106TH CONGRESS 1ST SESSION H.R.567

To assure that the services of a nonemergency department physician are available to hospital patients 24-hours-a-day, seven days a week in all non-Federal hospitals with at least 100 licensed beds.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 3, 1999 Mr. VISCLOSKY introduced the following bill; which was referred to the Committee on Commerce

A BILL

- To assure that the services of a nonemergency department physician are available to hospital patients 24-hours-aday, seven days a week in all non-Federal hospitals with at least 100 licensed beds.
 - 1 Be it enacted by the Senate and House of Representa-
 - 2 tives of the United States of America in Congress assembled,

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the "Physician Availability5 Act of 1999".

1 SEC. 2. REQUIREMENT FOR PHYSICIAN AVAILABILITY IN

ACUTE CARE HOSPITALS.

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3	(a) IN GENERAL.—Each covered hospital shall have
4	a qualified physician available in the hospital 24 hours a
5	day, seven days a week to attend to the needs of inpatients
6	of the hospital.
7	(b) DEFINITIONS.—For purposes of this section:
8	(1) Covered Hospital.—
9	(A) IN GENERAL.—Subject to subpara-
10	graph (B), the term "covered hospital" means
11	a subsection (d) hospital (as defined in section
12	1886(d)(1)(B) of the Social Security Act (42)
13	U.S.C. 1395ww(d)(1)(B)) that—
14	(i) has a participation agreement in
15	effect under section 1866 of such Act (42 $$
16	U.S.C. 1395cc),
17	(ii) is participating in the program
18	under title XIX of such Act, or
19	(iii) is receiving Federal funds under
20	a grant or cooperative agreement.
21	(B) EXCLUSION FOR FEDERAL FACILITIES
22	AND SMALL HOSPITALS.—Such term does not
23	include a hospital that—
24	(i) is a facility of the Federal Govern-
25	ment, or

1 the Secretary of Health and (ii) 2 Human Services determines has fewer than 3 100 licensed beds (as defined by the Sec-4 retary). 5 PHYSICIAN; QUALIFIED PHYSICIAN.—(A) (2)The term "physician" means, with respect to a hos-6 pital, an individual who is a doctor of medicine or 7 osteopathy legally authorized under State law to 8 9 practice medicine and surgery in that hospital. 10 (B) The term "qualified physician" means, with 11 respect to a hospital, an individual who is a physi-12 cian and whose credentials as such a physician have 13 been verified by the administration of the hospital 14 (before providing any services at the hospital) 15 through appropriate means, including verification 16 through the National Practitioner Databank. 17 (3) PHYSICIAN AVAILABILITY.—A physician is 18 considered to be "available" in a hospital if-19 (A) the physician is physically present in 20 the hospital; 21 (B) the physician's primary responsibility 22 is to be in attendance to serve the needs of the 23 hospital's inpatients without delay; and 24 (C) the physician is not physically present 25 in, assigned to, serving in, or expected to cover, the hospital's emergency room or emergency de partment.

3 (c) ENFORCEMENT.—

4 (1) WARNING.—If the Secretary of Health and 5 Human Services (in this section referred to as the 6 "Secretary") determines that a hospital has violated 7 subsection (a), in the first instance the Secretary 8 shall provide a written warning regarding such viola-9 tion to the hospital and shall notify the Inspector 10 General of the Department of Health and Human 11 Services (in this section referred to as the "HHS In-12 spector General") of such violation. Subsequently, 13 the HHS Inspector General shall monitor the com-14 pliance of the hospital with the requirement of sub-15 section (a).

16 (2) SECOND VIOLATION.—After providing a
17 warning to a hospital under paragraph (1), if the
18 Secretary determines that the hospital subsequently
19 and knowingly violates subsection (a)—

20 (A) the hospital is subject to a civil money
21 penalty in an amount not to exceed \$100,000,
22 and

(B) the hospital shall submit to the HHS
Inspector General, by not later than 30 days
after the date of such a determination, a reme-

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1	dial plan to prevent future violations of the re-
2	quirement of such subsection.
3	The provisions of section 1128A of the Social Secu-
4	rity Act (42 U.S.C. 1320a–7a), other than sub-
5	sections (a) and (b) of such section, shall apply to
б	civil money penalties under subparagraph (A) in the
7	same manner as they apply to a penalty or proceed-
8	ing under subsection (a) of such section.
9	(3) Subsequent violations.—After imposing
10	a civil money penalty under paragraph (2) against a
11	hospital, if the Secretary determines that the hos-
12	pital subsequently and knowingly violates subsection
13	(a), the Secretary may issue an order disqualifying
14	the hospital from participation in the programs
15	under titles XVIII and XIX of the Social Security
16	Act and from receipt of Federal funds under any
17	grant or cooperative agreement for such period as
18	the Secretary specifies and until the Secretary re-
19	ceives satisfactory assurances that the hospital will
20	be in substantial compliance with the requirement of
21	subsection (a).
22	(4) Failure to submit or comply with re-

(4) FAILURE TO SUBMIT OR COMPLY WITH REMEDIAL PLAN.—If the Secretary determines, after
consultation with the HHS Inspector General, that
a hospital has failed to submit a satisfactory reme-

dial plan required under paragraph (2)(B) or is failing to substantially carry out such a plan, the Secretary may suspend payment of funds to the hospital
under titles XVIII and XIX of the Social Security
Act and under Federal grants or cooperative agreements until the Secretary receives satisfactory assurances that such failures will not continue.

8 (d) EFFECTIVE DATE.—This section shall take effect
9 on the first day of the first month that begins more than
10 180 days after the date of the enactment of this Act.

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