## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## SENATE BILL No. 5 Session of 2013

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WILEY, SCHWANK, MCILHINNEY AND VOGEL, JANUARY 18, 2013

SENATOR CORMAN, APPROPRIATIONS, RE-REPORTED AS AMENDED, MARCH 18, 2013

## AN ACT

1 2 3 4	Department clinics, fo	the Community-Based Health Care Program in the of Health; and providing for hospital health or mobile prenatal and natal care demonstration d for limitations.
5		TABLE OF CONTENTS
6	Chapter 1. He	ealth Care Assistance
7	Subchapter	A. Preliminary Provisions
8	Section 101.	Short title.
9	Section 102.	Definitions.
10	Subchapter	B. Community-Based Health Care
11	Section 111.	Community-Based Health Care Program.
12	Section 112.	Powers and duties of department.
13	Section 113.	Hospital health clinics.
14	Subchapter	C. Mobile Prenatal and Natal Care Demonstration
15		Project
16	Section 121.	Establishment.

1	Section 122. Applications for planning grants.		
2	Section 123. Review and approval of grant applications.		
3	Section 124. Report.		
4	Chapter 51. Miscellaneous Provisions		
5	Section 5101. Limitation.		
6	Section 5102. Effective date.		
7	The General Assembly of the Commonwealth of Pennsylvania		
8	hereby enacts as follows:		
9	CHAPTER 1		
10	HEALTH CARE ASSISTANCE		
11	SUBCHAPTER A		
12	PRELIMINARY PROVISIONS		
13	Section 101. Short title.		
14	I This act shall be known and may be cited as the Community-		
15	Based Health Care Act.		
16	Section 102. Definitions.		
17	The following words and phrases when used in this chapter		
18	shall have the meanings given to them in this section unless the		
19	context clearly indicates otherwise:		
20	"Advanced practice registered nurse." A registered nurse who		
21	has been certified in this Commonwealth to practice as:		
22	(1) a certified clinical nurse specialist;		
23	(2) a certified registered nurse anesthetist;		
24	(3) a certified registered nurse practitioner; or		
25	(4) a certified nurse midwife.		
26	"Chronic care and disease management." A model of care that		
27	includes the following:		
28	(1) The provision of effective health management through		
29	support and information that also promotes patient self-care		
30	for patients with chronic conditions.		

20130SB0005PN0715

- 2 -

1 (2) The use of evidence-based medicine to ensure 2 appropriate treatment decisions by health care providers.

3 (3)The coordination of care and use of reasonably accessible and updated patient information that encourages 4 5 follow-up care as a standard procedure.

The tracking of clinical information for individual 6 (4) 7 and general patient populations to guide treatment and 8 effectively anticipate community health care problems. 9 "Community-based health care clinic." A nonprofit health 10 care center located in this Commonwealth that provides comprehensive health care services without regard for a 11 12 patient's ability to pay and that: 13

(1) meets either of the following criteria:

14 serves a federally designated medically (i) 15 underserved area, a medically underserved population or a 16 health professional shortage area; or

17 (ii) serves a patient population with a majority of 18 that population having an income less than 200% of the 19 Federal poverty income guidelines; and

20 (2) includes any of the following:

21 A federally qualified health center as defined (i) 22 in section 1905(1)(2)(B) of the Social Security Act (49 23 Stat. 620, 42 U.S.C. § 1396d(1)(2)(B)) or a federally 24 qualified health center look-alike and is a participating 25 provider with:

26 (A) the Department of Public Welfare under the 27 act of June 13, 1967 (P.L.31, No.21), known as the 28 Public Welfare Code; or

29 (B) the Children's Health Insurance Program 30 under:

20130SB0005PN0715

- 3 -

1 (I) Title XXI of the Social Security Act (49 2 Stat. 620, 42 U.S.C. § 1397aa et seq.); and 3 (II) Article XXIII of the act of May 17, 1921 (P.L.682, No.284), known as The Insurance 4 Company Law of 1921, and the regulations 5 promulgated thereunder. 6 (ii) A rural health clinic as defined in section 7 8 1861(aa)(2) of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1395x(aa)(2)), certified by Medicare and is a 9 10 participating provider with: 11 (A) the Department of Public Welfare under the 12 Public Welfare Code; or 13 (B) the Children's Health Insurance Program 14 under: 15 (I) Title XXI of the Social Security Act; 16 and 17 (II) Article XXIII of The Insurance Company 18 Law of 1921 and the regulations promulgated 19 thereunder. 20 (iii) A hospital health clinic and is a 21 participating provider with: 22 (A) the Department of Public Welfare under the 23 Public Welfare Code; or 24 (B) the Children's Health Insurance Program 25 under: 26 (I) Title XXI of the Social Security Act; 27 and 28 (II) Article XXIII of The Insurance Company 29 Law of 1921 and the regulations promulgated 30 thereunder. 20130SB0005PN0715 - 4 -

(iv) A free or partial-pay health clinic that
 provides services by volunteer and nonvolunteer health
 care providers.

4 (v) A nurse-managed health care clinic that is
5 managed by advanced practice registered nurses and is
6 associated with a nursing education program, a federally
7 qualified health center or an independent nonprofit
8 health or social services agency and is a participating
9 provider with:

10 (A) the Department of Public Welfare under the11 Public Welfare Code; or

12 (B) the Children's Health Insurance Program13 under:

14 (I) Title XXI of the Social Security Act;15 and

16 (II) Article XXIII of The Insurance Company
17 Law of 1921 and the regulations promulgated
18 thereunder.

19 "Department." Except as provided under section 113, the 20 Department of Health of the Commonwealth.

21 "Health care provider." A health care provider licensed to 22 practice a component of the healing arts by a licensing board 23 within the Department of State who provides health care services 24 at a community-based health care clinic.

25 "Hospital." An entity located in this Commonwealth that is 26 licensed as a hospital under the act of July 19, 1979 (P.L.130, 27 No.48), known as the Health Care Facilities Act.

28 "Low-income patient." A patient whose household income is 29 below 200% of the Federal poverty income guidelines.

30 "Medical assistance." A State program of medical assistance

20130SB0005PN0715

- 5 -

1 established under Article IV(f) of the act of June 13, 1967 2 (P.L.31, No.21), known as the Public Welfare Code. 3 "Patient." A natural person receiving health care from a health care provider at a community-based health care clinic. 4 5 "Program." The Community-Based Health Care Program. 6 SUBCHAPTER B 7 COMMUNITY-BASED HEALTH CARE 8 Section 111. Community-Based Health Care Program. 9 (a) Establishment.--The Community-Based Health Care Program 10 is established within the department to provide grants to 11 community-based health care clinics to: 12 Expand and improve health care access and services, (1)such as preventive care, chronic care and disease management, 13 14 prenatal, obstetric, postpartum and newborn care, dental 15 treatment, behavioral health and pharmacy services. 16 Reduce unnecessary utilization of hospital emergency (2) 17 services by providing an effective alternative health care 18 delivery system. 19 Encourage collaborative relationships among (3) 20 community-based health care clinics, hospitals and other 21 health care providers. 22 (b) Grant award methodology.--A methodology for the 23 allocation of grant awards shall be developed by the department 24 based on the following distribution: 25 Not more than 50% for the expansion of an existing (1)26 or the development of a new community-based health care clinic using criteria that include: 27 28 (i) The actual and projected number of total 29 patients, new patients and patient visits for all patients served or to be served, specifically delineating 30 20130SB0005PN0715 - 6 -

the number of low-income and uninsured patients, who fall
 below 200% of the Federal poverty income guidelines.

3 (ii) The addition or expansion of ancillary health
4 care services, such as dental, behavioral health and
5 pharmacy.

6 (iii) The development or enhancement of preventive 7 and chronic care and disease management techniques.

8 (2) Not more than 25% for improvements in prenatal,
9 obstetric, postpartum and newborn care.

10 (3) Not more than 20% for improved access and services,
11 including patient transportation, intended to reduce
12 unnecessary emergency room utilization.

13 (4) Not more than 5% for the establishment of
14 collaborative relationships among community-based health care
15 clinics, hospitals and other health care providers.

16 (5) Not more than 15% of the funds made available for 17 the program authorized by this section may be awarded to 18 applicants within any one city, town, borough or township of 19 this Commonwealth.

(b.1) Limitation.--No more than 25% of the grants awarded under subsection (b) may go to federally qualified health centers as defined in section 1905(1)(2)(B) of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1396d(1)(2)(B)) or federally qualified health center look-alikes.

(c) Distribution.--Funds shall be distributed in a manner that improves access and expands services in all geographic areas of this Commonwealth.

(d) Reallocation.--The department shall reallocate funds
among the categories described in subsection (b) if sufficient
QUALIFIED grant requests are not received to use all the funds <--</li>

20130SB0005PN0715

- 7 -

1 available in a specific category.

2 (e) Amount of grants.--A grant under this subsection shall
3 require a matching commitment of 25% of the grant, which can be
4 in the form of cash or equivalent in-kind services.

5 (f) Federal funds.--The department shall seek any available 6 Federal funds, as well as any available grants and funding from 7 other sources, to supplement amounts made available under this 8 subchapter to the extent permitted by law.

9 Section 112. Powers and duties of department.

10 The department shall have the following powers and duties:

11

(1) To administer the program.

12 (2) To develop an allocation methodology pursuant to13 section 111(b).

(3) Within 90 days of the effective date of this
section, to develop and provide a grant application form
consistent with this act. The department shall provide
applications for grants under this section to all known
community-based health care clinics. A grant under this
section may be extended over two State fiscal years at the
request of the community-based health care clinic.

(4) To calculate and make grants to qualified community-based health care clinics.

(5) To provide an annual report no later than November
30 to the chair and minority chair of the Public Health and
Welfare Committee of the Senate and the chair and minority
chair of the Health Committee of the House of
Representatives. The report shall include all of the
following:

(i) The total dollar amount for each grant awarded,
 listing the type of community-based health care clinic

20130SB0005PN0715

- 8 -

1 and the name of the grantee.

2

(ii) The use of the grant by each grantee.

3 (iii) How each grant expanded access and services
4 in accordance with the criteria set forth in section
5 111(a) and (b), including specific documentation of low6 income and uninsured patients served, and the total
7 amount of funds allocated in each distribution category
8 under section 111(b).

9 (iv) The impact of the grant on improving the 10 delivery and quality of health care in the community.

11 (v) The benefits of the assistance provided under 12 this subchapter and any recommendations for changes to 13 the program.

14 The report shall be made available for public inspection and 15 posted on the department's publicly accessible Internet 16 website.

17 (6) To audit grants awarded under this subchapter to 18 ensure that funds have been used in accordance with this 19 subchapter and the terms and standards adopted by the 20 department.

(7) To establish and maintain an online database ofcommunity-based health care clinics.

(8) To establish a toll-free telephone number for
individuals to obtain information about community-based
health care clinics.

26 Section 113. Hospital health clinics.

(a) Program.--The Department of Public Welfare shall, in
cooperation with the department, be responsible for
administering the program as it relates to hospital health
clinics in accordance with the requirements of this act and

20130SB0005PN0715

- 9 -

1 shall have the following additional duties:

2 (1) To develop an application and collect such data and 3 information as may be necessary to determine the eligibility 4 of hospital health clinics for payments under this section 5 using the criteria set forth in section 111(a) and (b).

6 (2) To review an application and make a final 7 determination regarding a hospital health clinic's 8 eligibility for funding within 90 days of receipt.

9 (3) To make payments to hospital health clinics in 10 accordance with the payment calculation set forth in 11 subsection (e).

(b) Submission of application.--In order to qualify for funding under this section, a hospital health clinic shall submit the required application to the Department of Public Welfare no later than 90 days after the effective date of this act.

17 (c) Funding.--

18 (1)For each fiscal year, upon Federal approval of an 19 amendment to the Medicaid State plan, the Department of 20 Public Welfare shall annually distribute any available funds 21 obtained under this act for hospital health clinics through 22 disproportionate share payments to hospitals to provide 23 financial assistance that will assure readily available and 24 coordinated comprehensive health care to the citizens of this 25 Commonwealth.

(2) The Secretary of Public Welfare shall determine the
funds available and make appropriate adjustments based on the
number of qualifying hospitals with hospital health clinics.
(d) Maximization.--The Department of Public Welfare shall
seek to maximize any Federal funds, including funds obtained

- 10 -

under Title XIX of the Social Security Act (49 Stat. 620, 42
 U.S.C. § 1396 et seq.).

3 (e) Payment calculation.--

Thirty percent of the total amount available shall 4 (1)5 be allocated to eligible hospital health clinics of hospitals 6 located in counties of the first and second class. The total 7 amount available for each hospital health clinic at a 8 hospital in these counties shall be allocated on the basis of 9 each hospital's percentage of medical assistance and low-10 income hospital health clinic visits compared to the total 11 number of medical assistance and low-income hospital health 12 clinic visits for all hospitals in the first and second class 13 counties.

14 (2) Fifty percent of the total amount available shall be 15 allocated to eligible hospital health clinics of hospitals located in counties of the third, fourth and fifth class. The 16 17 total amount available for each hospital health clinic at a 18 hospital in these counties shall be allocated on the basis of 19 each hospital's percentage of medical assistance and low-20 income hospital health clinic visits compared to the total 21 number of medical assistance and low-income hospital health 22 clinic visits for all hospitals in the third, fourth and 23 fifth class counties.

(3) Twenty percent of the total amount available shall
be allocated to eligible hospital health clinics of hospitals
located in counties of the sixth, seventh and eighth class.
The total amount available for each hospital health clinic at
a hospital in these counties shall be allocated on the basis
of each hospital's percentage of medical assistance and lowincome hospital health clinic visits compared to the total

- 11 -

1 number of medical assistance and low-income hospital health 2 clinic visits for all hospitals in the sixth, seventh and 3 eighth class counties. Any hospital that has reached its disproportionate 4 (4) 5 share limit under Title XIX of the Social Security Act shall 6 receive its share of the State funds available under this 7 act. 8 SUBCHAPTER C 9 MOBILE PRENATAL AND 10 NATAL CARE DEMONSTRATION PROJECT 11 Section 121. Establishment. 12 There is established within the department a program to be 13 known as the Mobile Prenatal and Natal Care Demonstration 14 Project. The program shall provide prenatal, obstetric, 15 postpartum and newborn care to individuals on a mobile basis. 16 Section 122. Applications for planning grants. 17 A hospital or health care provider may submit an application 18 to the department requesting a grant for costs associated with establishing a mobile unit to provide prenatal, obstetric, 19 20 postpartum and newborn care. The application shall be on the 21 form required by the department and shall include all of the 22 following: 23 (1) The applicant's name and address. 24 (2)The geographic region where the unit will operate. 25 A statement of the services to be provided. (3) 26 An estimate of the cost of the mobile unit. (4) 27 Proof of participation in the medical assistance (5) 28 program. 29 Any other information required by the department. (6) 30 Section 123. Review and approval of grant applications.

20130SB0005PN0715

- 12 -

(a) Review.--The department shall review the applications.
 Preference shall be given to applicants in communities where
 prenatal, obstetric, postpartum and newborn care is limited.
 Upon being satisfied that all requirements have been met, the
 department may approve four applications and award grants. The
 following grants shall be awarded:

7 (1) One to an applicant which seeks to provide services8 in an urban setting.

9 (2) One to an applicant which seeks to provide services 10 in a suburban setting.

11 (3) One to an applicant which seeks to provide services 12 in a rural setting.

13 (4) One to an underserved area which is most likely to14 benefit from a mobile clinic.

15 (b) Limit.--Grants awarded may not be more than \$100,000.16 Section 124. Report.

17 By May 1, 2016, the department shall file a report with the 18 chairman and minority chairman of the Public Health and Welfare 19 Committee of the Senate, the chairman and minority chairman of 20 the Health Committee of the House of Representatives and the chairman and minority chairman of the Human Services Committee 21 of the House of Representatives. The report shall additionally 22 23 be posted on the department's publicly accessible Internet 24 website and shall include all of the following for each grant made in the prior calendar year: 25

26

(1) The name of each grantee.

27 (2) The amount of each grant awarded.

28 (3) The use of each grant by each grantee.

29 (4) A summary of how each grant expanded access and
 30 services and improved the delivery and quality of health care

20130SB0005PN0715

- 13 -

1 in the community, including a comparison of the rate of infant mortality and low birth weight in the community for 2 3 the year immediately prior to the award of the grant with those rates in the community for the year of the grant. 4 5 The types of services and the amount spent on each (5) type of service provided by each grantee. 6 7 Any recommendations for changes to the program. (6) 8 CHAPTER 51 9 MISCELLANEOUS PROVISIONS 10 Section 5101. Limitations. The payments made under the program shall not exceed the 11 12 amount of funds appropriated for the program, and the payments made for the Mobile Prenatal and Natal Care Demonstration 13 14 Project shall not exceed the amount of funds appropriated for 15 the Mobile Prenatal and Natal Care Demonstration Project. A payment under this act shall not constitute an entitlement from 16 17 the Commonwealth or a claim on any other funds of the 18 Commonwealth. 19 Section 5102. Effective date.

20 This act shall take effect in 90 days.

- 14 -