

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 864 Session of 2023

INTRODUCED BY D. WILLIAMS, HOWARD, SHUSTERMAN, BURGOS, CIRESI, CONKLIN, DELLOSO, FREEMAN, KAZEEM, KINSEY, MADDEN, NEILSON, O'MARA, OTTEN, PARKER, PIELLI, PROBST, RABB AND SAPPEY, APRIL 10, 2023

REFERRED TO COMMITTEE ON HEALTH, APRIL 10, 2023

AN ACT

1 Amending the act of July 19, 1979 (P.L.130, No.48), entitled "An
 2 act relating to health care; prescribing the powers and
 3 duties of the Department of Health; establishing and
 4 providing the powers and duties of the State Health
 5 Coordinating Council, health systems agencies and Health Care
 6 Policy Board in the Department of Health, and State Health
 7 Facility Hearing Board in the Department of Justice;
 8 providing for certification of need of health care providers
 9 and prescribing penalties," in licensing of health care
 10 facilities, providing for hospital pricing transparency;
 11 providing for acquisition of health care facilities; and
 12 imposing duties on Department of Health and Attorney General.

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

15 Section 1. The act of July 19, 1979 (P.L.130, No.48), known
 16 as the Health Care Facilities Act, is amended by adding a
 17 section to read:

18 Section 823. Hospital pricing transparency.

19 (a) Requirement generally.--No later than December 31, 2023,
 20 a hospital or hospital system shall establish, update and
 21 publish on the publicly accessible Internet website of the
 22 hospital or hospital system, a list of standard charges for each

1 item or service provided as required under 42 U.S.C. § 300gg-18
2 (relating to bringing down the cost of health care coverage).

3 (b) Required data elements.--A hospital or hospital system
4 shall include all of the following corresponding data elements
5 in a list of standard charges for the hospital or hospital
6 system, as applicable:

7 (1) A description of each item or service provided by
8 the hospital or hospital system.

9 (2) The gross charge that applies to each individual
10 item or service when provided in, as applicable, the hospital
11 inpatient setting and outpatient department setting.

12 (3) The payer-specific negotiated charge that applies to
13 each item or service when provided in, as applicable, the
14 hospital inpatient setting and outpatient department setting.
15 Each payer-specific negotiated charge must be clearly
16 associated with the name of the third-party payer and plan.

17 (4) The de-identified minimum negotiated charge that
18 applies to each item or service when provided in, as
19 applicable, the hospital inpatient setting and outpatient
20 department setting.

21 (5) The de-identified maximum negotiated charge that
22 applies to each item or service when provided in, as
23 applicable, the hospital inpatient setting and outpatient
24 department setting.

25 (6) The discounted cash price that applies to each item
26 or service when provided in, as applicable, the hospital
27 inpatient setting and outpatient department setting.

28 (7) Any code used by the hospital or hospital system for
29 purposes of accounting or billing for the item or service,
30 including, but not limited to, the Current Procedural

1 Terminology (CPT) code, the Healthcare Common Procedure
2 Coding System (HCPCS) code, the Diagnosis Related Group
3 (DRG), the National Drug Code (NDC) or other common payer
4 identifier.

5 (c) Continued obligation.--A hospital or hospital system
6 shall continue to publish charges and services if:

- 7 (1) 42 U.S.C. § 300gg-18 is repealed; or
8 (2) Federal enforcement of 42 U.S.C. § 300gg-18 is
9 stopped.

10 (d) Definitions.--As used in this section, the following
11 words and phrases shall have the meanings given to them in this
12 subsection unless the context clearly indicates otherwise:

13 "De-identified maximum negotiated charge." The highest
14 charge that a hospital or hospital system has negotiated with
15 all third-party payers for an item or service.

16 "De-identified minimum negotiated charge." The lowest charge
17 that a hospital or hospital system has negotiated with all
18 third-party payers for an item or service.

19 "Discounted cash price." The charge that applies to an
20 individual who pays cash or a cash equivalent for a hospital
21 item or service.

22 "Gross charge." The charge for an individual item or service
23 that is reflected on a hospital's chargemaster, absent any
24 discounts.

25 "Item or service." As follows:

- 26 (1) Each item or service, including an individual item
27 or service or service package, that could be provided by a
28 hospital to a patient in connection with an inpatient
29 admission or an outpatient department visit for which the
30 hospital has established a standard charge.

1 Section 801-C. Definitions.

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

5 "Acquisition." An acquisition by a person of an interest in
6 a hospital or hospital system by purchase, sale, option, merger,
7 lease, gift, joint venture, spin-off, split-off,
8 recapitalization, exchange, conveyance, transfer or otherwise
9 that results in any of the following:

10 (1) A change of ownership or control of 20% or more of
11 the assets, operations or voting securities of the hospital
12 or hospital system.

13 (2) The acquiring person holding or controlling 50% or
14 more of the assets, operations or voting securities of the
15 hospital or hospital system.

16 (3) The direct or indirect transfer of control,
17 responsibility or governance of 20% or more of the assets,
18 operations or voting securities of the hospital or hospital
19 system. For purposes of this paragraph, a transfer includes
20 any of the following:

21 (i) The substitution of a new corporate member that
22 transfers the control of, responsibility for or
23 governance of the hospital or hospital system.

24 (ii) The substitution of one or more members of the
25 governing body or any arrangement, written or oral, that
26 would transfer voting control of the members of the
27 governing body.

28 (iii) Either of the following:

29 (A) The entry into a voting agreement covering,
30 or the deposit into a voting trust regarding, the

1 direct or indirect transfer of control,
2 responsibility or governance.

3 (B) The grant of a proxy regarding the direct or
4 indirect transfer of control, responsibility or
5 governance.

6 "Department." The Department of Health of the Commonwealth.

7 "Health care services." Medical, surgical, chiropractic,
8 hospital, optometric, podiatric, pharmaceutical, ambulance,
9 mental health, substance use disorder, therapeutic,
10 preventative, diagnostic, curative, rehabilitative, palliative,
11 custodial and any other services relating to the prevention,
12 cure or treatment of illness, injury or disease.

13 "Hospital system." Any of the following:

14 (1) A parent corporation of one or more hospitals and
15 any entity affiliated with the parent corporation through
16 ownership or control.

17 (2) A hospital and any entity affiliated with the
18 hospital through ownership.

19 "Merger." A consolidation of two or more organizations,
20 including two or more organizations joining through a common
21 parent organization or two or more organizations forming a new
22 organization.

23 Section 802-C. Acquisition of health care facilities.

24 (a) Requirement.--A person may not engage in the acquisition
25 of a hospital or hospital system without first having applied
26 for and received the approval of the department under this
27 chapter.

28 (b) Contents of application.--An application under
29 subsection (a) must be submitted to the department and must
30 include the following information:

1 (1) The name of the hospital or hospital system being
2 acquired and the name of the acquiring person or other
3 parties to the acquisition.

4 (2) The acquisition price.

5 (3) A full description of the acquisition agreement.

6 (4) A copy of the acquisition agreement.

7 (5) A statement from the hospital or hospital system's
8 board of directors that explains the effect that the
9 acquisition will likely have on delivery and cost of health-
10 related services to the community served by each facility
11 involved in the acquisition, along with the basis for this
12 opinion. The statement shall also describe all dissenting
13 viewpoints of which the board of directors is aware.

14 (6) If applicable, a copy of the two most recent
15 community needs assessments or any similar evaluations or
16 assessments prepared by or for the hospital or hospital
17 system that is the subject of the acquisition, and the
18 identity of all persons who assisted or contributed to the
19 evaluations or assessments.

20 (7) A description of all charity care provided in the
21 last three years and the projected charity care for three
22 years following the acquisition by each health facility that
23 is the subject of the acquisition agreement. The description
24 must include:

25 (i) Annual total charity care spending.

26 (ii) Inpatient, outpatient and emergency room
27 charity care spending.

28 (iii) A description of how the amount of charity
29 care spending was calculated.

30 (iv) Annual charity care inpatient discharges,

1 outpatient visits and emergency visits.

2 (v) A description of the types of charity care
3 services provided annually.

4 (vi) A description of the policies, procedures and
5 eligibility requirements for the provision of charity
6 care.

7 (8) A description of the health care services currently
8 provided at each facility that is the subject of the
9 acquisition.

10 (9) A description of all services provided by each
11 health care facility that is the subject of the acquisition
12 in the past five years to medical assistance patients,
13 qualified health plan patients and indigent patients. The
14 description must include, at a minimum, the following:

15 (i) The type and volume of services provided.

16 (ii) The payors for the services provided.

17 (iii) The demographic characteristics of and zip
18 code data for the patients served by the hospital or
19 hospital system.

20 (iv) The costs and revenues for the services
21 provided.

22 (10) The following current policies for any hospital
23 that is the subject of the acquisition:

24 (i) Admission policies.

25 (ii) Nondiscrimination policies.

26 (iii) End-of-life policies.

27 (iv) Reproductive health policies.

28 (v) Other policies or information as appropriate.

29 (11) The following postacquisition policies for any
30 hospital that is the subject of the acquisition:

- 1 (i) Admission policies.
- 2 (ii) Nondiscrimination policies.
- 3 (iii) End-of-life policies.
- 4 (iv) Reproductive health policies.
- 5 (v) Other policies or information as appropriate.

6 (12) If the acquisition will have any impact on
7 reproductive health care services provided by any health care
8 facility that is the subject of the acquisition, or any
9 impact on the availability or accessibility of reproductive
10 health care services, a description of all reproductive
11 health care services provided in the last five years by each
12 health care facility that is the subject of the acquisition.
13 The description must include the types and levels of
14 reproductive services, including:

- 15 (i) Information about contraception provision.
- 16 (ii) The number of pregnancy terminations, tubal
17 ligations and in vitro fertilization procedures provided.
- 18 (iii) A description of how the information under
19 this paragraph was compiled.

20 (13) If the acquisition will have any impact on end-of-
21 life health care services provided by any health care
22 facility that is the subject of the acquisition, or any
23 impact on the availability or accessibility of end-of-life
24 health care services, a description of all end-of-life health
25 care services provided in the last five years by each health
26 care facility that is the subject of the acquisition. The
27 description must include the types and levels of end-of-life
28 services provided and a description of how this information
29 was compiled.

30 (14) If the acquisition will have any impact on gender-

1 affirming health care services, provided by any health care
2 facility that is the subject of the acquisition, or any
3 impact on the availability or accessibility of gender-
4 affirming health care services, a description of all gender-
5 affirming health care services provided in the last five
6 years by each health care facility that is the subject of the
7 acquisition. The description must include the types and
8 levels of gender-affirming health care provided, including
9 information about the number of gender-affirming surgical
10 procedures provided and a description of how this information
11 was compiled.

12 (15) A description of any community benefit program
13 provided by the hospital or hospital system during the past
14 five years with an annual cost of at least \$10,000 and the
15 annual cost of each program for the past five years.

16 (16) As follows:

17 (i) For each hospital or hospital system that is the
18 subject of the acquisition, a description of the
19 following:

20 (A) The current policies and procedures on
21 staffing for patient care areas.

22 (B) Employee input on health quality and
23 staffing issues.

24 (C) Employee wages, salaries, benefits, working
25 conditions and employment protections.

26 (ii) The description under subparagraph (i) must
27 include a list of all:

28 (A) Existing staffing plans.

29 (B) Policy and procedure manuals.

30 (C) Employee handbooks.

1 (D) Collective bargaining agreements.

2 (E) Similar employment-related documents.

3 (17) For each hospital or hospital system that is the
4 subject of the acquisition, all existing documents specifying
5 any guarantees made by an entity that would be taking over
6 operation or control of the hospital or hospital system
7 relating to employee job security and retraining, or the
8 continuation of current staffing levels and policies,
9 employee wages, salaries, benefits, working conditions and
10 employment protections.

11 (18) For each hospital or hospital system that is the
12 subject of the acquisition, a statement as to whether,
13 following the acquisition, nonstance will be maintained
14 through all communications and usage of funds regarding
15 nonunion employees forming a union.

16 (19) For each hospital or hospital system that is the
17 subject of the acquisition, a statement as to whether any
18 successor of the employer or union will be bound to any
19 existing union certification and any existing collective
20 bargaining agreement.

21 (20) For each hospital or hospital system that is the
22 subject of the acquisition, a description of current debt
23 collection practices and a description of any anticipated
24 changes to debt collection practices following the
25 acquisition.

26 (21) A description of any anticipated postacquisition
27 changes in services at any health care facility that is the
28 subject of the acquisition. If anticipated changes include a
29 reduction, relocation or elimination of a service, the
30 following information must be included:

1 (i) The need that the population presently has for
2 the service.

3 (ii) How the need will be adequately met by the
4 proposed change.

5 (iii) Alternative arrangements designed to meet the
6 identified need.

7 (22) A detailed statement and all documents relating to
8 the parties' plans for assuring the continuance of existing
9 hospital privileges following the acquisition.

10 (23) A detailed statement and all documents relating to
11 the parties' plans for ensuring the maintenance of
12 appropriate health science research and health care provider
13 education following the acquisition.

14 (24) A detailed statement and all documents relating to
15 the parties' plans for ensuring safeguards to avoid conflict
16 of interest in postacquisition patient referral.

17 (25) A detailed statement and all documents relating to
18 the parties' commitment and plans to provide health care to
19 the disadvantaged, the uninsured and the underinsured and how
20 benefits to promote improved health in the affected community
21 will be provided following the acquisition.

22 (26) A description of each measure proposed by the
23 applicant to mitigate or eliminate any potential adverse
24 effect on the availability or accessibility of health care
25 services to the affected community that may result from the
26 acquisition.

27 (27) A list of the primary languages spoken at the
28 hospital or hospital system and the threshold languages for
29 medical assistance health beneficiaries, as determined by the
30 department for the county in which any health care facility

1 that is the subject of the acquisition is located.

2 (28) For each hospital or hospital system that is the
3 subject of the acquisition or otherwise involved in the
4 acquisition, a financial and economic analysis and report
5 from an independent expert or consultant that includes a
6 description of current costs and competition in the relevant
7 geographic and product market and any anticipated changes in
8 the costs and competition as a result of the acquisition.

9 (29) Any other information deemed necessary by the
10 department.

11 (c) Public records.--An application and all related
12 documents shall be deemed public records and accessible for
13 inspection and duplication in accordance with the act of
14 February 14, 2008 (P.L.6, No.3), known as the Right-to-Know Law.

15 (d) Fee.--The department shall charge an applicant fee
16 sufficient to cover the costs of implementing this chapter.

17 (e) Multiple acquisitions.--If a hospital or hospital system
18 has engaged in multiple acquisitions, in a manner designed to
19 avoid review by the department and Attorney General under this
20 chapter, all related agreements or transactions shall be
21 considered and analyzed as a single acquisition for purposes of
22 this chapter.

23 Section 803-C. Completed applications.

24 (a) Completeness.--The department shall determine if an
25 application in accordance with section 802-C is complete for the
26 purposes of review. If the department determines that an
27 application is incomplete, the department shall notify the
28 applicant within 30 business days after the date the application
29 was received stating the reasons for the department's
30 determination of incompleteness.

1 (b) Receipt.--A completed application shall be deemed
2 received on the date when all the information required by
3 section 802-C has been submitted to the department.

4 (c) Notice.--

5 (1) Within five business days after receipt of a
6 completed application, the department shall:

7 (i) Publish notice of the application:

8 (A) On the publicly accessible Internet website
9 of the department.

10 (B) In a newspaper of general circulation in the
11 county or counties where the hospital or hospital
12 system has health care facilities that are the
13 subject of the acquisition.

14 (ii) Notify, by first-class United States mail,
15 email or facsimile transmission, any person who has
16 requested notice of the filing of the application.

17 (2) The notice must:

18 (i) State that the application has been received.

19 (ii) State the names of the parties to the
20 agreement.

21 (iii) Describe the contents of the application.

22 (iv) State the date and process by which a person
23 may submit written comments about the application to the
24 department.

25 Section 804-C. Public hearings.

26 (a) Hearing requirements.--During the course of review under
27 this chapter, the department shall conduct one or more public
28 hearings, at least one of which shall be in a county where the
29 hospital or hospital system to be acquired is located. The
30 following apply:

1 (1) At the hearings, anyone may file written comments
2 and exhibits or appear and make a statement.

3 (2) The department may subpoena additional information
4 or witnesses, require and administer oaths, require sworn
5 statements, take depositions and use related discovery
6 procedures for purposes of the hearing and at any time prior
7 to making a decision on the application.

8 (b) Timing.--A public hearing under this section must be
9 held no later than 45 days after receipt of a completed
10 application, unless the department determines that a new health
11 care impact statement is required in accordance with section
12 805-C, in which case a public hearing must be held no later than
13 30 days after the health care impact statement is completed.

14 (c) Notice.--

15 (1) At least 30 days prior to the public hearing, the
16 department shall provide notice of the time and place of the
17 hearing on the department's publicly accessible Internet
18 website and to any person who has requested notice in
19 writing, unless a new health care impact statement is
20 required in accordance with section 805-C, in which case the
21 department shall provide at least 15 days' notice of the
22 public hearing.

23 (2) At least 30 days prior to the public hearing, the
24 following apply, unless a new health care impact statement is
25 required in accordance with section 805-C, in which case the
26 parties shall provide at least 15 days' notice:

27 (i) The parties to the acquisition agreement shall
28 provide notice of the time and place of the hearing:

29 (A) Through publication in a newspaper of
30 general circulation in the affected communities.

1 (B) At the public entrance and on the bulletin
2 boards designated for legal or public notices of any
3 health care facility that is affected by the
4 acquisition.

5 (C) Prominently on the website available to the
6 public of any health care facility that is affected
7 by the acquisition.

8 (D) Prominently on the website available to the
9 employees of any health care facility that is
10 affected by the acquisition.

11 (ii) (Reserved).

12 (3) Each notice under this subsection shall be provided
13 in English and in the languages spoken in the county or
14 counties in which the health care facilities are located or
15 provide care.

16 (d) Summary report.--Within 15 business days of the last
17 public hearing, the department shall compile a summary report of
18 each public hearing proceeding and post the summary report on
19 the department's publicly accessible Internet website. The
20 department shall also provide a copy of the summary report to
21 the Attorney General.

22 (e) Changes.--If after the initial public hearing there is
23 any change in the terms of the acquisition that materially
24 alters any of the information that the parties to the
25 acquisition provided under section 802-C(b), the department
26 shall conduct an additional public hearing to ensure adequate
27 public comment regarding the proposed change.

28 Section 805-C. Health care impact statements.

29 (a) Authorization.--The department shall engage an
30 independent contractor to prepare an independent health care

1 impact statement for any acquisition that satisfies any of the
2 following conditions:

3 (1) The acquisition directly affects a hospital that is
4 licensed under Chapter 8 and has more than 50 acute care
5 beds.

6 (2) There is a reasonable basis to conclude that the
7 acquisition may significantly reduce the availability or
8 accessibility or cost of any existing health care service.

9 (b) Construction.--Nothing in this section shall preclude
10 the department from obtaining an independent health care impact
11 statement or any other report that is not required under this
12 section.

13 (c) Contents.--An independent health care impact statement
14 must contain the following information:

15 (1) An assessment of the effect of the acquisition on
16 emergency services, reproductive health care services, end-
17 of-life health care services, gender-affirming health care
18 services and any other health care services that the hospital
19 or hospital system is providing.

20 (2) An assessment of the effect of the acquisition on
21 the level and type of charity care that the hospital or
22 hospital system has historically provided.

23 (3) An assessment of the effect of the acquisition on
24 the provision of health care services to medical assistance
25 patients, patients with disabilities, women, racial and
26 ethnic minorities, lesbian, gay, bisexual, transgender and
27 queer patients and other underserved or marginalized
28 populations.

29 (4) An assessment of the effect of the acquisition on
30 any community benefit program that the hospital or hospital

1 system has historically funded or operated.

2 (5) An assessment of the effect of the acquisition on
3 staffing for patient care areas as the acquisition may affect
4 availability of care, on the likely retention of employees as
5 the acquisition may affect continuity of care and on the
6 rights of employees to provide input on health quality and
7 staffing issues.

8 (6) An assessment of the effect of the acquisition on
9 the cost of patient care.

10 (7) An assessment of the effectiveness of any mitigation
11 measure proposed by the applicant to reduce any potential
12 adverse effect on health care services identified in the
13 health care impact statement.

14 (8) A discussion of alternatives to the acquisition,
15 including closure of the hospital or hospital system.

16 (9) Recommendations for additional feasible mitigation
17 measures that would reduce or eliminate any significant
18 adverse effect on health care services identified in the
19 health care impact statement.

20 (d) Consideration.--The information contained in a health
21 care impact statement shall be used in considering whether the
22 acquisition may negatively impact the availability or
23 accessibility of health care services as specified in section
24 807-C.

25 (e) Copies.--A copy of a health care impact statement shall
26 be made available to any individual or entity that has requested
27 a copy.

28 Section 806-C. Duties of department.

29 (a) Determination.--The department shall review the
30 completed application and, within 45 days of the last public

1 hearing held under section 804-C, shall determine whether the
2 acquisition meets the requirements for approval in section 807-
3 C. At that point, the department shall:

4 (1) approve the acquisition, with or without any
5 specific modifications or conditions; or

6 (2) disapprove the acquisition.

7 (b) Conditions.--

8 (1) Subject to paragraphs (2) and (3), the department
9 may impose conditions on an acquisition to ensure the
10 requirements of section 807-C are met and that sufficient
11 safeguards are in place to ensure that communities have
12 continued or improved access to affordable quality care.

13 (2) The department may not make a decision subject to
14 any condition not directly and rationally related to the
15 requirements in section 807-C.

16 (3) Any condition or modification must bear a direct and
17 rational relationship to the application under review.

18 (c) Disapproval.--If the department disapproves the
19 acquisition, the disapproval shall constitute a final decision.

20 (d) Challenges.--A person engaged in an acquisition and
21 affected by a final decision of the department or a person
22 residing in a community affected by a final decision of the
23 department has the right to an adjudicative proceeding to
24 challenge the decision of the department. The adjudicative
25 proceeding shall be governed by 2 Pa.C.S. (relating to
26 administrative law and procedure).

27 (e) Extensions.--The department may extend, by not more than
28 30 days, any deadline established under this chapter one time
29 during consideration of any application, for good cause.

30 (f) Contracts and reimbursement.--The department may

1 contract with and provide reasonable reimbursement to qualified
2 persons to assist in determining whether the requirements of
3 section 807-C have been met.

4 (g) Rules and regulations.--The department may adopt rules
5 and regulations necessary to implement this chapter.

6 Section 807-C. Approval of acquisition.

7 The department:

8 (1) Shall only approve an application for an acquisition
9 if the acquisition will not detrimentally affect the
10 continued existence of accessible and affordable health care
11 that is responsive to the needs of the communities in which
12 the hospital or hospital system health facilities are
13 located.

14 (2) May not approve an application unless, at a minimum,
15 the department determines that:

16 (i) After the acquisition, the affected community
17 will have the same or greater access to quality,
18 affordable care, including reproductive, end-of-life and
19 gender-affirming health care services, and that, if the
20 health care facilities that are the subject of the
21 acquisition will not provide these services, there are
22 alternative sources of quality affordable care in the
23 community that will ensure the community has the same or
24 greater access to these services.

25 (ii) The acquisition will not result in the
26 revocation of hospital privileges.

27 (iii) Sufficient safeguards are included to maintain
28 appropriate capacity for health science research and
29 health care provider education.

30 (iv) The acquiring person and parties to the

1 acquisition are committed to providing health care to the
2 disadvantaged, the uninsured and the underinsured and to
3 providing benefits to promote improved health in the
4 affected community.

5 (v) Sufficient safeguards are included to avoid
6 conflict of interest in patient referral.

7 Section 808-C. Duty of Secretary of the Commonwealth.

8 The Secretary of the Commonwealth may not accept any forms or
9 documents in connection with any acquisition of a hospital or
10 hospital system until the acquisition has been approved by the
11 department under this chapter.

12 Section 809-C. Reports.

13 (a) Compliance.--The department shall monitor ongoing
14 compliance with the terms and conditions of the acquisition for
15 at least 10 years from when the acquisition agreement is
16 finalized. The following apply:

17 (1) The department shall require periodic reports from
18 the parties to the acquisition or any successor persons to
19 ensure compliance with commitments made. The department shall
20 determine the frequency of the periodic reports, but the
21 periodic reports shall be made at least annually.

22 (2) The department may subpoena information and
23 documents and may conduct onsite compliance audits at the
24 acquiring person's expense.

25 (b) Experts and consultants.--To effectively monitor ongoing
26 compliance with the terms and conditions of the acquisition, the
27 department may, in the department's discretion, contract with
28 experts and consultants. Contract costs may not exceed an amount
29 that is reasonable and necessary to conduct the review and
30 evaluation.

1 (c) Reimbursement.--The department shall be entitled to
2 reimbursement from the acquiring person for all actual and
3 direct costs incurred in monitoring ongoing compliance with the
4 terms and conditions of the acquisition, including contract and
5 administrative costs. The following apply:

6 (1) The department may bill the acquiring person or any
7 successor for the costs incurred.

8 (2) The acquiring person or successor billed by the
9 department under paragraph (1) shall promptly pay for the
10 costs incurred.

11 (3) If the acquiring person or successor fails to pay
12 the costs incurred within 30 days, the department may assess
13 a civil fine.

14 (d) Hearing.--If the department has reason to believe or
15 receives information indicating that the acquiring person or
16 successor is not fulfilling commitments to the affected
17 community under section 807-C, including the acquiring person or
18 successor not complying with any conditions imposed by the
19 department under section 806-C, the department shall hold a
20 hearing upon 10 days' notice to the affected parties. The
21 following apply:

22 (1) The cost of the hearing and any onsite reviews
23 related to determining the validity of the information shall
24 be borne by the acquiring person or successor.

25 (2) If after the hearing the department determines that
26 the acquiring person or successor is not fulfilling the
27 commitments to the affected community under section 807-C,
28 the department may:

29 (i) Revoke or suspend the license issued to the
30 acquiring person or successor or impose civil fines until

1 the acquiring person or successor submits or begins to
2 follow a corrective plan of action.

3 (ii) Refer the matter to the Attorney General for
4 appropriate action. The Attorney General may seek a court
5 order compelling the acquiring person to fulfill the
6 commitments under section 807-C.

7 Section 810-C. Duties of Attorney General.

8 (a) Duties.--The Attorney General may:

9 (1) Ensure compliance with commitments that inure to the
10 public interest.

11 (2) Take legal action to enforce this chapter and any
12 conditions that the department imposes on the approval of the
13 acquisition.

14 (3) Obtain damages, injunctive relief, attorney fees and
15 other relief as the court deems necessary to ensure
16 compliance with this chapter.

17 (4) Seek an injunction to prevent any acquisition not
18 approved by the department under this chapter.

19 (b) Construction.--No provision of this chapter shall
20 derogate from any authority granted to the Attorney General
21 under law.

22 Section 811-C. Study.

23 The department shall conduct a study on the impact that
24 provider organization acquisitions have on access to affordable
25 quality health care services throughout the communities of this
26 Commonwealth. The following apply:

27 (1) The study shall address health care services
28 generally and shall specifically address access to
29 reproductive, end-of-life and gender-affirming health care
30 services.

1 (2) For purposes of the study, the department shall
2 consult with health care providers, health care advocates and
3 community members to determine both the scope of the study
4 and what constitutes a provider organization, but a provider
5 organization shall not include a hospital or hospital system
6 as defined under this chapter.

7 Section 812-C. Review.

8 If a hospital or hospital system is subject to a review by
9 the department, the review shall be concurrent with the review
10 under this chapter, to the extent practicable.

11 Section 3. This act shall take effect January 1, 2024.