

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1128 Session of
2025

INTRODUCED BY STRUZZI, VENKAT, M. BROWN, CAUSER, GREEN,
HOHENSTEIN, KENYATTA, KHAN AND SANCHEZ, APRIL 4, 2025

REFERRED TO COMMITTEE ON HUMAN SERVICES, APRIL 4, 2025

AN ACT

1 Establishing the Medicaid Care Transition Program; and imposing
2 duties on the Department of Human Services.

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

5 Section 1. Short title.

6 This act shall be known and may be cited as the Medicaid Care
7 Transition Program Act.

8 Section 2. Legislative findings.

9 The General Assembly finds and declares as follows:

10 (1) Hospital emergency departments are one of the main
11 entry points to obtaining critical health care services when
12 patients are in crisis.

13 (2) While emergency departments effectively assess and
14 triage patients in need of behavioral health care or other
15 long-term care services, hospitals often face long delays in
16 dispositioning patients to appropriate inpatient and
17 outpatient treatment settings, causing patients to wait in
18 the emergency department for extended periods of time.

1 (3) Delayed disposition of patients impacts both
2 patients and delivery system outcomes, increasing
3 psychological stress on patients and their families, delaying
4 treatment that could mitigate the need for inpatient stays,
5 consuming scarce emergency department resources, worsening
6 emergency department crowding and delaying treatment for
7 other patients.

8 Section 3. Purpose.

9 The purpose of the Medicaid Care Transition Program is to
10 establish clear steps and responsibility for escalating cases,
11 where placement of individuals enrolled in Medicaid has not been
12 achieved in a reasonable period of time, to senior clinical
13 leadership within responsible entities and senior officials with
14 the department.

15 Section 4. Definitions.

16 The following words and phrases when used in this act shall
17 have the meanings given to them in this section unless the
18 context clearly indicates otherwise:

19 "Department." The Department of Human Services of the
20 Commonwealth.

21 "Hospital." The following:

22 (1) A "hospital" as defined in 28 Pa. Code § 101.4
23 (relating to definitions) located inside or outside of this
24 Commonwealth.

25 (2) A behavioral health crisis center.

26 "Patient." An individual, enrolled in the Medicaid program,
27 being served in a hospital emergency department, inpatient unit
28 or crisis response center who has been identified as requiring
29 postacute treatment.

30 "Responsible entity." A county Medicaid managed care plan or

1 other organization contractually or statutorily required to
2 ensure access to medically necessary postacute care for Medicaid
3 enrollees.

4 Section 5. Medicaid Care Transition Program.

5 (a) Establishment.--The Medicaid Care Transition Program is
6 established within the department for the purposes under this
7 section.

8 (b) Escalation policy.--Within 180 days of the effective
9 date of this subsection, the department shall establish policies
10 and procedures that require responsible entities to establish
11 care transition units responsible for working directly with
12 hospitals to identify appropriate postacute placements for
13 individuals awaiting transfer. The policies and procedures shall
14 require the responsible entity to, at a minimum:

15 (1) Ensure that hospitals have appropriate contact
16 information for the care transition units of responsible
17 entities.

18 (2) Establish a formal request for assistance mechanism
19 that triggers a process to facilitate the admission of the
20 patient to an appropriate setting.

21 (3) Require the responsible entity to mitigate any
22 authorization issues that are presenting barriers to a
23 successful placement.

24 (4) Require the responsible entity, if a placement in an
25 in-network provider is not anticipated to be available within
26 24 hours from the request for assistance, to seek placement
27 in appropriate out-of-network facilities, taking into account
28 services required by the individual, geography and other
29 relevant factors.

30 (5) Remain actively engaged and seek to obtain admission

1 of the individual until a placement has been secured.

2 (6) Once a responsible entity has exhausted its network
3 and appropriate out-of-network options, or after another 48
4 hours has elapsed from a request for assistance, notify the
5 department of the failure to find the necessary placement.

6 (c) Department responsibilities.--The department shall,
7 after being notified of the failure to find medically
8 appropriate placement under subsection (b)(6):

9 (1) Establish an internal team to work with the
10 responsible entity to determine next steps to address
11 barriers to a postacute placement in a timely manner.

12 (2) If a barrier is clinically based, convene
13 conversations with clinical leaders of the responsible entity
14 to understand and resolve these barriers.

15 (3) If a barrier to admission requires other State
16 agencies to resolve the issue, convene a conference call with
17 the appropriate State agency representatives, providers,
18 responsible entities and other payors as well as others
19 needed to resolve the issues.

20 (4) If a barrier concerns payment, facilitate a
21 discussion with the responsible entity to address network
22 adequacy and payment issues with the responsible entity and
23 consult with the Insurance Department, as may be appropriate,
24 to address network adequacy issues.

25 (5) Collect data about the interventions under this
26 subsection and review the data as part of relevant licensing
27 surveys.

28 (6) Require corrective action plans from responsible
29 entities, as appropriate.

30 Section 6. Report.

1 No later than one year after the effective date of this
2 section, and on an annual basis thereafter, the department shall
3 prepare and submit a report to the chairperson and minority
4 chairperson of the Health and Human Services Committee of the
5 Senate, the chairperson and minority chairperson of the Health
6 Committee of the House of Representatives and the chairperson
7 and minority chairperson of the Human Services Committee of the
8 House of Representatives. The report shall include the
9 following:

10 (1) A general summary describing the establishment of
11 the escalation policy and the department's compliance with
12 the requirements of this act.

13 (2) The number of instances that responsible entities
14 have notified the department of the responsible entities'
15 inability to find a necessary placement under section 5(b)
16 (6), sorted by the name of the responsible entity and region
17 of this Commonwealth, among other relevant factors.

18 (3) A summary of the department's activities under
19 section 5(c) to work internally to find appropriate
20 placements for individuals requiring postacute placements.

21 (4) Information on the diagnosis and length of the
22 hospital stay for de-identified individuals, prior to
23 discharge, referred to the department under this act.

24 (5) Information on corrective action taken by the
25 department to address delays in finding postacute placements
26 for individuals awaiting transfer.

27 Section 7. Effective date.

28 This act shall take effect in 60 days.