

Section 5. This act shall take effect immediately.

APPROVED—The 31st day of July, A. D. 1968.

RAYMOND P. SHAFER.

No. 273

AN ACT

HB 1474

Amending the act of June 13, 1967 (Act No. 21), entitled "An act to consolidate, editorially revise, and codify the public welfare laws of the Commonwealth," changing provisions relating to public and medical assistance and certain blind persons applications and bringing chiropractors within certain provisions of the act.

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

Section 1. Subdivisions (e), (f) and (g) of Article IV and section 509 of Article V of the Table of Contents, sections 402 and 404, the subdivision heading of subdivision (e) of Article IV and section 431, act of June 13, 1967 (Act No. 21), known as the "Public Welfare Code," are amended to read:

ARTICLE IV
PUBLIC ASSISTANCE

* * *

(e) Assistance Other Than Medical Assistance [for the Aged and Purchased Hospital and Post Hospital Care]

Section 431. Application.

Section 432. Eligibility.

Section 433. Special Eligibility Provision.

[Section 434. Additional Assistance.]

Section 435. Care by Other Public Bodies.

(f) Medical Assistance [for the Aged and Purchased Hospital and Post Hospital Care]

[Section 441. Medical Assistance for the Aged; Benefits.

Section 442. Medical Assistance for the Aged; Eligibility.

Section 443. Purchased Hospital Care; Benefits.

Section 444. Post Hospital Care; Benefits.

Section 445. Purchased Hospital and Post Hospital Care; Eligibility.]

Section 441.1. Persons Eligible for Medical Assistance.

Section 442.1. The Medically Needy; Determination of Eligibility.

Section 443.1. Medical Assistance Payments for Institutional Care.

Section 443.2. Medical Assistance Payments for Home Health Care.

Section 443.3. Other Medical Assistance Payments.

Section 443.4. Additional Payments for Eligible Persons Other than the Medically Needy.

Section 444.1. Limitation on Charges.

Section 444.2. Physicians' Liability Limited.

Section 446. Application; Special Provisions.

Section 447. Relatives' Responsibility; Repayment.

(g) Special Provisions Respecting Medical Assistance

Section 451. Conformity with Federal Legislation.

[Section 452. Medical Assistance without Federal Participation.]

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ARTICLE V
STATE BLIND PENSION

* * *

Section 509. [Payment for Medical or Other Health Care.] Medical Assistance and Burial. * * *

Section 402. Definitions.—As used in this article:

“Assistance” means [assistance in] money, services, goods, shelter, burial [or] and medical, chiropractic [or] and other health care, including nursing home care [, medical assistance for the aged, and purchased hospital and post hospital care,] provided from or with State, Federal, county, county institution district or municipal funds, for needy persons who reside in Pennsylvania and need assistance to provide for themselves and their dependents a decent and healthful standard of living, and for needy homeless or transient persons.

“Benefit period” means, with respect to any individual, a period of consecutive days beginning with the first day not included in a previous benefit period, on which he is furnished inpatient hospital care, and ending with the last day of the first sixty-day period thereafter during each day of which he is not an inpatient in a hospital.

[“Cost of geriatric center care,” means the average per patient, per diem or per visit operating expense of providing geriatric center care.

“Cost of inpatient hospital care,” means the average per patient, per diem, operating expense of providing ward care as determined by the Auditor General, excluding expenses of medical education, capital improvement and construction and other expenses not directly related to inpatient care.

“Cost of public nursing home care” means the average per patient, per diem, operating expense of providing such care, as determined by the Auditor General, excluding expenses of medical education, capital improvement and construction and other expenses not directly related to public nursing home care.]

“Federal-State blind pension” means assistance paid as aid to the blind in accordance with the provisions of the Federal Social Security Act and this article.

“General assistance” means assistance granted under the provisions of section 432 (2) of this act.

["Geriatric center care," means public nursing home care or inpatient or outpatient diagnostic, screening or preventive services in a geriatric center operated by the department.

“Inpatient hospital care” means care as a bed patient in a medical institution which is primarily engaged in providing, by or under the supervision of physicians, diagnostic services and therapeutic services for medical or surgical diagnosis, treatment and care of injured, disabled or sick persons, exclusive of any institution or distinct part of an institution at least twenty-five percent of whose patients remain in the institution for six months or more, and exclusive of any institution or distinct part of an institution which is certified by the department to provide public nursing home care as assistance as defined in this article.

“Post hospital care in nonpublic homes” means nursing home care not in excess of sixty days during any twelve-month period in a nonpublic nursing home as prescribed by a responsible physician and initiated within five days following inpatient hospital care under the provisions of this article, and incident thereto.

“Public nursing home care” means inpatient treatment and care, other than inpatient hospital care, in a public medical institution or distinct part of a public medical institution.]

“Home Health Care” means intermittent or part time nursing services or other therapeutic services furnished by a home health agency qualified to participate under Title XVIII of the Federal Social Security Act.

Section 404. Regulations for Protection of Information.—(a) The department shall have the power to make and enforce regulations:

(1) To protect the names of applicants for and recipients of public assistance from improper publication, and to restrict the use of information furnished to other agencies or persons to purposes connected with the administration of public assistance. Upon request by any adult resident of the Commonwealth, the department may furnish the address and amount of assistance with respect to persons about whom inquiry is made; but, information so obtained shall not be used for commercial or political purposes; and, no information shall be furnished regarding any person's application for, or receipt of, medical assistance [for the aged].

(2) To protect the rights and interests of persons about whom personal or confidential information is in its possession.

(b) The regulations shall not prevent or interfere with investigations by proper authorities as to the rights of persons to receive assistance or as to the amounts of assistance received.

(e) Assistance Other Than Medical Assistance [for the Aged and Purchased Hospital and Post Hospital Care]

Section 431. Application.—[Except as provided in section 446 (1) every] Every person applying for public assistance shall be required

to sign a statement setting forth his financial status and such other facts as may be required by the department, in order to determine whether such person is entitled to public assistance [, and shall also be required to sign, as part of his written application, his own bond to the Commonwealth without surety, containing a warrant of attorney to confess judgment in the penal sum of five hundred dollars (\$500), which bond shall be conditioned on the truth and lack of fraud and misrepresentation in any of the statements made by such applicant in his written application]. Every such applicant shall make affidavit that the facts set forth in such statement are true and correct. Every person employed in the administration of public assistance shall have power to administer oaths for the purpose of carrying into effect the provisions of this section.

Section 2. Section 434 of the act is repealed.

Section 3. The subdivision heading of subdivision (f) of Article IV of the act is amended to read:

(f) Medical Assistance [for the Aged and Purchased Hospital and Post Hospital Care]

Section 4. Sections 441, 442, 443, 444 and 445 of the act are repealed.

Section 5. The act is amended by adding after section 445, eight new sections to read:

Section 441.1. Persons Eligible for Medical Assistance.—The following persons shall be eligible for medical assistance:

(1) Persons who receive or are eligible to receive cash assistance grants under this article;

(2) Persons who meet the eligibility requirements of this article for cash assistance grants except for citizenship, durational residence and any eligibility condition or other requirement for cash assistance which is prohibited under Title XIX of the Federal Social Security Act; and

(3) The medically needy.

Section 442.1. The Medically Needy; Determination of Eligibility.

—A person shall be considered medically needy if he:

(1) Resides in Pennsylvania, regardless of the duration of his residence or his absence therefrom; and

(2) Meets the standards of financial eligibility established by the department with the approval of the Governor. In establishing these standards the department shall take into account (i) the funds certified by the Budget Secretary as available for medical assistance for the medically needy; (ii) pertinent Federal legislation and regulations; and (iii) the cost of living.

Section 443.1. Medical Assistance Payments for Institutional Care.

—The following medical assistance payments shall be made in behalf of eligible persons whose institutional care is prescribed by physicians:

(1) The reasonable cost of inpatient hospital care, as specified by regulations of the department adopted under Title XIX of the Federal Social Security Act and certified to the department by the Auditor General, for a maximum of sixty days in a benefit period for a bed patient on a continuous twenty-four hour a day basis in a multi bed accommodation of a hospital, exclusive of a hospital or distinct part of a hospital wherein twenty-five percent of patients remain six months or more. To be eligible for such payments a hospital must be qualified to participate under Title XIX of the Federal Social Security Act and have entered into a written agreement with the department regarding matters designated by the secretary as necessary to efficient administration, such as hospital utilization, maintenance of proper cost accounting records and access to patients' records. Such efficient administration shall require the department to permit participating hospitals to utilize the same fiscal intermediary for this Title XIX program as such hospitals use for the Title XVIII program.

(2) The cost of skilled nursing home care in State-owned geriatric centers and institutions for the mentally retarded, and in county homes which meet the State and Federal requirements for partici-

pation under Title XIX of the Federal Social Security Act and which are approved by the department. This cost in county homes shall be as specified by the regulations of the department adopted under Title XIX of the Federal Social Security Act and certified to the department by the Auditor General; elsewhere the cost shall be determined by the department;

(3) Rates established by the department for skilled nursing home care in a non-public nursing home, for not more than sixty days in a twelve-month period, when initiated within five days after in-patient hospital care and when furnished by a nursing home licensed or approved by the department and qualified to participate under Title XIX of the Federal Social Security Act;

(4) The cost of care in any mental hospital or in a public tuberculosis hospital. To be eligible for such payments a hospital must be qualified to participate under Title XIX of the Federal Social Security Act and have entered into a written agreement with the department regarding matters designated by the secretary as necessary to efficient administration, such as hospital utilization, maintenance of proper cost accounting records and access to patients' records. Care in a private mental hospital shall be limited to sixty days in a benefit period. Only persons aged sixty-five years or older shall be eligible for care in a public mental or tuberculosis hospital. This cost shall be the reasonable cost, as determined by the department for a State institution or as specified by regulations of the department adopted under Title XIX of the Federal Social Security Act and certified to the department by the Auditor General for county and non-public institutions.

Section 443.2. Medical Assistance Payments for Home Health Care.—The following medical assistance payments shall be made in behalf of eligible persons whose care in the home has been prescribed by a physician or chiropractor:

(1) Rates established by the department for post-hospital home

care, as specified by regulations of the department adopted under Title XIX of the Federal Social Security Act for not more than one hundred eighty days following a period of hospitalization, if such care is related to the reason the person was hospitalized and if given by a hospital as comprehensive, hospital type care in a patient's home;

(2) Rates established by the department for home health care services if such services are furnished by a voluntary or governmental health agency.

Section 443.3. Other Medical Assistance Payments.—Payments on behalf of eligible persons shall be made for other services, as follows:

(1) Rates established by the department for outpatient services as specified by regulations of the department adopted under Title XIX of the Federal Social Security Act consisting of preventive, diagnostic, therapeutic, rehabilitative or palliative services; furnished by or under the direction of a physician or chiropractor, by a hospital or outpatient clinic which qualifies to participate under Title XIX of the Federal Social Security Act, to a patient to whom such hospital or outpatient clinic does not furnish room, board and professional services on a continuous, twenty-four hour a day basis.

(2) Rates established by the department for (i) other laboratory and X-ray services prescribed by a physician or chiropractor and furnished by a facility other than a hospital which is qualified to participate under Title XIX of the Federal Social Security Act, (ii) physician's services consisting of professional care by a physician or chiropractor in his office, the patient's home, a hospital, a nursing home or elsewhere, (iii) the first three pints of whole blood, (iv) remedial eye care, as provided in Article VIII consisting of medical or surgical care and aids and services and other vision care provided by a physician skilled in diseases of the eye or by an optometrist which are not otherwise available under this Article, (v) special

medical services for school children, as provided in the Public School Code of 1949, consisting of medical, dental, vision care provided by a physician skilled in diseases of the eye or by an optometrist or surgical care and aids and services which are not otherwise available under this article.

Section 443.4. Additional Services for Eligible Persons Other Than the Medically Needy.—Except for the medically needy, persons eligible for medical assistance may, pursuant to regulations of the department, also receive dental services, vision care provided by a physician skilled in diseases of the eye or by an optometrist prescribed medications, prosthetics and appliances, ambulance transportation, skilled nursing home care for an unlimited period of time, and other remedial, palliative or therapeutic services prescribed by or provided under the direction of a physician.

Section 444.1. Limitation on Charges.—As a condition of participation in the medical assistance program, vendors of services shall agree to accept the rates of payment authorized by this article and shall not seek nor accept additional payments. The department shall permit each person eligible for assistance under this act freedom to choose whichever practitioner and or vendor of the services, care or prescribed drugs he shall desire so long as such practitioner or vendor is entitled to participate in the assistance program provided for in this act.

Section 444.2. Physicians' Liability Limited.—Any physician rendering service as a member of a hospital utilization review committee, a hospital tissue committee, a health insurance review committee, a physicians' advisory committee, or any other committee established for the purpose of this medical assistance program shall not be liable for any civil damages as a result of any acts or omissions in rendering the service as a member of any such committee except any acts or omissions intentionally designed to harm or any grossly negligent acts or omissions which result in harm to the

person receiving such service.

Section 6. Sections 446 and 447 of the act are amended to read:

Section 446. Application; Special Provisions.—In addition to the provisions of section 431 which apply also to applications for medical assistance [for the aged and for purchased hospital and post hospital care,] the following provisions are applicable:

(1) Whenever a person in need of medical assistance is unable to make application therefor by reason of his illness or infirmity, or by reason of his minority, application on his behalf may be made by a relative, friend or official of the agency providing medical or other care. Such application shall contain a statement as required in section 431 [and a bond conditioned as therein provided,] except that such applicant shall be permitted to make affidavit that the facts set forth in such statement are, to the best of his knowledge and belief, true and correct. [No bond shall be required when the application is filed by an official of any agency.]

(2) The department may establish eligibility for medical assistance [for the aged of any person sixty-five years of age or over] upon application regardless of the condition of health of the person at the time of making the application.

Section 447. Relatives' Responsibility; Repayment. [(a)] Notwithstanding any other provision of law, no repayment shall be required of any medical assistance [for the aged] paid in behalf of any [aged] person for which he was eligible; and, with respect to the determination of eligibility for such assistance, no relative [may], other than spouses for each other and parents for unemancipated minor children, shall be required to contribute to the cost of the care for which such assistance is provided.

[(b)] Notwithstanding any other provision of law, no repayment shall be required of any payment for medical care for which a recipient of old age assistance was eligible, if payment for such medical care is also provided in behalf of recipients of medical assistance for the aged].

Section 7. Section 452 of the act is repealed.

Section 8. Sections 472, 509 and 511 of the act are amended to read:

Section 472. Other Computations Affecting Counties.—To compute for each month the amount expended as medical assistance for public nursing home care on behalf of persons [who are sixty-five years of age or older or are permanently or totally disabled] at each public medical institution operated by a county, county institution district or municipality and the amount expended in each county for aid to families with dependent children on behalf of children in foster family homes or child-caring institutions, plus the cost of administering such assistance. From such total amount the department shall deduct the amount of Federal funds properly received or to be received by the department on account of such expenditures,

and shall certify the remainder increased or decreased, as the case may be, by any amount by which the sum certified for any previous month differed from the amount which should have been certified for such previous month, and by the proportionate share of any refunds of such assistance, to each appropriate county, county institution district or municipality. The amounts so certified shall become obligations of such counties, county institution districts or municipalities to be paid to the department for assistance.

Section 509. [Payment for Medical or Other Health Care.—In addition to the pension and nursing home care payments provided in sections 507 and 508, the department shall make payments, in behalf of persons eligible for State blind pension, for medical or other health care other than inpatient hospital care, to the extent and in the amounts provided for such medical or other health care of recipients of general assistance under Article IV.] Medical Assistance and Burial.—Persons receiving State Blind Pensions shall be eligible for burial assistance and, under the medical assistance program of Article IV, for payment of home and office visits of physicians or chiropractors, prescribed drugs, dental care, vision care provided by a physician skilled in diseases of the eye or by an optometrist, ambulance service and visiting nurse service.

Section 511. Application.—(a) Every person applying for State blind pension shall be required to sign a statement setting forth the nature and amount of his income, the nature and value of his property, and such other facts as may be required by the department in order to determine whether he is eligible for State blind pension [; and shall also be required to sign, as part of his written application, his own bond to the Commonwealth, without surety, containing a warrant of attorney to confess judgment in the penal sum of five hundred dollars (\$500), which bond shall be conditioned on the truth and lack of fraud and misrepresentation in any of the statements made by such applicant in his written application]. Every such applicant shall make affidavit that the facts set forth in such statement are true and correct. Every person employed in the department who has power to administer oaths for any purpose shall have power to administer oaths for the purpose of carrying into effect the provisions of this section.

(b) Whenever a blind person is unable to make application for State blind pension by reason of his illness or infirmity, application on his behalf may be made by a relative or by an official of any institution in which he is receiving medical care. Such application shall contain the statements required in subsection (a) of this section [and a bond conditioned as therein provided,] except that such applicant shall be permitted to make affidavit that the facts set forth

in such statement are, to the best of his knowledge and belief, true and correct.

Section 9. The Secretary of Public Welfare shall cause a one-year study to investigate the services of additional types of personnel who engage in the independent practice of furnishing health services which might be included within the purview of this act and shall report its findings within a year.

Section 10. This act shall take effect immediately.

APPROVED—The 31st day of July, A. D. 1968.

RAYMOND P. SHAFER.

No. 274

AN ACT

HB 1527

Amending the act of December 3, 1959 (P. L. 1688), entitled "An act to promote the health, safety and welfare of the people of the Commonwealth by broadening the market for low-priced private homes and alleviating shortages thereof, and by assisting in the provision of housing for elderly persons through the creation of the Pennsylvania Housing Agency as a public corporation and government instrumentality; providing for the organization, membership and administration of the agency, prescribing its general powers and duties and the manner in which its funds are kept and audited, empowering the agency to make housing loans to eligible mortgagors upon the security of insured mortgages, defining eligible mortgagors and providing for priorities among them in certain instances, prescribing interest rates and other terms of housing loans, permitting the agency to make agreements with financial institutions and Federal agencies, permitting the agency to sell housing loans, providing for the promulgation of regulations and forms by the agency, prescribing penalties for furnishing false information, empowering the agency to borrow money upon its own credit by the issuance and sale of bonds and notes and by giving security therefor, permitting the refunding, redemption and purchase of such obligations by the agency, prescribing remedies of holders of such bonds and notes, exempting bonds and notes of the agency, the income therefrom, and the income and revenues of the agency from taxation, except transfer, death and gift taxes; making such bonds and notes legal investments for certain purposes; and indicating how the act shall become effective," amplifying the declaration of policy to include cooperation with and assistance to the Department of Community Affairs, further prescribing agency powers and authorizing agency bonds as security for agency moneys and redefining eligible mortgagor.

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

Section 1. Clause (7) of section 102, and clause (5) of section 205, act of December 3, 1959 (P. L. 1688), known as the "Housing Agency Law," are amended to read:

Section 102. Findings and Declaration of Policy.—It is hereby determined and declared as a matter of legislative finding that—

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