

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2088 Session of 2015

INTRODUCED BY OBERLANDER, D. COSTA, O'BRIEN, JAMES, MILLARD, ROZZI, MURT, V. BROWN, DONATUCCI, WATSON, LONGIETTI, READSHAW, MAHONEY, BENNINGHOFF AND KORTZ, MAY 23, 2016

AS AMENDED ON SECOND CONSIDERATION, HOUSE OF REPRESENTATIVES, JUNE 14, 2016

AN ACT

1 Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An
2 act to consolidate, editorially revise, and codify the public
3 welfare laws of the Commonwealth," in public assistance,
4 further providing for medical assistance payments for
5 institutional care and providing for comprehensive services
6 and items; in children and youth, further providing for
7 provider submissions; in nursing facility assessments,
8 further providing for definitions and for time periods; in
9 intermediate care facilities for persons with an intellectual
10 disability assessments, further providing for definitions and
11 for time periods; in hospital assessments, further providing
12 for definitions and for time period; in departmental powers
13 and duties as to licensing, further providing for DEFINITIONS <--
14 AND FOR regulations; establishing the Pennsylvania eHealth
15 Partnership Program; providing for the Pennsylvania eHealth
16 Partnership Fund; abrogating a related regulation; and making
17 a related repeal.

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

20 Section 1. Section 443.1(7)(iv) of the act of June 13, 1967
21 (P.L.31, No.21), known as the Human Services Code, amended July
22 9, 2013 (P.L.369, No.55), is amended to read:

23 Section 443.1. Medical Assistance Payments for Institutional
24 Care.--The following medical assistance payments shall be made

1 on behalf of eligible persons whose institutional care is
2 prescribed by physicians:

3 * * *

4 (7) After June 30, 2007, payments to county and nonpublic
5 nursing facilities enrolled in the medical assistance program as
6 providers of nursing facility services shall be determined in
7 accordance with the methodologies for establishing payment rates
8 for county and nonpublic nursing facilities specified in the
9 department's regulations and the Commonwealth's approved Title
10 XIX State Plan for nursing facility services in effect after
11 June 30, 2007. The following shall apply:

12 * * *

13 (iv) Subject to Federal approval of such amendments as may
14 be necessary to the Commonwealth's approved Title XIX State
15 Plan, for each fiscal year beginning on or after July 1, 2011,
16 the department shall apply a revenue adjustment neutrality
17 factor to county and nonpublic nursing facility payment rates so
18 that the estimated Statewide day-weighted average payment rate
19 in effect for that fiscal year is limited to the amount
20 permitted by the funds appropriated by the General Appropriation
21 Act for the fiscal year. The revenue adjustment neutrality
22 factor shall remain in effect until the sooner of June 30,
23 [2016] 2019, or the date on which a new rate-setting methodology
24 for medical assistance nursing facility services which replaces
25 the rate-setting methodology codified in 55 Pa. Code Chs. 1187
26 (relating to nursing facility services) and 1189 (relating to
27 county nursing facility services) takes effect.

28 * * *

29 Section 2. The act is amended by adding a section to read:
30 Section 443.12. Compensable Services and Items.--

1 Notwithstanding any other provision of law, an anti-obesity drug
2 approved by the Food and Drug Administration of the Department
3 of Health and Human Services of the United States shall be
4 considered a compensable item under the medical assistance
5 program.

6 Section 3. Section 704.3(a) of the act, amended December 28,
7 2015 (P.L.500, No.92), is amended to read:

8 Section 704.3. Provider Submissions.--(a) For fiscal years
9 2013-2014[, 2014-2015 and 2015-2016] through 2016-2017, a
10 provider shall submit documentation of its costs of providing
11 services; and the department shall use such documentation, to
12 the extent necessary, to support the department's claim for
13 Federal funding and for State reimbursement for allowable direct
14 and indirect costs incurred in the provision of out-of-home
15 placement services.

16 * * *

17 Section 4. The definition of "medical assistance provider"
18 in section 801-A of the act, amended June 30, 2007 (P.L.49,
19 No.16), is amended to read:

20 Section 801-A. Definitions.--As used in this article--

21 * * *

22 "Medical assistance provider" means a person or entity
23 enrolled by the Department of [Public Welfare] Human Services as
24 a provider of services in the medical assistance program.

25 * * *

26 Section 5. Section 815-A of the act, amended June 30, 2012
27 (P.L.668, No.80), is amended to read:

28 Section 815-A. Time periods.--The assessment authorized in
29 this article shall not be imposed prior to July 1, 2003, or
30 after June 30, [2016] 2019.

1 Section 6. The definitions of "department," "medical
2 assistance program" or "program" and "secretary" in section 801-
3 C of the act, amended July 9, 2013 (P.L.369, No.55), are amended
4 to read:

5 Section 801-C. Definitions.

6 The following words and phrases when used in this article
7 shall have the meanings given to them in this section unless the
8 context clearly indicates otherwise:

9 * * *

10 "Department." The Department of [Public Welfare] Human
11 Services of the Commonwealth.

12 * * *

13 "Medical assistance program" or "program." The medical
14 assistance program as administered by the Department of [Public
15 Welfare] Human Services.

16 "Secretary." The Secretary of [Public Welfare] Human
17 Services of the Commonwealth.

18 * * *

19 Section 7. Section 811-C(b) of the act, amended July 9, 2013
20 (P.L.369, No.55), is amended to read:

21 Section 811-C. Time periods.

22 * * *

23 (b) Cessation.--The assessment authorized under this article
24 shall cease June 30, [2016] 2019, or earlier, if required by
25 law.

26 Section 8. The definitions of "general acute care hospital"
27 and "high volume Medicaid hospital" in section 801-E of the act,
28 reenacted October 22, 2010 (P.L.829, No.84), are amended to
29 read:

30 Section 801-E. Definitions.

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

4 * * *

5 "General acute care hospital." A hospital other than a
6 hospital that the Secretary of [Public Welfare] Human Services
7 has determined meets one of the following:

8 (1) Is excluded under 42 CFR 412.23(a), (b), (d), (e) and
9 (f) (relating to Excluded hospitals: Classifications) as of
10 March 20, 2008, from reimbursement of certain Federal funds
11 under the prospective payment system described by 42 CFR 412
12 (relating to prospective payment systems for inpatient hospital
13 services).

14 (2) Is a Federal veterans' affairs hospital.

15 (3) Is a high volume Medicaid hospital.

16 (4) Provides care, including inpatient hospital services, to
17 all patients free of charge.

18 (5) A free-standing acute care hospital organized primarily
19 for the treatment of and research on cancer and is an exempt
20 hospital under section 801-G.

21 "High volume Medicaid hospital." A hospital that the
22 Secretary of [Public Welfare] Human Services has determined
23 meets all of the following:

24 (1) is a nonprofit hospital subsidiary of a State-related
25 institution as that term is defined in 62 Pa.C.S. § 103
26 (relating to definitions); and

27 (2) provides more than 90,000 days of care to medical
28 assistance patients annually.

29 * * *

30 Section 9. Section 808-E(a) of the act, amended July 9, 2013

1 (P.L.369, No.55), is amended to read:

2 Section 808-E. Time period.

3 (a) Cessation.--The assessment authorized under this article
4 shall cease June 30, [2016] 2019.

5 * * *

6 SECTION 9.1. THE DEFINITION OF "ADULT DAY CARE CENTER" IN <--
7 SECTION 1001 OF THE ACT, AMENDED DECEMBER 21, 1988 (P.L.1883,
8 NO.185), IS AMENDED TO READ:

9 SECTION 1001. DEFINITIONS.--AS USED IN THIS ARTICLE--

10 * * *

11 "ADULT DAY CARE CENTER" MEANS ANY PREMISES OPERATED FOR
12 PROFIT, IN WHICH ADULT DAY CARE IS SIMULTANEOUSLY PROVIDED FOR
13 FOUR OR MORE ADULTS WHO ARE NOT RELATIVES OF THE OPERATOR. THIS
14 TERM DOES NOT INCLUDE A FACILITY THAT PROVIDES SERVICES ONLY TO
15 INDIVIDUALS ENROLLED IN A PROGRAM OF ALL-INCLUSIVE CARE FOR THE
16 ELDERLY OPERATED IN ACCORDANCE WITH AN AGREEMENT BETWEEN THE
17 PROVIDER, THE DEPARTMENT AND THE CENTERS FOR MEDICARE AND
18 MEDICAID SERVICES.

19 * * *

20 Section 10. Section 1021(c) of the act, amended July 25,
21 2007 (P.L.402, No.56), is amended to read:

22 Section 1021. Regulations.--* * *

23 [(c) The department shall have enforcement and licensure
24 staff dedicated solely to assisted living residences. All
25 inspections of residences dually licensed as assisted living
26 residences and personal care homes shall be conducted by a team
27 of surveyors comprised of both personal care home and assisted
28 living residence surveyors.]

29 * * *

30 Section 11. The act is amended by adding an article to read:

1 ARTICLE XIV-C

2 PENNSYLVANIA eHEALTH PARTNERSHIP PROGRAM

3 Section 1401-C. Definitions.

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

7 "Board." The Pennsylvania eHealth Partnership Advisory
8 Board.

9 "Department." The Department of Human Services of the
10 Commonwealth.

11 "Electronic health record." An electronic record of health-
12 related information relating to an individual that is created,
13 gathered, managed and consulted by health care providers or
14 payers.

15 "Fund." The Pennsylvania eHealth Partnership Fund.

16 "Health care provider." A person licensed by the
17 Commonwealth to provide health care or professional clinical
18 services. The term includes:

19 (1) A "health care practitioner" as defined in section
20 103 of the act of July 19, 1979 (P.L.130, No.48), known as
21 the Health Care Facilities Act.

22 (2) A "health care provider" as defined in section 103
23 of the Health Care Facilities Act.

24 (3) A public health authority.

25 (4) A pharmacy.

26 (5) A laboratory.

27 (6) A person that provides items or services described
28 in section 1861(s) of the Social Security Act (49 Stat. 620,
29 42 U.S.C. § 1395x(s)).

30 (7) A "provider of services" as defined in section

1 1861(u) of the Social Security Act (49 Stat. 620, 42 U.S.C. §
2 1395x(u)).

3 "Health information." Information, whether oral or recorded,
4 in any form or medium, that is created or received by a health
5 care provider relating to the following:

6 (1) The past, present or future physical or mental
7 health or medical condition of an individual.

8 (2) The past, present or future payment, treatment or
9 operations for the provision of health care to an individual.

10 "Health information exchange." A Statewide interoperable
11 system established under this article that electronically moves
12 and exchanges health information between approved participating
13 health care providers or health information organizations in a
14 manner that ensures the secure exchange of health information to
15 provide care to patients.

16 "Health information organization." An information technology
17 infrastructure with an interoperable system that is established
18 by a health care provider or payer or that connects
19 participating health care providers or payers to ensure the
20 secure digital exchange of health information among participants
21 engaged in the care of the patient.

22 "Health information technology." Hardware, software,
23 integrated technologies or related licenses, intellectual
24 property, upgrades or packaged solutions sold as services that
25 are designed for or support the use by health care entities or
26 patients for the electronic creation, maintenance, access or
27 exchange of health information.

28 "Interoperability." The ability of different operating and
29 software systems to employ federally-recognized standards to
30 exchange data securely, accurately, effectively and in a manner

1 that maintains and preserves the clinical purpose of the date.

2 "Participant." A person or entity which has been approved by
3 the department to send and receive health information using the
4 health information exchange.

5 "Payer." An entity that contracts or offers to contract to
6 provide, deliver, pay or reimburse any of the costs of health
7 care services, including an employer, a health care plan, the
8 Federal Government, the Commonwealth, a municipality, a labor
9 union or an entity licensed under any of the following:

10 (1) The act of May 17, 1921 (P.L.682, No.284), known as
11 The Insurance Company Law of 1921.

12 (2) The act of December 29, 1972 (P.L.1701, No.364),
13 known as the Health Maintenance Organization Act.

14 (3) 40 Pa.C.S. Ch. 61 (relating to hospital plan
15 corporations).

16 (4) 40 Pa.C.S. Ch. 63 (relating to professional health
17 services plan corporations).

18 "Secretary." The Secretary of Human Services of the
19 Commonwealth.

20 Section 1402-C. Pennsylvania eHealth Partnership Program.

21 There is hereby established the Pennsylvania eHealth
22 Partnership Program within the department.

23 Section 1403-C. Powers and duties

24 The department's powers and duties include the following:

25 (1) Develop, establish and maintain a health information
26 exchange that complies with Federal and State law and that:

27 (i) Promotes efficient and effective communication
28 among multiple health care providers, payers and
29 participants.

30 (ii) Creates efficiencies and promotes accuracy in

1 the delivery of health care.

2 (iii) Supports the ability to improve community
3 health status.

4 (2) Determine criteria for organizations and individuals
5 to become and remain participants in the health information
6 exchange, including criteria for organizations and
7 individuals to be suspended and disengaged as participants in
8 the health information exchange.

9 (3) Develop and maintain a directory of health care
10 provider's contact information to enable participants to
11 share health information electronically.

12 (4) Develop and maintain standards to ensure
13 interoperability.

14 (5) Establish and collect fees. Fees may include
15 transaction fees, subscription fees or other fees or
16 donations, to cover costs of implementation and operation of
17 the health information exchange or for other services
18 provided under this article. Receipt of services provided by
19 or through the department may be conditioned on payment of
20 fees. Participation in the health information exchange by any
21 health care provider, payer, consumer or any other person is
22 voluntary.

23 (6) Establish an advisory board under section 1404-C
24 with a diverse membership representing interested and
25 affected groups and individuals.

26 (7) Develop and conduct public information programs to
27 educate and inform consumers and patients about health
28 information.

29 (8) Submit an annual report to the Governor, the
30 President pro tempore of the Senate and the Speaker of the

1 House of Representatives for distribution to appropriate
2 legislative committees on the activities of the program for
3 the year, including a summary of the receipts and
4 expenditures, a list of contracts and a summary of any
5 reportable security breaches that occurred and corrective
6 actions that were taken.

7 (9) Develop and maintain:

8 (i) a registry of patients choosing to opt out of
9 the health information exchange; and

10 (ii) procedures to re-enroll into the health
11 information exchange.

12 (10) Promulgate regulations, as necessary, to implement
13 and administer this article.

14 (11) Perform all other activities in furtherance of the
15 purposes of this article.

16 Section 1404-C. Pennsylvania eHealth Partnership Advisory Board.

17 (a) Establishment.--The Pennsylvania eHealth Partnership
18 Advisory Board is established within the department as an
19 advisory board.

20 (b) Composition.--The board shall consist of ~~16~~ 17 members, <--
21 who must be residents of this Commonwealth, with two additional,
22 ex officio nonvoting members selected by members of the board,
23 composed and appointed as follows:

24 (1) The secretary or a designee, who shall be an
25 employee of the department in writing prior to service.

26 (2) The Secretary of Health or a designee, who shall be
27 an employee of the Department of Health designated in writing
28 prior to service.

29 (3) The Insurance Commissioner or a designee, who shall
30 be an employee of the Insurance Department designated in

1 writing prior to service.

2 (4) One representative of the health care community
3 focused on an unserved or underserved rural or urban patient
4 population, who shall be appointed by the secretary from a
5 list of individuals submitted for consideration by both the
6 Pennsylvania Area Health Education Center and the
7 Pennsylvania Association of Community Health Centers.

8 (5) One physician or nurse appointed by the secretary
9 from lists of individuals submitted by the Pennsylvania
10 Medical Society, the Pennsylvania Osteopathic Medical
11 Association, the Pennsylvania Academy of Family Physicians
12 and the Pennsylvania State Nurses Association. At least one
13 name on each list shall include an individual residing in an
14 unserved or underserved rural patient population area and an
15 individual in an unserved or underserved urban patient
16 population area.

17 (6) One hospital representative appointed by the
18 secretary from a list of individuals submitted by the
19 Hospital and Healthsystem Association of Pennsylvania. At
20 least one name on this list shall include an individual
21 residing in an unserved or underserved rural or urban patient
22 population area.

23 (7) One insurance representative appointed by the
24 secretary from lists of individuals submitted by the Blue
25 Cross and Blue Shield plans and the Insurance Federation of
26 Pennsylvania.

27 (8) One representative of an assisted living residence,
28 personal care home, long-term care nursing facility,
29 continuing care facility or behavioral or mental health
30 facility who shall be appointed by the secretary.

1 (9) Two consumer representatives appointed by the
2 secretary who are not primarily involved in providing health
3 care or health care insurance. At least one of these
4 individuals shall have expertise in health care or health
5 care information technology or the laboratory industry.

6 (10) Three representatives from established health
7 information organizations appointed by the President pro
8 tempore of the Senate, in consultation with the Majority
9 Leader and the Minority Leader of the Senate, each of whom
10 shall recommend one person. At least one of these
11 representatives shall be from the private information
12 technology sector with knowledge about security issues.

13 (11) Three representatives from established health
14 information organizations appointed by the Speaker of the
15 House of Representatives, in consultation with the Majority
16 Leader and the Minority Leader of the House of
17 Representatives, each of whom shall recommend one person. At
18 least one of these representatives shall be from the private
19 information technology sector with knowledge about security
20 issues.

21 (12) ONE HOME CARE OR HOSPICE REPRESENTATIVE APPOINTED <--
22 BY THE SECRETARY FROM A LIST OF INDIVIDUALS SUBMITTED BY A
23 STATEWIDE HOME CARE ASSOCIATION.

24 (c) Ex officio members.--The Secretary of Health, the
25 Insurance Commissioner, or their designees, shall serve on the
26 board as nonvoting ex officio members of the board.

27 (d) Terms.--Except a member as specified in subsection (b)
28 (1), (2) or (3), a member of the board shall serve for a term of
29 three years after completion of the initial terms designated in
30 subsection (h) and may not be eligible to serve more than two

1 full consecutive three-year terms. A member shall remain on the
2 board until the member's replacement is appointed.

3 (e) Quorum.--A majority of the appointed members of the
4 board shall constitute a quorum for the transaction of any
5 business. An act by a majority of the members present at a
6 meeting at which there is a quorum shall be deemed to be that of
7 the board.

8 (f) Meetings.--The board shall hold meetings at least
9 quarterly and may provide for special meetings as the board
10 deems necessary. The meetings shall be subject to the
11 requirements of 65 Pa.C.S. Ch. 7 (relating to open meetings).
12 Meetings of the board may be held anywhere within this
13 Commonwealth.

14 (g) Chairperson.--The secretary shall appoint a chairperson
15 of the board. The members of the board shall annually elect, by
16 a majority vote of the members, a vice chairperson from among
17 the members of the board.

18 (h) Initial appointment and vacancy.--

19 (1) A member appointed under subsection (b) (4), (5) or
20 (6) shall be appointed to an initial term of two years with
21 the option for reappointment to two additional three-year
22 terms.

23 (2) A member appointed under subsection (b) (7) or (8)
24 shall be appointed to an initial term of one year with the
25 option for reappointment to two additional three-year terms.

26 (3) A member appointed under subsection (b) (9) shall be
27 appointed to an initial term of three years with the option
28 for reappointment to one additional three-year term.

29 (4) A member appointed under subsection (b) (10) or (11)
30 shall be appointed to an initial term that coincides with the

1 appointing members' terms with the option for reappointment
2 to two additional three-year terms.

3 (i) Formation.--The board shall be formed within 90 days of
4 the effective date of this article.

5 (j) Reimbursement.--The members of the board may not receive
6 a salary or per diem allowance for serving as members of the
7 board but shall be reimbursed for actual and necessary expenses
8 incurred in the performance of the members' duties.

9 Section 1405-C. Establishment of fund.

10 The Pennsylvania eHealth Partnership Fund, established under
11 section 501 of the act of July 5, 2012 (P.L.1042, No.121), known
12 as the Pennsylvania eHealth Information Technology Act, is
13 continued.

14 Section 1406-C. Funds.

15 All money deposited into the fund shall be held for the
16 purposes under this article and may not be considered a part of
17 the General Fund but shall be used only to effectuate the
18 purposes of this article as determined by the department. All
19 interest earned from the investment or deposit of money
20 accumulated in the fund shall be deposited in the fund for the
21 same use.

22 Section 1407-C. Consent and confidentiality of health
23 information.

24 (a) Construction.--

25 (1) Nothing in this article shall be construed to
26 prohibit a health care provider or payer from obtaining and
27 storing a patient's health records in electronic form or
28 exchanging health information with another health care
29 provider or payer in accordance with Federal law or State law
30 other than this article.

1 (2) Nothing in this article shall supersede or limit any
2 other law which requires additional consent to the release of
3 health information or otherwise establishes greater
4 restrictions or limitations on the release of health
5 information.

6 (b) Consent.--The department shall publish a consent form
7 including notice of a patient's ability to decline to allow
8 exchange of the patient's electronic health information in the
9 health information exchange. The notice shall include, at a
10 minimum and in plain language, the following information:

11 (1) Definition of a health information exchange.

12 (2) Explanation of the benefits of participation in the
13 health information exchange.

14 (3) Explanation of the limits of the patient's ability
15 to decline the release or exchange of the patient's health
16 information with the health information exchange.

17 (4) Explanation of the manner in which the health
18 information exchange will address privacy issues.

19 (5) Explanation of the manner in which an individual may
20 decline to participate in the health information exchange.

21 (c) Opt-out registry.--

22 (1) In order to decline participation in the health
23 information exchange, a patient must sign and date a form
24 declining participation. If appropriate, the signature must
25 be witnessed by the patient's representative. Copies of the
26 completed form shall be sent by the provider within five
27 business days to the department to be included in an opt-out
28 registry.

29 (2) After receipt of the form, the department shall
30 within five business days notify health information

1 organizations that the patient has not authorized the release
2 of the health information through the health information
3 exchange.

4 (3) Once the patient is included in the opt-out
5 registry, the department shall notify the patient. The
6 notification shall include a copy of the completed form
7 signed by the patient or electronic notification to the
8 patient.

9 (4) The patient alone shall decide to opt out of the
10 health information exchange.

11 (d) Disclosure.--

12 (1) The department may not disclose, without prior
13 written consent of the patient, any health information that
14 the department or its employees, agents or contractors retain
15 under this article, or to which the department or its agents
16 or contractors have access or any other health records
17 maintained or accessible by the department under this
18 article, to any person who is not an authorized employee,
19 agent or contractor of the department, except as required or
20 permitted by law.

21 (2) Sharing health information among participants in the
22 health information exchange shall not be considered a
23 disclosure under paragraph (1).

24 (3) Violations of this subsection:

25 (i) Shall subject employees, agents and contractors
26 to administrative discipline, including discharge and
27 suspension.

28 (ii) Shall subject contractors to monetary penalties
29 or contract revocation or suspension.

30 (e) Construction.--Nothing in this article may be construed

1 to alter a proprietary interest held by any participant in any
2 record, data or information released, accepted or included in
3 the health information exchange, except insofar as the paperwork
4 approved by the department may require participants to license
5 those interests by contract in order to allow for the free flow
6 of information.

7 Section 1408-C. Nonapplicability.

8 (a) This article is subject to 1 Pa.C.S. § 2310 (relating to
9 sovereign immunity reaffirmed; specific waiver).

10 (b) Health information or personally identifying information
11 shall not be considered a public record for purposes of the act
12 of February 14, 2008 (P.L.6, No.3), known as the Right-to-Know
13 Law.

14 (c) Nothing in this article is intended to affect common law
15 or statutory rights or obligations with respect to patient
16 accessibility to their electronic or nonelectronic medical
17 records.

18 (d) Nothing in this article shall be construed to alter,
19 limit or supersede any other provision of law regarding the
20 Department's duties, powers, responsibilities and authority that
21 exist separate from this article.

22 Section 12. The provisions of 55 Pa. Code § 1121.54(1) are
23 abrogated insofar as they are inconsistent with the addition of
24 section 443.12 of the act.

25 Section 13. Repeals are as follows:

26 (1) The General Assembly declares that the repeal under
27 paragraph (2) is necessary to effectuate the addition of
28 Article XIV-C of the act.

29 (2) The act of July 5, 2012 (P.L.1042, No.121), known as
30 the Pennsylvania eHealth Information Technology Act, is

1 repealed.

2 Section 14. Except as otherwise provided in Article XIV-C of
3 the act, all activities initiated under the act of July 5, 2012
4 (P.L.1042, No.121), known as the Pennsylvania eHealth
5 Information Technology Act, shall continue and remain in full
6 force and effect and may be completed under Article XIV-C of the
7 act. Orders, regulations, rules and decisions which were made
8 under the Pennsylvania eHealth Information Technology Act and
9 which are in effect on the effective date of this section shall
10 remain in full force and effect until revoked, vacated or
11 modified under Article XIV-C of the act. Contracts and
12 obligations entered into under the Pennsylvania eHealth
13 Information Technology Act are not affected nor impaired by the
14 repeal of the Pennsylvania eHealth Information Technology Act.
15 All contracts, grants, procurement documents and partnership
16 agreements under the Pennsylvania eHealth Information Technology
17 Act in effect on the effective date of this section are assigned
18 to the Department of Human Services.

19 Section 15. This act shall take effect as follows:

20 (1) The addition of section 443.12 of the act shall take
21 effect in 60 days.

22 (2) The remainder of this act shall take effect
23 immediately.