAY BE NECESSARY AND CONTINGENT ON
7 FEDERAL FINANCIAL PARTICIPATION, FROM MONEY APPROPRIATED FOR THE
8 DEPARTMENT UNDER THE ACT OF AUGUST 3, 2023 (P.L. , NO.1A),
9 KNOWN AS THE GENERAL APPROPRIATION ACT OF 2023, SUFFICIENT FUNDS
10 SHALL BE INCLUDED TO PROVIDE REIMBURSEMENT FOR GROUND MILEAGE
11 FOR EVERY LOADED MILE AND TO PROVIDE THE GREATER OF MEDICARE
12 RATES PUBLISHED IN THE AMBULANCE FEE SCHEDULE PUBLIC USE FILE
13 FOR CALENDAR YEAR 2023 OR THE CURRENT MEDICAID AMBULANCE FEES AS
14 UPDATED BY MEDICAL ASSISTANCE BULLETIN 26-22-07 EFFECTIVE DATE
15 JANUARY 1, 2023, BEGINNING JANUARY 1, 2024, FOR SERVICES
16 PROVIDED UNDER THE MEDICAL ASSISTANCE - FEE-FOR-SERVICE, MEDICAL
17 ASSISTANCE - CAPITATION AND MEDICAL ASSISTANCE - COMMUNITY
18 HEALTHCHOICES APPROPRIATIONS IN THE GENERAL APPROPRIATION ACT OF
19 2023.

20 SECTION 454.1. CASE-MIX RATES FOR NURSING FACILITIES.--(A)
21 FROM MONEY APPROPRIATED FOR MEDICAL ASSISTANCE LONG-TERM LIVING
22 UNDER THE ACT OF AUGUST 3, 2023 (P.L. , NO.1A), KNOWN AS THE
23 GENERAL APPROPRIATION ACT OF 2023, FOR FISCAL YEAR 2023-2024,
24 THE DEPARTMENT SHALL CALCULATE EACH NURSING FACILITY'S CASE-MIX
25 RATE BASED ON THE COST DATABASE AND PEER GROUP PRICES FOR EACH
26 NET OPERATING COST CENTER USED IN THE CALCULATION OF EACH
27 NURSING FACILITY'S CASE-MIX FOR FISCAL YEAR 2022-2023. EACH
28 NURSING FACILITY'S CASE-MIX RATE SHALL BE ADJUSTED QUARTERLY IN
29 ACCORDANCE WITH 55 PA. CODE § 1187.96(A)(5) (RELATING TO PRICE-
30 AND RATE-SETTING COMPUTATIONS).

1 (B) FROM MONEY APPROPRIATED FOR MEDICAL ASSISTANCE COMMUNITY
2 HEALTHCHOICES UNDER THE GENERAL APPROPRIATION ACT OF 2023, FOR
3 FISCAL YEAR 2023-2024, THE DEPARTMENT SHALL CALCULATE EACH
4 NURSING FACILITY'S CASE-MIX RATE BASED ON THE COST DATABASE AND
5 PEER GROUP PRICES FOR EACH NET OPERATING COST CENTER USED IN THE
6 CALCULATION OF EACH NURSING FACILITY'S CASE-MIX FOR FISCAL YEAR
7 2022-2023. EACH NURSING FACILITY'S CASE-MIX RATE SHALL BE
8 ADJUSTED QUARTERLY IN ACCORDANCE WITH 55 PA. CODE § 1187.96(A)
9 (5).

10 SECTION 3. THE DEFINITIONS OF "NET INPATIENT REVENUE" AND
11 "NET OUTPATIENT REVENUE" IN SECTION 801-G OF THE ACT ARE AMENDED
12 TO READ:

13 SECTION 801-G. DEFINITIONS.

14 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS ARTICLE
15 SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE
16 CONTEXT CLEARLY INDICATES OTHERWISE:

17 * * *

18 "NET INPATIENT REVENUE." GROSS REVENUES RECEIVED OR EARNED
19 BY A HOSPITAL FOR INPATIENT SERVICES, INCLUDING MEDICAL
20 ASSISTANCE SUPPLEMENTAL REVENUES RECEIVED BY THE HOSPITAL FOR
21 INPATIENT HOSPITAL SERVICES, LESS ANY DEDUCTED AMOUNTS FOR BAD
22 DEBT EXPENSE, CHARITY CARE EXPENSE AND CONTRACTUAL ALLOWANCES AS
23 IDENTIFIED IN THE HOSPITAL'S RECORDS AND REPORTED ON FORMS
24 SPECIFIED BY THE DEPARTMENT. [FOR:

25 (1) THE STATE FISCAL YEAR COMMENCING JULY 1, 2014, OR
26 SUCH LATER STATE FISCAL YEAR, AS MAY BE SPECIFIED BY THE
27 DEPARTMENT FOR USE IN DETERMINING AN ANNUAL ASSESSMENT AMOUNT
28 OWED ON OR AFTER JULY 1, 2018; OR

29 (2) THE MOST RECENT STATE FISCAL YEAR, OR PART THEREOF,
30 IF AMOUNTS ARE NOT AVAILABLE UNDER PARAGRAPH (1).]

1 "NET OUTPATIENT REVENUE." GROSS REVENUES RECEIVED OR EARNED
2 BY A HOSPITAL FOR OUTPATIENT SERVICES, INCLUDING MEDICAL
3 ASSISTANCE SUPPLEMENTAL REVENUES RECEIVED BY THE HOSPITAL FOR
4 OUTPATIENT HOSPITAL SERVICES, LESS ANY DEDUCTED AMOUNTS FOR BAD
5 DEBT EXPENSE, CHARITY CARE EXPENSE AND CONTRACTUAL ALLOWANCES AS
6 IDENTIFIED IN THE HOSPITAL'S RECORDS AND REPORTED ON FORMS
7 SPECIFIED BY THE DEPARTMENT. [FOR:

8 (1) THE STATE FISCAL YEAR COMMENCING JULY 1, 2014, OR A
9 LATER STATE FISCAL YEAR, AS MAY BE SPECIFIED BY THE
10 DEPARTMENT FOR USE IN DETERMINING AN ANNUAL ASSESSMENT AMOUNT
11 OWED ON OR AFTER JULY 1, 2018; OR

12 (2) THE MOST RECENT STATE FISCAL YEAR, OR PART THEREOF,
13 IF AMOUNTS ARE NOT AVAILABLE UNDER PARAGRAPH (1).]

14 * * *

15 SECTION 4. SECTION 803-G(B) (4) AND (5) AND (C.2) OF THE ACT
16 ARE AMENDED, SUBSECTION (B) IS AMENDED BY ADDING PARAGRAPHS AND
17 THE SECTION IS AMENDED BY ADDING A SUBSECTION TO READ:
18 SECTION 803-G. IMPLEMENTATION.

19 * * *

20 (B) ASSESSMENT PERCENTAGE.--SUBJECT TO SUBSECTION (C), EACH
21 COVERED HOSPITAL SHALL BE ASSESSED AS FOLLOWS:

22 * * *

23 (4) FOR FISCAL YEAR 2018-2019, AN AMOUNT EQUAL TO 2.98%
24 OF THE NET INPATIENT REVENUE OF THE COVERED HOSPITAL AND
25 1.55% OF THE NET OUTPATIENT REVENUE OF THE COVERED HOSPITAL;
26 [AND]

27 (5) FOR FISCAL YEARS 2019-2020, 2020-2021, 2021-2022 AND
28 2022-2023, AN AMOUNT EQUAL TO 3.32% OF THE NET INPATIENT
29 REVENUE OF THE COVERED HOSPITAL AND 1.73% OF THE NET
30 OUTPATIENT REVENUE OF THE COVERED HOSPITAL[.] ;

1 (6) FOR FISCAL YEAR 2023-2024, AN AMOUNT EQUAL TO 3.54%
2 OF THE NET INPATIENT REVENUE OF THE COVERED HOSPITAL AND
3 1.78% OF THE NET OUTPATIENT REVENUE OF THE COVERED HOSPITAL;
4 AND

5 (7) FOR FISCAL YEARS 2024-2025, 2025-2026, 2026-2027 AND
6 2027-2028, AN AMOUNT EQUAL TO 4.36% OF THE NET INPATIENT
7 REVENUE OF THE COVERED HOSPITAL AND 2.20% OF THE NET
8 OUTPATIENT REVENUE OF THE COVERED HOSPITAL.

9 * * *

10 (C.2) REBASING NET INPATIENT AND NET OUTPATIENT REVENUE
11 AMOUNTS ON AMOUNTS OWED FOR FISCAL YEARS PRIOR TO 2023-2024.--
12 FOR PURPOSES OF CALCULATING THE ANNUAL ASSESSMENT AMOUNT OWED
13 [ON OR AFTER JULY 1, 2018,] FOR FISCAL YEARS 2018-2019, 2019-
14 2020, 2020-2021, 2021-2022 AND 2022-2023, THE SECRETARY MAY
15 REQUIRE THE USE OF NET INPATIENT REVENUE AND NET OUTPATIENT
16 REVENUE AMOUNTS AS IDENTIFIED IN THE RECORDS OF COVERED
17 HOSPITALS FOR A STATE FISCAL YEAR COMMENCING ON OR AFTER JULY 1,
18 2015. IF THE SECRETARY DECIDES THAT THE NET INPATIENT AND NET
19 OUTPATIENT REVENUE AMOUNTS SHOULD BE BASED ON A STATE FISCAL
20 YEAR COMMENCING ON OR AFTER JULY 1, 2015, THE SECRETARY SHALL
21 TRANSMIT A NOTICE TO THE LEGISLATIVE REFERENCE BUREAU FOR
22 PUBLICATION IN THE PENNSYLVANIA BULLETIN SPECIFYING THE STATE
23 FISCAL YEAR FOR WHICH THE NET INPATIENT AND NET OUTPATIENT
24 REVENUE AMOUNTS WILL BE USED AT LEAST 30 DAYS PRIOR TO THE DATE
25 ON WHICH AN ASSESSMENT AMOUNT CALCULATED WITH THE REBASED
26 AMOUNTS IS DUE TO BE PAID TO THE DEPARTMENT.

27 (C.3) REBASING NET INPATIENT REVENUE AND NET OUTPATIENT
28 REVENUE AMOUNTS ON AMOUNTS OWED FOR FISCAL YEAR 2023-2024 AND
29 THEREAFTER.--FOR PURPOSES OF CALCULATING THE ANNUAL ASSESSMENT
30 AMOUNT OWED ON OR AFTER JULY 1, 2023, THE SECRETARY MAY REQUIRE

1 THE USE OF NET INPATIENT REVENUE AND NET OUTPATIENT REVENUE
2 AMOUNTS AS IDENTIFIED IN THE RECORDS OF COVERED HOSPITALS FOR A
3 STATE FISCAL YEAR COMMENCING ON OR AFTER JULY 1, 2018. IF THE
4 SECRETARY DECIDES THAT THE NET INPATIENT AND NET OUTPATIENT
5 REVENUE AMOUNTS SHOULD BE BASED ON A STATE FISCAL YEAR
6 COMMENCING ON OR AFTER JULY 1, 2019, THE SECRETARY SHALL
7 TRANSMIT A NOTICE TO THE LEGISLATIVE REFERENCE BUREAU FOR
8 PUBLICATION IN THE NEXT AVAILABLE ISSUE OF THE PENNSYLVANIA
9 BULLETIN SPECIFYING THE STATE FISCAL YEAR FOR WHICH THE NET
10 INPATIENT REVENUE AND NET OUTPATIENT REVENUE AMOUNTS WILL BE
11 USED AT LEAST 30 DAYS PRIOR TO THE DATE ON WHICH AN ASSESSMENT
12 AMOUNT CALCULATED WITH THE REBASED AMOUNTS IS DUE TO BE PAID TO
13 THE DEPARTMENT.

14 * * *

15 SECTION 5. SECTION 804-G(A), (A.1) AND (A.3) OF THE ACT ARE
16 AMENDED TO READ:

17 SECTION 804-G. ADMINISTRATION.

18 (A) CALCULATION AND NOTICE OF ASSESSMENT AMOUNT.--USING THE
19 ASSESSMENT PERCENTAGE ESTABLISHED UNDER SECTION 803-G AND
20 COVERED HOSPITALS' [NET INPATIENT REVENUE FOR FISCAL YEARS
21 COMMENCING PRIOR TO JULY 1, 2018, OR COVERED HOSPITALS' NET
22 INPATIENT REVENUE AND NET OUTPATIENT REVENUE FOR FISCAL YEARS
23 COMMENCING ON OR AFTER JULY 1, 2018] NET INPATIENT REVENUE AND
24 NET OUTPATIENT REVENUE, THE DEPARTMENT SHALL CALCULATE AND
25 NOTIFY EACH COVERED HOSPITAL OF THE ASSESSMENT AMOUNT OWED FOR
26 THE FISCAL YEAR. NOTIFICATION PURSUANT TO THIS SUBSECTION MAY BE
27 MADE IN WRITING OR ELECTRONICALLY AT THE DISCRETION OF THE
28 DEPARTMENT.

29 (A.1) CALCULATION OF ASSESSMENT WITH CHANGES OF OWNERSHIP.--

30 (1) IF A SINGLE COVERED HOSPITAL CHANGES OWNERSHIP OR

1 CONTROL, THE DEPARTMENT WILL [CONTINUE TO CALCULATE THE
2 ASSESSMENT AMOUNT USING] CALCULATE THE ASSESSMENT AS FOLLOWS:

3 (I) [THE HOSPITAL'S NET INPATIENT REVENUE FOR STATE
4 FISCAL YEAR 2010-2011 IF THE CHANGE OF OWNERSHIP OCCURS
5 BEFORE JULY 1, 2018;] IF THE CHANGE OF OWNERSHIP OCCURS
6 BEFORE JULY 1, 2018, THE DEPARTMENT SHALL CALCULATE THE
7 ASSESSMENT USING THE HOSPITAL'S NET INPATIENT REVENUE AND
8 NET OUTPATIENT REVENUE AMOUNTS FOR STATE FISCAL YEAR
9 2018-2019, OR A LATER FISCAL YEAR THAT HAS BEEN SPECIFIED
10 BY THE SECRETARY IN ACCORDANCE WITH SECTION 803-G(C.3);

11 (II) IF THE CHANGE OF OWNERSHIP OCCURS ON OR AFTER
12 JULY 1, 2018, THE DEPARTMENT SHALL CALCULATE THE
13 ASSESSMENT USING THE HOSPITAL'S NET INPATIENT REVENUE AND
14 NET OUTPATIENT REVENUE AMOUNTS FOR STATE FISCAL YEAR
15 [2014-2015] 2018-2019, OR A LATER FISCAL YEAR THAT HAS
16 BEEN SPECIFIED BY THE SECRETARY [FOR USE IN DETERMINING
17 THE ASSESSMENT AMOUNTS DUE FOR THE FISCAL YEAR IN WHICH
18 THE CHANGE OCCURS, IF THE CHANGE OF OWNERSHIP OCCURS ON
19 OR AFTER JULY 1, 2018] IN ACCORDANCE WITH SECTION 803-
20 G(C.3); OR

21 (III) [THE HOSPITAL'S NET INPATIENT REVENUE AND NET
22 OUTPATIENT REVENUE AMOUNTS FOR THE MOST RECENT STATE
23 FISCAL YEAR, OR PART THEREOF, IF THE NET INPATIENT
24 REVENUE AND NET OUTPATIENT REVENUE AMOUNTS SPECIFIED IN
25 SUBPARAGRAPH (II) IS NOT AVAILABLE.] IF THE NET INPATIENT
26 REVENUE AND NET OUTPATIENT REVENUE AMOUNTS FOR THE STATE
27 FISCAL YEAR 2018-2019, OR A LATER FISCAL YEAR THAT HAS
28 BEEN SPECIFIED BY THE SECRETARY IN ACCORDANCE WITH
29 SECTION 803-G(C.3), ARE UNAVAILABLE DUE TO A COVERED
30 HOSPITAL'S ESTABLISHMENT AS A NEW HOSPITAL UNDER

1 SUBSECTION (A.3), THE DEPARTMENT WILL CALCULATE THE
2 ASSESSMENT USING THE HOSPITAL'S NET INPATIENT REVENUE AND
3 NET OUTPATIENT REVENUE AMOUNTS UNDER SUBSECTION (A.3).

4 (1.1) THE COVERED HOSPITAL IS LIABLE FOR ANY OUTSTANDING
5 ASSESSMENT AMOUNTS, INCLUDING OUTSTANDING AMOUNTS RELATED TO
6 PERIODS PRIOR TO THE CHANGE OF OWNERSHIP OR CONTROL.

7 (2) IF TWO OR MORE HOSPITALS MERGE OR CONSOLIDATE INTO A
8 SINGLE COVERED HOSPITAL AS A RESULT OF A CHANGE IN OWNERSHIP
9 OR CONTROL, THE DEPARTMENT WILL CALCULATE THE ASSESSMENT
10 AMOUNT OWED BY THE SINGLE COVERED HOSPITAL RESULTING FROM THE
11 MERGER OR CONSOLIDATION [USING] AS FOLLOWS:

12 (I) [THE MERGED OR CONSOLIDATED HOSPITALS' COMBINED
13 NET INPATIENT REVENUE FOR STATE FISCAL YEAR 2010-2011 IF
14 THE MERGER OR CONSOLIDATION OCCURS BEFORE JULY 1, 2018;]
15 IF THE MERGER OR CONSOLIDATION OCCURS BEFORE JULY 1,
16 2018, THE DEPARTMENT SHALL CALCULATE THE ASSESSMENT USING
17 THE MERGED OR CONSOLIDATED HOSPITALS' COMBINED NET
18 INPATIENT REVENUE AND NET OUTPATIENT REVENUE AMOUNTS FOR
19 STATE FISCAL YEAR 2018-2019, OR A LATER FISCAL YEAR THAT
20 HAS BEEN SPECIFIED BY THE SECRETARY IN ACCORDANCE WITH
21 SECTION 803-G(C.3);

22 (II) IF THE MERGER OR CONSOLIDATION OCCURS ON OR
23 AFTER JULY 1, 2018, THE DEPARTMENT SHALL CALCULATE THE
24 ASSESSMENT USING THE MERGED OR CONSOLIDATED HOSPITALS'
25 COMBINED NET INPATIENT REVENUE AND NET OUTPATIENT REVENUE
26 AMOUNTS FOR STATE FISCAL YEAR [2014-2015] 2018-2019 OR A
27 LATER FISCAL YEAR THAT HAS BEEN SPECIFIED BY THE
28 SECRETARY [FOR USE IN DETERMINING THE ASSESSMENT AMOUNTS
29 DUE FOR THE FISCAL YEAR IN WHICH THE MERGER OR
30 CONSOLIDATION OCCURS, IF THE MERGER OR CONSOLIDATION

1 OCCURS ON OR AFTER JULY 1, 2018] IN ACCORDANCE WITH
2 SECTION 803-G(C.3); OR

3 (III) [THE HOSPITAL'S NET INPATIENT REVENUE AND NET
4 OUTPATIENT REVENUE AMOUNTS FOR THE MOST RECENT STATE
5 FISCAL YEAR, OR PART THEREOF, IF THE NET INPATIENT
6 REVENUE AND NET OUTPATIENT REVENUE AMOUNTS SPECIFIED IN
7 SUBPARAGRAPH (II) IS NOT AVAILABLE, FOR ANY COVERED
8 HOSPITALS THAT WERE MERGED OR CONSOLIDATED INTO THE
9 SINGLE COVERED HOSPITAL.] IF ONE OR MORE HOSPITAL'S NET
10 INPATIENT REVENUE AND NET OUTPATIENT REVENUE AMOUNTS FOR
11 THE STATE FISCAL YEAR 2018-2019, OR A LATER FISCAL YEAR
12 THAT HAS BEEN SPECIFIED BY THE SECRETARY IN ACCORDANCE
13 WITH SECTION 803-G(C.3), IS UNAVAILABLE DUE TO THE
14 HOSPITAL'S ESTABLISHMENT AS A NEW HOSPITAL UNDER
15 SUBSECTION (A.3), THE FOLLOWING APPLY:

16 (A) THE DEPARTMENT SHALL CALCULATE THE
17 ASSESSMENT USING THE NEW HOSPITAL'S NET INPATIENT
18 REVENUE AND NET OUTPATIENT REVENUE AMOUNTS UNDER
19 SUBSECTION (A.3).

20 (B) FOR A HOSPITAL THAT IS NOT A NEW HOSPITAL,
21 THE DEPARTMENT SHALL CALCULATE THE HOSPITAL'S NET
22 INPATIENT REVENUE AND NET OUTPATIENT REVENUE AMOUNTS
23 FOR STATE FISCAL YEAR 2018-2019, OR A LATER FISCAL
24 YEAR THAT HAS BEEN SPECIFIED BY THE SECRETARY IN
25 ACCORDANCE WITH SECTION 803-G(C.3).

26 (C) THE DEPARTMENT SHALL COMBINE THE AMOUNT
27 CALCULATED UNDER CLAUSE (A) WITH THE AMOUNT
28 CALCULATED UNDER CLAUSE (B) TO DETERMINE THE COMBINED
29 NET INPATIENT REVENUE AND NET OUTPATIENT REVENUE
30 AMOUNTS FOR THE MERGED OR CONSOLIDATED HOSPITALS.

1 (3) THE SINGLE COVERED HOSPITAL IS LIABLE FOR ANY
2 OUTSTANDING ASSESSMENT AMOUNTS, INCLUDING OUTSTANDING AMOUNTS
3 RELATED TO PERIODS PRIOR TO THE CHANGE OF OWNERSHIP OR
4 CONTROL, OF ANY COVERED HOSPITAL THAT WAS MERGED OR
5 CONSOLIDATED.

6 * * *

7 (A.3) CALCULATION OF ASSESSMENT FOR NEW HOSPITALS.--A
8 HOSPITAL THAT BEGINS OPERATION AS A COVERED HOSPITAL [DURING A
9 FISCAL YEAR IN WHICH AN ASSESSMENT IS IN EFFECT] AFTER JULY 1,
10 2018, SHALL BE ASSESSED AS FOLLOWS:

11 (1) DURING THE STATE FISCAL YEAR IN WHICH A COVERED
12 HOSPITAL BEGINS OPERATION OR IN WHICH A HOSPITAL BECOMES A
13 COVERED HOSPITAL, THE COVERED HOSPITAL IS NOT SUBJECT TO THE
14 ASSESSMENT.

15 (2) FOR THE STATE FISCAL YEAR FOLLOWING THE STATE FISCAL
16 YEAR UNDER PARAGRAPH (1), THE DEPARTMENT SHALL CALCULATE THE
17 HOSPITAL'S ASSESSMENT AMOUNT USING[:

18 (I) THE NET INPATIENT REVENUE FROM THE STATE FISCAL
19 YEAR IN WHICH THE COVERED HOSPITAL BEGAN OPERATION OR
20 BECAME A COVERED HOSPITAL IF THE COVERED HOSPITAL BEGAN
21 OPERATION OR BECAME A COVERED HOSPITAL PRIOR TO JULY 1,
22 2018; OR

23 (II) USING THE NET INPATIENT REVENUE AND NET
24 OUTPATIENT REVENUE FROM THE STATE FISCAL YEAR IN WHICH
25 THE COVERED HOSPITAL BEGAN OPERATION OR BECAME A COVERED
26 HOSPITAL IF THE COVERED HOSPITAL BEGAN OPERATION OR
27 BECAME A COVERED HOSPITAL ON OR AFTER JULY 1, 2018.] THE
28 NET INPATIENT REVENUE AND NET OUTPATIENT REVENUE FROM THE
29 STATE FISCAL YEAR IN WHICH THE COVERED HOSPITAL BEGAN
30 OPERATION OR BECAME A COVERED HOSPITAL THROUGH THE END OF

1 THE STATE FISCAL YEAR.

2 (3) [FOR THE STATE FISCAL YEARS FOLLOWING THE FIRST FULL
3 STATE FISCAL YEAR UNDER PARAGRAPH (2) BUT ENDING PRIOR TO
4 JULY 1, 2018, THE DEPARTMENT SHALL CALCULATE THE HOSPITAL'S
5 ASSESSMENT AMOUNT USING THE NET INPATIENT REVENUE FROM THE
6 PRIOR STATE FISCAL YEAR.] FOR THE STATE FISCAL [YEARS] YEAR
7 FOLLOWING THE FIRST FULL STATE FISCAL YEAR UNDER PARAGRAPH
8 (2) [COMMENCING ON OR AFTER JULY 1, 2018], THE DEPARTMENT
9 SHALL CALCULATE THE HOSPITAL'S ASSESSMENT AMOUNT USING THE
10 NET INPATIENT AND NET OUTPATIENT REVENUE FROM THE PRIOR STATE
11 FISCAL YEAR. FOR SUBSEQUENT STATE FISCAL YEARS, THE
12 DEPARTMENT SHALL USE THE NET INPATIENT REVENUE AND NET
13 OUTPATIENT REVENUE CALCULATED UNDER THIS PARAGRAPH, OR A
14 LATER FISCAL YEAR THAT HAS BEEN SPECIFIED BY THE SECRETARY IN
15 ACCORDANCE WITH SECTION 803-G(C.3).

16 (4) IF ESTIMATED NET INPATIENT REVENUE AND NET
17 OUTPATIENT REVENUE IS USED IN CALCULATING A COVERED
18 HOSPITAL'S ASSESSMENT UNDER THIS SUBSECTION, THE DEPARTMENT
19 SHALL RECONCILE ANY AMOUNTS RECEIVED BASED ON REPORTED ACTUAL
20 NET INPATIENT REVENUES AND NET OUTPATIENT REVENUES.

21 * * *

22 SECTION 6. SECTION 805-G(A) (2) AND (B) (5) OF THE ACT ARE
23 AMENDED AND SUBSECTION (B) IS AMENDED BY ADDING PARAGRAPHS TO
24 READ:

25 SECTION 805-G. RESTRICTED ACCOUNT.

26 (A) ESTABLISHMENT.--THERE IS ESTABLISHED A RESTRICTED
27 ACCOUNT, KNOWN AS THE QUALITY CARE ASSESSMENT ACCOUNT, IN THE
28 GENERAL FUND FOR THE RECEIPT AND DEPOSIT OF REVENUES COLLECTED
29 UNDER THIS ARTICLE. FUNDS IN THE ACCOUNT ARE APPROPRIATED TO THE
30 DEPARTMENT FOR THE FOLLOWING:

1 * * *

2 (2) MAKING [ADJUSTED CAPITATION] PAYMENTS TO MEDICAL
3 ASSISTANCE MANAGED CARE ORGANIZATIONS FOR ADDITIONAL PAYMENTS
4 FOR INPATIENT HOSPITAL SERVICES IN ACCORDANCE WITH SECTION
5 443.1(1.2), (1.3) AND (1.4) AND OUTPATIENT SERVICES.

6 * * *

7 (B) LIMITATIONS.--

8 * * *

9 (4.5) FOR STATE FISCAL YEAR 2023-2024, THE AMOUNT USED
10 FOR THE MEDICAL ASSISTANCE PAYMENT FOR HOSPITALS AND MEDICAL
11 ASSISTANCE MANAGED CARE ORGANIZATIONS MAY NOT EXCEED THE
12 AGGREGATE AMOUNT OF THE ASSESSMENT FUNDS COLLECTED FOR THE
13 YEAR LESS \$368,000,000.

14 (4.6) FOR STATE FISCAL YEARS 2024-2025, 2025-2026, 2026-
15 2027 AND 2027-2028, THE AMOUNT USED FOR THE MEDICAL
16 ASSISTANCE PAYMENT FOR HOSPITALS AND MEDICAL ASSISTANCE
17 MANAGED CARE ORGANIZATIONS MAY NOT EXCEED THE AGGREGATE
18 AMOUNT OF THE ASSESSMENT FUNDS COLLECTED FOR THE YEAR LESS
19 \$452,000,000.

20 (5) THE AMOUNTS RETAINED BY THE DEPARTMENT PURSUANT TO
21 PARAGRAPHS (1), (2), (4), (4.1), (4.2), (4.3) [AND], (4.4),
22 (4.5) AND (4.6) AND ANY ADDITIONAL AMOUNTS REMAINING IN THE
23 RESTRICTED ACCOUNTS AFTER THE PAYMENTS DESCRIBED IN
24 SUBSECTION (A) (1) AND (2) ARE MADE SHALL BE USED FOR PURPOSES
25 APPROVED BY THE SECRETARY UNDER SUBSECTION (A) (3), SUBJECT TO
26 PARAGRAPH (7).

27 * * *

28 SECTION 7. SECTION 815-G OF THE ACT IS AMENDED TO READ:
29 SECTION 815-G. EXPIRATION.

30 THE ASSESSMENT UNDER THIS ARTICLE SHALL EXPIRE JUNE 30,

1 [2023] 2028.

2 SECTION 8. THE ACT IS AMENDED BY ADDING AN ARTICLE TO READ:

3 ARTICLE XIV-D

4 PENNSYLVANIA RURAL HEALTH REDESIGN

5 CENTER AUTHORITY

6 SUBARTICLE A

7 PRELIMINARY PROVISIONS

8 SECTION 1401-D. SCOPE OF ARTICLE.

9 THIS ARTICLE RELATES TO THE PENNSYLVANIA RURAL HEALTH
10 REDESIGN CENTER AUTHORITY.

11 SECTION 1402-D. PURPOSE.

12 IT IS THE PURPOSE OF THIS ARTICLE TO PROTECT AND PROMOTE
13 ACCESS BY THE RESIDENTS OF THIS COMMONWEALTH TO HIGH-QUALITY
14 HEALTH CARE IN RURAL COMMUNITIES BY ENCOURAGING INNOVATION IN
15 HEALTH CARE DELIVERY.

16 SECTION 1403-D. 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 "ACUTE CARE HOSPITAL." A FACILITY THAT PROVIDES INPATIENT
21 AND OUTPATIENT SERVICES, WHICH MAY INCLUDE AN EMERGENCY
22 DEPARTMENT OR INTENSIVE CARE UNIT.

23 "AUTHORITY." THE PENNSYLVANIA RURAL HEALTH REDESIGN CENTER
24 AUTHORITY CONTINUED IN SECTION 1411-D.

25 "BOARD." THE GOVERNING BODY OF THE AUTHORITY.

26 "CONFLICT OF INTEREST." A SITUATION IN WHICH A BOARD MEMBER:

27 (1) HAS AN INTEREST IN ONE OR MORE PARTIES INVOLVED IN
28 AN ACTION UNDER SECTION 1412-D.

29 (2) MAY GAIN ACCESS TO COMPETITIVELY SENSITIVE OR
30 STRATEGICALLY RELEVANT INFORMATION ABOUT A PARTICIPATING

1 PAYER OR PARTICIPANT RURAL HOSPITAL.

2 "CRITICAL ACCESS HOSPITAL." AS DEFINED IN 42 U.S.C. §
3 1395X(MM) (1) (RELATING TO DEFINITIONS).

4 "ELIGIBLE HOSPITAL SERVICES." ALL INPATIENT AND HOSPITAL-
5 BASED OUTPATIENT ITEMS AND SERVICES. THE TERM SHALL EXCLUDE ALL
6 OTHER ITEMS AND SERVICES, INCLUDING THE FOLLOWING:

7 (1) POSTACUTE CARE.

8 (2) PROFESSIONAL SERVICES.

9 (3) DURABLE MEDICAL EQUIPMENT.

10 (4) DENTAL SERVICES.

11 (5) NONINPATIENT OR NON-HOSPITAL-BASED OUTPATIENT
12 BEHAVIORAL HEALTH SERVICES.

13 (6) LONG-TERM CARE SERVICES, EXCEPT FOR SWING BED
14 SERVICES FOR CRITICAL ACCESS HOSPITALS.

15 "FUND." THE PENNSYLVANIA RURAL HEALTH REDESIGN CENTER FUND
16 CONTINUED IN SECTION 1441-D.

17 "GLOBAL BUDGET." THE PROSPECTIVELY SET ANNUAL BUDGET THAT IS
18 THE BASIS FOR PAYMENT FOR EACH PARTICIPANT RURAL HOSPITAL FOR
19 ELIGIBLE HOSPITAL SERVICES BY PARTICIPATING PAYERS.

20 "GLOBAL BUDGET MODEL." AN INNOVATIVE PAYMENT AND SERVICE
21 DELIVERY MODEL THAT IS INTENDED TO REDUCE HEALTH CARE COSTS
22 WHILE MAINTAINING ACCESS TO CARE, IMPROVING THE QUALITY OF CARE
23 IN RURAL COUNTIES AND MEETING THE HEALTH NEEDS OF PARTICIPANT
24 RURAL HOSPITALS' LOCAL COMMUNITIES, AND UNDER WHICH
25 PARTICIPATING PAYERS PAY PARTICIPANT RURAL HOSPITALS USING A
26 GLOBAL BUDGET METHODOLOGY ESTABLISHED BY THE AUTHORITY.

27 "GOVERNMENT PROGRAM." A HEALTH BENEFIT PLAN OFFERED OR
28 ADMINISTERED BY OR ON BEHALF OF THE UNITED STATES OR THE
29 COMMONWEALTH OR AN AGENCY OR INSTRUMENTALITY OF EITHER,
30 INCLUDING:

1 (1) THE MEDICAL ASSISTANCE PROGRAM.

2 (2) THE CHILDREN'S HEALTH INSURANCE PROGRAM ESTABLISHED
3 UNDER ARTICLE XXIII-A OF THE ACT OF MAY 17, 1921 (P.L.682,
4 NO.284), KNOWN AS THE INSURANCE COMPANY LAW OF 1921.

5 (3) A HEALTH BENEFIT PLAN OFFERED OR ADMINISTERED BY OR
6 ON BEHALF OF THE COMMONWEALTH OR AN AGENCY OR INSTRUMENTALITY
7 OF THE COMMONWEALTH.

8 (4) HEALTH CARE BENEFITS ADMINISTERED UNDER 10 U.S.C.
9 (RELATING TO ARMED FORCES) OR 38 U.S.C. (RELATING TO
10 VETERANS' BENEFITS).

11 (5) THE MEDICARE PROGRAM ESTABLISHED UNDER 42 U.S.C. CH.
12 7 SUBCH. XVIII (RELATING TO HEALTH INSURANCE FOR AGED AND
13 DISABLED).

14 "INSURER." A PERSON, CORPORATION OR OTHER ENTITY LICENSED BY
15 THE COMMONWEALTH WITH AUTHORITY TO OFFER, ISSUE OR RENEW AN
16 INSURANCE POLICY, SUBSCRIBER CONTRACT OR CERTIFICATE PROVIDING
17 HEALTH CARE COVERAGE, INCLUDING:

18 (1) AN INSURANCE COMPANY, ASSOCIATION OR EXCHANGE
19 GOVERNED BY THE INSURANCE COMPANY LAW OF 1921, INCLUDING
20 SECTION 630 AND ARTICLE XXIV OF THE INSURANCE COMPANY LAW OF
21 1921.

22 (2) A HOSPITAL PLAN CORPORATION AS DEFINED IN 40 PA.C.S.
23 CH. 61 (RELATING TO HOSPITAL PLAN CORPORATIONS).

24 (3) A PROFESSIONAL HEALTH SERVICE CORPORATION AS DEFINED
25 IN 40 PA.C.S. CH. 63 (RELATING TO PROFESSIONAL HEALTH
26 SERVICES PLAN CORPORATIONS).

27 (4) A HEALTH MAINTENANCE ORGANIZATION GOVERNED BY THE
28 ACT OF DECEMBER 29, 1972 (P.L.1701, NO.364), KNOWN AS THE
29 HEALTH MAINTENANCE ORGANIZATION ACT.

30 "MEDICAID MANAGED CARE ORGANIZATION." AN ENTITY AS DEFINED

1 IN 42 U.S.C. § 1396B(M)(1)(A) (RELATING TO PAYMENT TO STATES)
2 THAT IS A PARTY TO AN AGREEMENT WITH THE DEPARTMENT, INCLUDING A
3 COUNTY MEDICAID MANAGED CARE ORGANIZATION AND A PERMITTED
4 ASSIGNEE OF AN AGREEMENT. THE TERM DOES NOT INCLUDE AN ASSIGNOR
5 OF AN AGREEMENT.

6 "PARTICIPANT RURAL HOSPITAL." A RURAL HOSPITAL THAT HAS BEEN
7 SELECTED AND SIGNS AN AGREEMENT TO PARTICIPATE IN THE GLOBAL
8 BUDGET MODEL.

9 "PARTICIPATING PAYER." A PAYER THAT OPERATES IN RURAL
10 COUNTIES AND, WITH RESPECT TO ONE OR MORE SPECIFIED PRODUCTS,
11 PROGRAMS OR PAYMENT ARRANGEMENTS, SIGNS AN AGREEMENT WITH THE
12 AUTHORITY TO PARTICIPATE IN THE GLOBAL BUDGET MODEL.

13 "PAYER." AN INSURER, GOVERNMENT PROGRAM OR MEDICAID MANAGED
14 CARE ORGANIZATION THAT PAYS OR ADMINISTERS PAYMENT FOR HEALTH
15 CARE SERVICES UNDER AN INSURANCE POLICY, SUBSCRIBER CONTRACT,
16 CERTIFICATE, ADMINISTRATIVE SERVICES ARRANGEMENT OR OTHER
17 PAYMENT ARRANGEMENT.

18 "RURAL COUNTY." A COUNTY WITHIN THIS COMMONWEALTH WHERE THE
19 POPULATION DENSITY IS LESS THAN 284 PERSONS PER SQUARE MILE AS
20 DEFINED BY THE CENTER FOR RURAL PENNSYLVANIA, ESTABLISHED UNDER
21 SECTION 301 OF THE ACT OF JUNE 30, 1987 (P.L.163, NO.16), KNOWN
22 AS THE RURAL PENNSYLVANIA REVITALIZATION ACT.

23 "RURAL HOSPITAL." AN ACUTE CARE HOSPITAL OR CRITICAL ACCESS
24 HOSPITAL LOCATED IN A RURAL COUNTY.

25 "RURAL HOSPITAL TRANSFORMATION PLAN." A DESCRIPTION OF THE
26 HEALTH CARE DELIVERY SYSTEM TRANSFORMATION THAT A PARTICIPANT
27 RURAL HOSPITAL WILL UNDERGO UNDER THE GLOBAL BUDGET MODEL, AS
28 APPROVED BY THE BOARD AND THE FEDERAL GOVERNMENT.

29 "SWING BED." A HOSPITAL BED THAT HAS BEEN APPROVED BY THE
30 MEDICARE PROGRAM ESTABLISHED UNDER UNDER 42 U.S.C. CH. 7 SUBCH.

1 XVIII TO PROVIDE POSTHOSPITAL SKILLED NURSING FACILITY CARE WHEN
2 THE RURAL HOSPITAL PARTICIPATES IN THE MEDICARE PROGRAM.

3 SUBARTICLE B

4 PENNSYLVANIA RURAL HEALTH REDESIGN

5 CENTER AUTHORITY

6 SECTION 1411-D. PENNSYLVANIA RURAL HEALTH REDESIGN CENTER
7 AUTHORITY.

8 (A) CONTINUATION.--THE PENNSYLVANIA RURAL HEALTH REDESIGN
9 CENTER AUTHORITY IS CONTINUED AS A BODY CORPORATE AND POLITIC
10 CONSTITUTING A PUBLIC CORPORATION AND GOVERNMENT
11 INSTRUMENTALITY. THE POWERS AND DUTIES OF THE AUTHORITY SHALL BE
12 VESTED IN AND EXERCISED BY THE BOARD, WHICH SHALL HAVE THE SOLE
13 POWER TO EMPLOY STAFF, INCLUDING AN EXECUTIVE DIRECTOR, LEGAL
14 COUNSEL, CONSULTANTS OR ANY OTHER STAFF DEEMED NECESSARY BY THE
15 BOARD TO EFFECTUATE THE PURPOSES OF THIS ARTICLE. INDIVIDUALS
16 EMPLOYED BY THE BOARD SHALL NOT BE EMPLOYEES OF THE COMMONWEALTH
17 FOR ANY PURPOSE, INCLUDING FOR PURPOSES OF COMPENSATION, PENSION
18 BENEFITS OR RETIREMENT.

19 (B) COMPOSITION.--THE BOARD SHALL CONSIST OF THE FOLLOWING
20 MEMBERS:

21 (1) THE SECRETARY OF HEALTH OR A DESIGNEE, WHO SHALL BE
22 AN EMPLOYEE OF THE DEPARTMENT OF HEALTH DESIGNATED IN WRITING
23 PRIOR TO SERVICE.

24 (2) THE SECRETARY OR A DESIGNEE, WHO SHALL BE AN
25 EMPLOYEE OF THE DEPARTMENT DESIGNATED IN WRITING PRIOR TO
26 SERVICE.

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

30 (4) ONE MEMBER SELECTED BY EACH PARTICIPATING PAYER THAT

1 IS AN INSURER ON BEHALF OF THE PARTICIPATING PAYER AND THE
2 PARTICIPATING PAYER'S PARENTS, AFFILIATES, SUBSIDIARIES,
3 OTHER ASSOCIATED ENTITIES AND SUCCESSORS. THE SELECTION UNDER
4 THIS PARAGRAPH SHALL EXCLUDE ANY AFFILIATED, SUBSIDIARY OR
5 OTHERWISE ASSOCIATED MEDICAID MANAGED CARE ORGANIZATION.

6 (5) ONE MEMBER SELECTED BY EACH PARTICIPATING PAYER THAT
7 IS A MEDICAID MANAGED CARE ORGANIZATION.

8 (6) ONE MEMBER SELECTED BY THE ORGANIZATION REPRESENTING
9 HOSPITALS AND HEALTH SYSTEMS IN THIS COMMONWEALTH. THIS
10 MEMBER SHALL BE CONSIDERED A PARTICIPANT RURAL HOSPITAL
11 MEMBER ON THE BOARD.

12 (7) PARTICIPANT RURAL HOSPITAL MEMBERS, THE NUMBER OF
13 WHICH SHALL NOT EXCEED THE NUMBER OF PARTICIPATING PAYER
14 MEMBERS. THE PARTICIPANT RURAL HOSPITAL MEMBERS SHALL
15 REPRESENT THE PARTICIPANT RURAL HOSPITALS AND SHALL BE
16 SELECTED FROM DIFFERENT, GEOGRAPHICALLY DIVERSE PARTICIPANT
17 RURAL HOSPITALS AND APPOINTED AS FOLLOWS:

18 (I) THE PRESIDENT PRO TEMPORE OF THE SENATE, THE
19 MINORITY LEADER OF THE SENATE, THE SPEAKER OF THE HOUSE
20 OF REPRESENTATIVES AND THE MINORITY LEADER OF THE HOUSE
21 OF THE REPRESENTATIVES SHALL EACH APPOINT ONE MEMBER.

22 (II) THE GOVERNOR SHALL APPOINT THE REMAINING
23 MEMBERS.

24 (8) TWO MEMBERS APPOINTED BY THE GOVERNOR WHO ARE
25 NATIONALLY RECOGNIZED EXPERTS IN RURAL HEALTH CARE DELIVERY
26 OR IN DEVELOPING AND ADMINISTERING GLOBAL BUDGETS.

27 (C) TERMS.--THE FOLLOWING SHALL APPLY TO TERMS OF THE
28 MEMBERS OF THE BOARD:

29 (1) THE TERMS OF THE MEMBERS SPECIFIED UNDER SUBSECTION
30 (B) (1), (2) AND (3) SHALL BE CONCURRENT WITH THEIR HOLDING OF

1 PUBLIC OFFICE.

2 (2) THE BOARD MEMBERS SPECIFIED IN SUBSECTION (B) (4),
3 (5) AND (6) SHALL SERVE FOR A TERM OF THREE YEARS AND SHALL
4 NOT BE ELIGIBLE TO SERVE MORE THAN TWO FULL CONSECUTIVE
5 THREE-YEAR TERMS.

6 (3) A BOARD MEMBER SPECIFIED IN SUBSECTION (B) (7) SHALL
7 SERVE FOR A TERM OF TWO YEARS AND SHALL NOT BE ELIGIBLE TO
8 SERVE MORE THAN TWO FULL CONSECUTIVE TWO-YEAR TERMS.

9 (4) A BOARD MEMBER SPECIFIED IN SUBSECTION (B) (8) SHALL
10 SERVE FOR A TERM OF FOUR YEARS AND SHALL NOT BE ELIGIBLE TO
11 SERVE MORE THAN TWO FULL CONSECUTIVE FOUR-YEAR TERMS.

12 (5) IF A MEMBER OF THE BOARD LEAVES PRIOR TO COMPLETING
13 A TERM DUE TO CHANGE IN PROFESSIONAL STATUS, INCLUDING, BUT
14 NOT LIMITED TO, RETIREMENT, CHANGING JOBS, FAILURE TO QUALIFY
15 OR OTHER REASON, A NEW MEMBER SHALL BE APPOINTED OR SELECTED
16 WITHIN 60 DAYS OF THE SEAT BECOMING VACANT.

17 (D) QUORUM.--A MAJORITY OF THE MEMBERS OF THE BOARD SHALL
18 CONSTITUTE A QUORUM. ACTION MAY BE TAKEN BY THE BOARD AT A
19 MEETING UPON A VOTE OF A MAJORITY OF ITS MEMBERS PRESENT IN
20 PERSON OR THROUGH ELECTRONIC MEANS. IF A TIE VOTE OCCURS AT ANY
21 MEETING, IT SHALL BE THE DUTY OF THE CHAIRPERSON TO CAST THE
22 DECIDING VOTE.

23 (E) MEETINGS.--THE BOARD SHALL MEET AT THE CALL OF THE
24 CHAIRPERSON OR AS MAY BE PROVIDED IN THE BYLAWS OF THE BOARD.
25 THE BOARD SHALL HOLD MEETINGS AT LEAST QUARTERLY, WHICH SHALL BE
26 SUBJECT TO THE REQUIREMENTS OF 65 PA.C.S. CH. 7 (RELATING TO
27 OPEN MEETINGS).

28 (F) CHAIRPERSON.--THE GOVERNOR SHALL APPOINT A CHAIRPERSON
29 FROM AMONG THE BOARD MEMBERS.

30 (G) FORMATION.--THE BOARD SHALL BE FORMED WITHIN 90 DAYS OF

1 THE EFFECTIVE DATE OF THIS SECTION.

2 (H) CONFLICT OF INTEREST.--BOARD MEMBERS SHALL RECUSE
3 THEMSELVES FROM DISCUSSIONS AND ACTIONS WHERE A CONFLICT OF
4 INTEREST MAY EXIST. BOARD MEMBERS MAY NOT RECEIVE CONFIDENTIAL
5 INFORMATION, DATA OR MATERIAL RELATED TO AN ENTITY WHERE A
6 CONFLICT OF INTEREST MAY EXIST.

7 (I) COMPENSATION AND EXPENSES.--MEMBERS OF THE BOARD SHALL
8 NOT RECEIVE A SALARY OR PER DIEM ALLOWANCE FOR SERVING AS
9 MEMBERS OF THE BOARD BUT SHALL BE REIMBURSED FOR ACTUAL AND
10 NECESSARY EXPENSES INCURRED IN THE PERFORMANCE OF THEIR DUTIES.
11 REASONABLE EXPENSES MAY INCLUDE REIMBURSEMENT OF TRAVEL AND
12 LIVING EXPENSES WHILE ENGAGED IN BOARD BUSINESS. THE EXPENSES
13 SHALL BE PAID FOR BY THE FUND.

14 SECTION 1412-D. POWERS AND DUTIES.

15 (A) GENERAL RULE.--THE BOARD SHALL EXERCISE ALL POWERS
16 NECESSARY AND APPROPRIATE TO CARRY OUT ITS DUTIES UNDER THIS
17 ARTICLE, INCLUDING THE FOLLOWING:

18 (1) ADOPT BYLAWS NECESSARY TO CARRY OUT THE PROVISIONS
19 OF THIS ARTICLE. THE BYLAWS SHALL INCLUDE A PROVISION
20 ADDRESSING CONFLICTS OF INTEREST AS WELL AS A PROVISION THAT
21 RESTRICTS BOARD DISCUSSIONS AND DECISIONS TO THE
22 ADMINISTRATION OF THE GLOBAL BUDGET MODEL AS PROVIDED UNDER
23 SUBSECTION (B).

24 (2) MAKE, EXECUTE AND DELIVER CONTRACTS, GRANTS AND
25 OTHER INSTRUMENTS NECESSARY OR CONVENIENT TO EXERCISE THE
26 POWERS AND DUTIES OF THE BOARD.

27 (3) APPLY FOR, SOLICIT, RECEIVE, ESTABLISH PRIORITIES
28 FOR, ALLOCATE, DISBURSE, CONTRACT OR GRANT FOR, ADMINISTER
29 AND EXPEND MONEY IN THE FUND AND OTHER MONEY MADE AVAILABLE
30 TO THE AUTHORITY FROM ANY OTHER SOURCE CONSISTENT WITH THE

1 PURPOSES OF THIS ARTICLE. THE AUTHORITY SHALL BE EXEMPT FROM
2 THE PROVISIONS OF 62 PA.C.S. PTS. I (RELATING TO COMMONWEALTH
3 PROCUREMENT CODE) AND II (RELATING TO GENERAL PROCUREMENT
4 PROVISIONS).

5 (4) APPLY FOR, ACCEPT AND ADMINISTER GRANTS AND LOANS TO
6 CARRY OUT THE PURPOSES OF THE AUTHORITY.

7 (5) ACCEPT MONEY FROM BOTH PUBLIC AND PRIVATE SOURCES,
8 CONSISTENT WITH FEDERAL AND STATE LAW.

9 (6) TAKE, HOLD, ADMINISTER, ASSIGN, LEND, ENCUMBER,
10 MORTGAGE, INVEST OR OTHERWISE DISPOSE OF, AT PUBLIC OR
11 PRIVATE SALE, ON BEHALF OF THE AUTHORITY AND FOR ANY OF THE
12 AUTHORITY'S PURPOSES, REAL PROPERTY, PERSONAL PROPERTY AND
13 MONEY OR ANY INTEREST THEREIN, INCLUDING ANY MORTGAGE OR LOAN
14 INTEREST OWNED BY THE AUTHORITY OR UNDER ITS CONTROL OR IN
15 ITS POSSESSION AND THE INCOME THEREFROM EITHER ABSOLUTELY OR
16 IN TRUST. THE FOLLOWING APPLY:

17 (I) THE BOARD MAY ACQUIRE PROPERTY OR MONEY FOR THIS
18 PURPOSE BY PURCHASE OR LEASE AND BY THE ACCEPTANCE OF
19 GIFTS, GRANTS, BEQUESTS, DEVISES OR LOANS, BUT NO
20 OBLIGATION OF THE AUTHORITY SHALL BE A DEBT OF THE
21 COMMONWEALTH, AND THE AUTHORITY SHALL HAVE NO POWER TO
22 PLEDGE THE CREDIT OR TAXING POWER OF THE COMMONWEALTH NOR
23 TO MAKE ITS DEBTS PAYABLE OUT OF ANY MONEY EXCEPT THOSE
24 OF THE CORPORATION. THIS SUBPARAGRAPH IS NOT INTENDED TO
25 MEAN THAT THE BOARD MAY ACQUIRE RURAL HOSPITALS OR
26 PARTICIPANT RURAL HOSPITALS.

27 (II) ALL ACCRUED AND FUTURE EARNINGS FROM MONEY
28 INVESTED BY THE BOARD AND OTHER ACCRUED AND FUTURE
29 NONAPPROPRIATED FUNDS, INCLUDING, BUT NOT LIMITED TO,
30 FUNDS OBTAINED FROM THE FEDERAL GOVERNMENT AND

1 CONTRIBUTIONS, SHALL BE AVAILABLE TO THE AUTHORITY AND
2 SHALL BE DEPOSITED IN THE STATE TREASURY AND MAY BE
3 UTILIZED AT THE DISCRETION OF THE BOARD FOR CARRYING OUT
4 ANY OF THE CORPORATE PURPOSES OF THE AUTHORITY. ANY
5 PLACEMENT OF THE FUNDS BY THE STATE TREASURER IN
6 DEPOSITORIES OR INVESTMENTS SHALL BE CONSISTENT WITH
7 GUIDELINES APPROVED BY THE BOARD. FOR THE PURPOSE OF
8 ADMINISTRATION, THE AUTHORITY SHALL BE SUBJECT TO
9 SECTIONS 610, 613 AND 614 OF THE ACT OF APRIL 9, 1929
10 (P.L.177, NO.175), KNOWN AS THE ADMINISTRATIVE CODE OF
11 1929.

12 (7) SEEK WAIVERS FROM STATE AGENCY REQUIREMENTS AS
13 NECESSARY TO CARRY OUT THE PURPOSES OF THIS ARTICLE.

14 (8) COORDINATE WITH THE APPROPRIATE STATE AGENCY TO SEEK
15 WAIVERS FROM FEDERAL REQUIREMENTS AS NECESSARY TO CARRY OUT
16 THE PURPOSES OF THIS ARTICLE.

17 (9) ESTABLISH ADVISORY GROUPS WITH A DIVERSE MEMBERSHIP
18 REPRESENTING INTERESTED AND AFFECTED GROUPS AND INDIVIDUALS
19 AS THE BOARD FINDS NECESSARY TO CARRY OUT THE PURPOSES OF
20 THIS ARTICLE.

21 (10) COLLABORATE WITH ALL APPLICABLE STATE AGENCIES FOR
22 PURPOSES OF IMPLEMENTING THIS ARTICLE.

23 (11) PERFORM ALL OTHER ACTIVITIES NECESSARY TO FURTHER
24 THE PURPOSES OF THIS ARTICLE.

25 (B) GLOBAL BUDGET MODEL.--THE BOARD IS RESPONSIBLE FOR
26 ADMINISTERING THE GLOBAL BUDGET MODEL AND SHALL:

27 (1) EVALUATE AND SELECT RURAL HOSPITALS FOR
28 PARTICIPATION IN THE GLOBAL BUDGET MODEL AS A PARTICIPANT
29 RURAL HEALTH HOSPITAL ON THE BASIS OF DIVERSITY, VISION AND
30 COMMITMENT TO HEALTH CARE DELIVERY TRANSFORMATION.

1 (2) PROVIDE TECHNICAL ASSISTANCE, TRAINING AND EDUCATION
2 TO RURAL HOSPITALS AND PARTICIPANT RURAL HOSPITALS.

3 (3) COLLECT AND MAINTAIN DATA FROM RURAL HOSPITALS AND
4 PARTICIPANT RURAL HOSPITALS, PARTICIPATING PAYERS AND OTHERS
5 AS NECESSARY TO CARRY OUT THE RESPONSIBILITIES OF THIS
6 ARTICLE.

7 (4) PERFORM DATA ANALYSIS AND QUALITY ASSURANCE.

8 (5) CALCULATE, APPROVE AND ADMINISTER GLOBAL BUDGETS.
9 THE GLOBAL BUDGETS MAY INCLUDE PAYMENTS FOR ELIGIBLE HOSPITAL
10 SERVICES PROVIDED UNDER A PARTICIPANT RURAL HOSPITAL'S
11 EMPLOYEE HEALTH PLAN.

12 (6) CONSISTENT WITH FEDERAL AND STATE LAW, REVIEW AND
13 APPROVE RURAL HOSPITAL TRANSFORMATION PLANS, ADVISE AND
14 APPROVE CHANGES TO OPERATIONAL AND PAYMENT MECHANISMS AND
15 APPROVE EXCEPTIONS TO AGREED-UPON PAYMENT RULES THROUGH AN
16 APPROVED PROCEDURE PROVIDED IN THE BOARD'S BYLAWS.

17 (7) ASSIST RURAL HOSPITALS AND PARTICIPANT RURAL
18 HOSPITALS IN WORKING WITH COMMUNITY-BASED ORGANIZATIONS TO
19 DETERMINE THE TARGETED POPULATION HEALTH IMPROVEMENT GOALS.

20 (8) EVALUATE THE PROGRESS OF THE IMPLEMENTATION OF EACH
21 PARTICIPANT RURAL HOSPITAL'S GLOBAL BUDGET TOWARD POPULATION
22 HEALTH IMPROVEMENT GOALS AND THE COST OF ACHIEVING HEALTH
23 CARE GOALS.

24 (9) MONITOR GLOBAL BUDGETS AND QUALITY METRICS FOR
25 PARTICIPANT RURAL HOSPITALS.

26 (10) PROVIDE AN ANNUAL ASSESSMENT OF EACH PARTICIPANT
27 RURAL HOSPITAL'S COMPLIANCE WITH ITS RURAL HOSPITAL
28 TRANSFORMATION PLAN AND GLOBAL BUDGET TARGETS.

29 (11) REQUIRE A PARTICIPANT RURAL HOSPITAL TO SUBMIT A
30 CORRECTIVE ACTION PLAN FOR FAILURE TO SUBMIT A RURAL HOSPITAL

1 TRANSFORMATION PLAN, COMPLY WITH ITS RURAL HOSPITAL
2 TRANSFORMATION PLAN OR MEET ITS GLOBAL BUDGET TARGETS.

3 (12) TERMINATE A PARTICIPANT RURAL HOSPITAL FROM THE
4 GLOBAL BUDGET MODEL IN ACCORDANCE WITH THE PARTICIPANT RURAL
5 HOSPITAL'S PARTICIPATION AGREEMENT.

6 (13) CONTRACT WITH AN INDEPENDENT EVALUATION GROUP TO
7 PROVIDE THE BOARD AND EXECUTIVE DIRECTOR WITH AN EVALUATION
8 OF THE GLOBAL BUDGET MODEL'S PROGRESS IN THE AREAS OF
9 POPULATION HEALTH, QUALITY OF CARE AND COST TARGETS.

10 (14) REVIEW AND UPDATE THE DEFINITION OF "ELIGIBLE
11 HOSPITAL SERVICES" BY TRANSMITTING A NOTICE TO THE
12 LEGISLATIVE REFERENCE BUREAU FOR PUBLICATION IN THE
13 PENNSYLVANIA BULLETIN, SUBJECT TO OBTAINING ALL NECESSARY
14 FEDERAL APPROVALS. THE BOARD SHALL USE DATA COLLECTED UNDER
15 PARAGRAPH (3) IN ITS REVIEW.

16 (C) AUDIT.--

17 (1) THE ACCOUNTS AND BOOKS OF THE AUTHORITY SHALL BE
18 EXAMINED AND AUDITED ANNUALLY BY AN INDEPENDENT CERTIFIED
19 PUBLIC ACCOUNTING FIRM. THE AUDIT SHALL BE PUBLIC
20 INFORMATION.

21 (2) THE AUTHORITY SHALL, BY DECEMBER 31 OF EACH YEAR,
22 FILE A COPY OF THE AUDIT OF THE PRECEDING COMMONWEALTH FISCAL
23 YEAR REQUIRED UNDER PARAGRAPH (1) WITH THE SECRETARY OF THE
24 SENATE AND THE CHIEF CLERK OF THE HOUSE OF REPRESENTATIVES
25 AND PROVIDE A COPY TO THE DEPARTMENT OF HEALTH.

26 (D) REPORTS.--THE AUTHORITY SHALL:

27 (1) ELECTRONICALLY SUBMIT AN ANNUAL REPORT ON THE
28 PERFORMANCE AND COMPLIANCE OF EACH PARTICIPANT RURAL HOSPITAL
29 TO THE DEPARTMENT OF HEALTH AND TO OTHER APPROPRIATE PARTIES,
30 INCLUDING ASSOCIATIONS, FOUNDATIONS, ACADEMIC INSTITUTIONS

1 AND COMMUNITY-BASED ORGANIZATIONS, AS DETERMINED BY THE
2 BOARD.

3 (2) ELECTRONICALLY SUBMIT AN ANNUAL REPORT TO THE
4 GOVERNOR, THE PRESIDENT PRO TEMPORE OF THE SENATE AND THE
5 SPEAKER OF THE HOUSE OF REPRESENTATIVES FOR DISTRIBUTION TO
6 THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE
7 HEALTH COMMITTEE OF THE HOUSE OF REPRESENTATIVES ON THE
8 ACTIVITIES OF THE AUTHORITY FOR THE YEAR.

9 (3) COMPLY WITH APPLICABLE FEDERAL REPORTING
10 REQUIREMENTS.

11 (E) PUBLICATION.--THE AUTHORITY SHALL ANNUALLY TRANSMIT A
12 FINANCIAL STATEMENT AND THE AUTHORITY'S AUDIT AS A NOTICE TO THE
13 LEGISLATIVE REFERENCE BUREAU FOR PUBLICATION IN THE NEXT
14 AVAILABLE ISSUE OF THE PENNSYLVANIA BULLETIN.

15 SUBARTICLE C

16 PARTICIPATION IN GLOBAL BUDGET MODEL
17 SECTION 1421-D. ROLES OF PARTICIPATING PAYERS.

18 (A) LETTER OF INTEREST.--A PAYER MAY SUBMIT A LETTER OF
19 INTEREST TO THE AUTHORITY TO PARTICIPATE IN THE GLOBAL BUDGET
20 MODEL.

21 (B) AGREEMENT TO PARTICIPATE.--AS A CONDITION OF
22 PARTICIPATION, A PARTICIPATING PAYER SHALL SIGN AN AGREEMENT
23 WITH THE AUTHORITY. THE AGREEMENT SHALL DETAIL THE TERMS AND
24 CONDITIONS OF PARTICIPATION IN THE GLOBAL BUDGET MODEL.

25 (C) TERMINATION.--A PARTICIPATING PAYER MAY TERMINATE ITS
26 PARTICIPATION WITH A PARTICIPANT RURAL HOSPITAL ACCORDING TO THE
27 TERMS AND CONDITIONS OF THE AGREEMENT UNDER SUBSECTION (B).
28 SECTION 1422-D. ROLES OF PARTICIPANT RURAL HOSPITALS.

29 (A) LETTER OF INTEREST.--A RURAL HOSPITAL MAY SUBMIT A
30 LETTER OF INTEREST TO THE AUTHORITY TO PARTICIPATE IN THE GLOBAL

1 BUDGET MODEL.

2 (B) CONDITION OF PARTICIPATION.--AS A CONDITION OF
3 PARTICIPATION, THE FOLLOWING SHALL OCCUR:

4 (1) A RURAL HOSPITAL SHALL SUBMIT AN INITIAL RURAL
5 HOSPITAL TRANSFORMATION PLAN IN THE MANNER AND FORM
6 PRESCRIBED BY THE AUTHORITY FOR REVIEW AND APPROVAL.

7 (2) A PARTICIPANT RURAL HOSPITAL SHALL SIGN AN AGREEMENT
8 WITH THE AUTHORITY. THE AGREEMENT SHALL DETAIL THE TERMS AND
9 CONDITIONS OF PARTICIPATION IN THE GLOBAL BUDGET MODEL.

10 (3) A PARTICIPANT RURAL HOSPITAL SHALL SUBMIT ANNUAL
11 UPDATES TO ITS RURAL HOSPITAL TRANSFORMATION PLAN IN THE
12 MANNER AND FORM PRESCRIBED BY THE AUTHORITY FOR REVIEW AND
13 APPROVAL.

14 SUBARTICLE D

15 DATA COLLECTION AND CONFIDENTIALITY

16 SECTION 1431-D. DATA COLLECTION AND RETENTION.

17 (A) AUTHORITY.--THE AUTHORITY MAY COLLECT AND ANALYZE DATA
18 FROM PARTICIPATING PAYERS, RURAL HOSPITALS, PARTICIPANT RURAL
19 HOSPITALS AND THE DEPARTMENT NECESSARY TO CARRY OUT THE
20 AUTHORITY'S RESPONSIBILITIES UNDER THIS ARTICLE. DATA COLLECTED
21 BY THE AUTHORITY SHALL ONLY BE USED FOR ADMINISTERING THE GLOBAL
22 BUDGET MODEL. THE AUTHORITY SHALL OBTAIN THE WRITTEN APPROVAL OF
23 A PARTICIPATING PAYER, RURAL HOSPITAL, PARTICIPANT RURAL
24 HOSPITAL OR THE DEPARTMENT BEFORE THE AUTHORITY CAN USE THE
25 ENTITY'S DATA FOR ANY OTHER PURPOSE. THE AUTHORITY SHALL RETAIN
26 THE DATA FOR NO MORE THAN SEVEN YEARS.

27 (B) PARTICIPANT RURAL HOSPITAL.--A PARTICIPANT RURAL
28 HOSPITAL MAY AUTHORIZE ITS INSURER OR ADMINISTRATOR TO PROVIDE
29 DATA TO THE AUTHORITY REGARDING PAYMENTS FOR ELIGIBLE HOSPITAL
30 SERVICES PROVIDED UNDER THE HOSPITAL'S EMPLOYEE HEALTH PLAN.

1 (C) RELEASE OF DATA.--UNLESS SPECIFICALLY PROVIDED FOR IN
2 THIS ARTICLE, THE AUTHORITY MAY NOT RELEASE AND NO DATA SOURCE,
3 PERSON, MEMBER OF THE PUBLIC OR OTHER USER OF ANY DATA OF THE
4 AUTHORITY MAY GAIN ACCESS TO:

5 (1) RAW DATA WHICH COULD REASONABLY BE EXPECTED TO
6 REVEAL THE IDENTITY OF AN INDIVIDUAL PATIENT.

7 (2) RAW DATA DISCLOSING DISCOUNTS OR ALLOWANCES BETWEEN
8 PARTICIPATING PAYERS AND PARTICIPANT RURAL HOSPITALS WHICH IS
9 PREJUDICIAL TO AN INDIVIDUAL PARTICIPATING PAYER OR
10 PARTICIPANT RURAL HOSPITAL.

11 (3) DATA WHICH THE DEPARTMENT PROVIDES TO THE AUTHORITY,
12 UNLESS THE SECRETARY OR THE DESIGNEE OF THE SECRETARY
13 SPECIFICALLY AUTHORIZES THE RELEASE OR ACCESS.

14 (4) ANY DATA WHERE A CONFLICT OF INTEREST OCCURS.

15 SECTION 1432-D. CONFIDENTIALITY OF DATA, CONTRACTS AND
16 AGREEMENTS.

17 (A) RIGHT-TO-KNOW LAW INAPPLICABLE.--ANY CONTRACT OR
18 AGREEMENT BETWEEN PARTICIPATING PAYERS AND PARTICIPANT RURAL
19 HOSPITALS OR ANY DATA, INCLUDING PATIENT DATA, PROVIDED BY A
20 PARTICIPATING PAYER, A PARTICIPANT RURAL HOSPITAL, INCLUDING A
21 PARTICIPANT RURAL HOSPITAL'S INSURER OR ADMINISTRATOR, A RURAL
22 HOSPITAL OR THE DEPARTMENT TO THE AUTHORITY AND MAINTAINED BY
23 THE AUTHORITY FOR THE PURPOSES OF CARRYING OUT THE REQUIREMENTS
24 OF THIS ARTICLE SHALL BE CONFIDENTIAL AND SHALL NOT BE SUBJECT
25 TO THE ACT OF FEBRUARY 14, 2008 (P.L.6, NO.3), KNOWN AS THE
26 RIGHT-TO-KNOW LAW, OR DISCOVERABLE OR ADMISSIBLE AS EVIDENCE IN
27 ANY CIVIL, CRIMINAL OR ADMINISTRATIVE ACTION OR PROCEEDING.

28 (B) AUTHORITY ACCESS TO DATA.--NOTHING IN THIS SECTION SHALL
29 PROHIBIT THE AUTHORITY FROM ACCESSING THE DATA TO CARRY OUT ITS
30 RESPONSIBILITIES IN ACCORDANCE WITH LAW.

1 (C) RELEASE OF DATA.--DATA PROVIDED TO THE CENTERS FOR
2 MEDICARE AND MEDICAID SERVICES, OR ANY OTHER ENTITY, BY THE
3 AUTHORITY SHALL BE PROVIDED CONSISTENT WITH APPLICABLE LAWS AND
4 REGULATIONS, INCLUDING THE HEALTH INSURANCE PORTABILITY AND
5 ACCOUNTABILITY ACT OF 1996 (PUBLIC LAW 104-191, 110 STAT. 1936),
6 THE HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL
7 HEALTH ACT (PUBLIC LAW 111-5, 123 STAT. 226-279 AND 467-496) AND
8 IMPLEMENTING REGULATIONS, TO THE EXTENT ALLOWED BY LAW AND
9 WRITTEN AGREEMENTS BETWEEN THE AUTHORITY AND EACH PARTICIPATING
10 PAYER AND PARTICIPANT RURAL HOSPITAL.

11 SUBARTICLE E

12 PENNSYLVANIA RURAL HEALTH REDESIGN

13 CENTER FUND

14 SECTION 1441-D. CONTINUATION OF FUND.

15 THE PENNSYLVANIA RURAL HEALTH REDESIGN CENTER FUND IS
16 CONTINUED AS A SEPARATE FUND IN THE STATE TREASURY.

17 SECTION 1442-D. MONEY IN FUND.

18 THE GENERAL ASSEMBLY MAY APPROPRIATE MONEY TO CARRY OUT THE
19 PROVISIONS OF THIS ARTICLE. ALL MONEY DEPOSITED INTO THE FUND
20 SHALL BE HELD FOR THE PURPOSES OF THE AUTHORITY AND MAY NOT BE
21 CONSIDERED A PART OF THE GENERAL FUND BUT SHALL BE USED ONLY TO
22 EFFECTUATE THE PURPOSES OF THIS ARTICLE AS DETERMINED BY THE
23 AUTHORITY. ALL INTEREST EARNED FROM THE INVESTMENT OR DEPOSIT OF
24 MONEY ACCUMULATED IN THE FUND SHALL BE DEPOSITED IN THE FUND FOR
25 THE SAME USE. ANY MONEY RETURNED TO THE AUTHORITY BY ANY PARTY
26 SHALL BE DEPOSITED INTO THE FUND.

27 SECTION 9. REPEALS ARE AS FOLLOWS:

28 (1) THE GENERAL ASSEMBLY DECLARES THAT THE REPEAL UNDER
29 PARAGRAPH (2) IS NECESSARY TO EFFECTUATE THE ADDITION OF
30 ARTICLE XIV-D OF THE ACT.

1 (2) THE ACT OF NOVEMBER 27, 2019 (P.L.742, NO.108),
2 KNOWN AS THE PENNSYLVANIA RURAL HEALTH REDESIGN CENTER
3 AUTHORITY ACT, IS REPEALED.

4 SECTION 10. THE ADDITION OF ARTICLE XIV-D OF THE ACT IS A
5 CONTINUATION OF THE ACT OF NOVEMBER 27, 2019 (P.L.742, NO.108),
6 KNOWN AS THE PENNSYLVANIA RURAL HEALTH REDESIGN CENTER AUTHORITY
7 ACT. THE FOLLOWING APPLY:

8 (1) EXCEPT AS OTHERWISE PROVIDED IN ADDITION OF ARTICLE
9 XIV-D OF THE ACT, ALL ACTIVITIES INITIATED UNDER THE
10 PENNSYLVANIA RURAL HEALTH REDESIGN CENTER AUTHORITY ACT SHALL
11 CONTINUE AND REMAIN IN FULL FORCE AND EFFECT AND MAY BE
12 COMPLETED UNDER THE ADDITION OF ARTICLE XIV-D OF THE ACT.
13 ORDERS, REGULATIONS, RULES AND DECISIONS WHICH WERE MADE
14 UNDER THE PENNSYLVANIA RURAL HEALTH REDESIGN CENTER AUTHORITY
15 ACT AND WHICH ARE IN EFFECT ON THE EFFECTIVE DATE OF SECTION
16 9 OF THIS ACT SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL
17 REVOKED, VACATED OR MODIFIED UNDER ADDITION OF ARTICLE XIV-D
18 OF THE ACT. CONTRACTS, OBLIGATIONS AND COLLECTIVE BARGAINING
19 AGREEMENTS ENTERED INTO UNDER THE PENNSYLVANIA RURAL HEALTH
20 REDESIGN CENTER AUTHORITY ACT ARE NOT AFFECTED NOR IMPAIRED
21 BY THE REPEAL OF THE PENNSYLVANIA RURAL HEALTH REDESIGN
22 CENTER AUTHORITY ACT.

23 (2) EXCEPT AS SET FORTH IN PARAGRAPH (3), ANY DIFFERENCE
24 IN LANGUAGE BETWEEN THE ADDITION OF ARTICLE XIV-D OF THE ACT
25 AND THE PENNSYLVANIA RURAL HEALTH REDESIGN CENTER AUTHORITY
26 ACT IS NOT INTENDED TO CHANGE OR AFFECT THE LEGISLATIVE
27 INTENT, JUDICIAL CONSTRUCTION OR ADMINISTRATION AND
28 IMPLEMENTATION OF THE THE PENNSYLVANIA RURAL HEALTH REDESIGN
29 CENTER AUTHORITY.

30 (3) PARAGRAPH (2) DOES NOT APPLY TO THE ADDITION OF THE

1 FOLLOWING PROVISIONS:

2 (I) SECTION 1411-D(C) OF THE ACT.

3 (II) SECTION 1442-D OF THE ACT.

4 SECTION 11. THIS ACT SHALL TAKE EFFECT IMMEDIATELY.