
THE GENERAL ASSEMBLY OF PENNSYLVANIA

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EARLL, YAW, WAUGH, FOLMER, ROBBINS, BROWNE, BRUBAKER, WARD
AND PIPPY, FEBRUARY 17, 2011

REFERRED TO PUBLIC HEALTH AND WELFARE, FEBRUARY 17, 2011

AN ACT

1 Establishing the Community-Based Health Care (CHC) Program in
2 the Department of Health; and providing for hospital health
3 clinics.

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16 The General Assembly of the Commonwealth of Pennsylvania

17 hereby enacts as follows:

1 CHAPTER 1

2 HEALTH CARE ASSISTANCE

3 SUBCHAPTER A

4 PRELIMINARY PROVISIONS

5 Section 101. Short title.

6 This act shall be known and may be cited as the Community-
7 Based Health Care (CHC) Act.

8 Section 102. Definitions.

9 The following words and phrases when used in this chapter
10 shall have the meanings given to them in this section unless the
11 context clearly indicates otherwise:

12 "Chronic care and disease management." A model of care that
13 includes the following:

14 (1) The provision of effective health management through
15 support and information that also promotes patient self-care
16 for patients with chronic conditions.

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

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

22 (4) The tracking of clinical information for individual
23 and general patient populations to guide treatment and
24 effectively anticipate community health care problems.

25 "Community-based health care clinic." A nonprofit health
26 care center located in this Commonwealth that provides
27 comprehensive health care services without regard for a
28 patient's ability to pay and that:

29 (1) meets either of the following criteria:

30 (i) serves a federally designated medically

1 underserved area, a medically underserved population or a
2 health professional shortage area; or

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

6 (2) includes any of the following:

7 (i) A federally qualified health center as defined
8 in section 1905(1)(2)(B) of the Social Security Act (49
9 Stat. 620, 42 U.S.C. § 1396d(1)(2)(B)) or a federally
10 qualified health center look-alike.

11 (ii) A rural health clinic as defined in section
12 1861(aa)(2) of the Social Security Act (49 Stat. 620, 42
13 U.S.C. § 1395x(aa)(2)), certified by Medicare.

14 (iii) A hospital health clinic.

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

18 (v) A nurse-managed health care clinic that is
19 managed by advanced practice nurses and is associated
20 with a nursing education program, a federally qualified
21 health center or an independent nonprofit health or
22 social services agency.

23 "Department." Except as provided under section 113, the
24 Department of Health of the Commonwealth.

25 "Health care provider." A health care provider licensed to
26 practice a component of the healing arts by a licensing board
27 within the Department of State who provides health care services
28 at a community-based health care clinic.

29 "Hospital." An entity located in this Commonwealth that is
30 licensed as a hospital under the act of July 19, 1979 (P.L.130,

1 No.48), known as the Health Care Facilities Act.

2 "Medical assistance." A State program of medical assistance
3 established under Article IV(f) of the act of June 13, 1967
4 (P.L.31, No.21), known as the Public Welfare Code.

5 "Patient." A natural person receiving health care from a
6 health care provider at a community-based health care clinic.

7 "Program." The Community-Based Health Care (CHC) Program.

8 SUBCHAPTER B

9 COMMUNITY-BASED HEALTH CARE (CHC)

10 Section 111. Community-Based Health Care (CHC) Program.

11 (a) Establishment.--The Community-Based Health Care (CHC)
12 Program is established within the department to provide grants
13 to community-based health care clinics to:

14 (1) Expand and improve health care access and services,
15 such as preventive care, chronic care and disease management,
16 prenatal, obstetric, postpartum and newborn care, dental
17 treatment, behavioral health and pharmacy services.

18 (2) Reduce unnecessary utilization of hospital emergency
19 services by providing an effective alternative health care
20 delivery system.

21 (3) Encourage collaborative relationships among
22 community-based health care clinics, hospitals and other
23 health care providers.

24 (b) Grant award methodology.--A methodology for the
25 allocation of grant awards shall be developed by the department
26 based on the following distribution:

27 (1) Fifty percent for the expansion of an existing or
28 the development of a new community-based health care clinic
29 using criteria that include:

30 (i) The actual and projected number of total

1 patients, new patients and patient visits for all
2 patients served or to be served, specifically delineating
3 the number of low-income and uninsured patients, who fall
4 below 200% of the Federal poverty income guidelines.

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

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

10 (2) Twenty-five percent for improvements in prenatal,
11 obstetric, postpartum and newborn care.

12 (3) Twenty percent for improved access and services,
13 including patient transportation, intended to reduce
14 unnecessary emergency room utilization.

15 (4) Five percent for the establishment of collaborative
16 relationships among community-based health care clinics,
17 hospitals and other health care providers.

18 (c) Limitation.--No more than 25% of the grants awarded
19 under subsection (b) shall go to federally qualified health
20 centers or federally qualified health center look-alikes.

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

24 (e) Reallocation.--The department shall reallocate funds
25 among the categories described in subsection (b) if sufficient
26 grant requests are not received to use all the funds available
27 in a specific category.

28 (f) Amount of grants.--A grant under this subsection shall
29 not exceed \$500,000 of the total amount of funds available and
30 shall require a matching commitment of 25% of the grant, which

1 can be in the form of cash or equivalent in-kind services.

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

6 Section 112. Powers and duties of department.

7 The department shall have the following powers and duties:

8 (1) To administer the program.

9 (2) To develop an allocation methodology pursuant to
10 section 111(b).

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

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

20 (5) To provide an annual report no later than November
21 30 to the chair and minority chair of the Public Health and
22 Welfare Committee of the Senate and the chair and minority
23 chair of the Health Committee of the House of
24 Representatives. The report shall include accountability
25 measures for all of the following:

26 (i) The total dollar amount for each grant awarded,
27 listing the type of community-based health care clinic
28 and the name of the grantee.

29 (ii) A summary of the use of the grant by each
30 grantee.

1 (iii) A summary of how each grant expanded access
2 and services in accordance with the criteria set forth in
3 section 111(a) and (b), including a specific
4 documentation of low-income and uninsured patients
5 served, and the total amount of funds allocated in each
6 distribution category under section 111(b).

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

9 (v) An accountability assessment of the benefits of
10 the assistance provided under this subchapter and any
11 recommendations for changes to the program.

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

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

19 (7) To establish and maintain an online database of
20 community-based health care clinics.

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

24 Section 113. Hospital health clinics.

25 (a) Program.--The Department of Public Welfare shall be
26 responsible for administering the program as it relates to
27 hospital health clinics in accordance with the requirements of
28 this act and shall have the following additional duties:

29 (1) To develop an application and collect such data and
30 information as may be necessary to determine the eligibility

1 of hospital health clinics for payments under this section
2 using the criteria set forth in section 111(a) and (b).

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

6 (3) To make payments to hospital health clinics in
7 accordance with the payment calculation set forth in
8 subsection (e).

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

14 (c) Funding.--

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

23 (2) The Secretary of Public Welfare shall determine the
24 funds available and make appropriate adjustments based on the
25 number of qualifying hospitals with hospital health clinics.

26 (d) Maximization.--The Department of Public Welfare shall
27 seek to maximize any Federal funds, including funds obtained
28 under Title XIX of the Social Security Act (49 Stat. 620, 42
29 U.S.C. § 1396 et seq.).

30 (e) Payment calculation.--

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

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

19 (3) Twenty percent of the total amount available shall
20 be allocated to eligible hospital health clinics of hospitals
21 located in counties of the sixth, seventh and eighth class.
22 The total amount available for each hospital health clinic at
23 a hospital in these counties shall be allocated on the basis
24 of each hospital's percentage of medical assistance and low-
25 income hospital health clinic visits compared to the total
26 number of medical assistance and low-income hospital health
27 clinic visits for all hospitals in these counties.

28 (4) Any hospital that has reached its disproportionate
29 share limit under Title XIX of the Social Security Act shall
30 receive its share of the State funds available under this

1 act.

2 (f) Definition.--As used in this section, the term "low-
3 income" means under 200% of the Federal poverty income
4 guidelines.

5 CHAPTER 51

6 MISCELLANEOUS PROVISIONS

7 Section 5101. Limitations.

8 Payments to community-based health care clinics for
9 assistance under this act shall not exceed the amount of funds
10 available for the program, and any payment under this act shall
11 not constitute an entitlement from the Commonwealth or a claim
12 on any other funds of the Commonwealth.

13 Section 5102. Effective date.

14 This act shall take effect in 90 days.