

108TH CONGRESS  
1ST SESSION

# H. R. 2389

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.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 5, 2003

Mr. VISCLOSEKY introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

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.

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 Availability

5       Act of 2003”.

1 **SEC. 2. REQUIREMENT FOR PHYSICIAN AVAILABILITY IN**2 **ACUTE CARE HOSPITALS.**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 subparagraph (B), the term “covered hospital” means  
10 a subsection (d) hospital (as defined in section  
11 1886(d)(1)(B) of the Social Security Act (42  
12 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, or19 (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

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,

1 the hospital's emergency room or emergency de-  
2 partment.

### 3 (c) ENFORCEMENT.—

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

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

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  
6           civil money penalties under subparagraph (A) in the  
7           same manner as they apply to a penalty or pro-  
8           ceeding 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-  
23          MEDIAL PLAN.—If the Secretary determines, after  
24          consultation with the HHS Inspector General, that  
25          a hospital has failed to submit a satisfactory reme-

1       dial plan required under paragraph (2)(B) or is fail-  
2       ing to substantially carry out such a plan, the Sec-  
3       retary may suspend payment of funds to the hospital  
4       under titles XVIII and XIX of the Social Security  
5       Act and under Federal grants or cooperative agree-  
6       ments until the Secretary receives satisfactory assur-  
7       ances 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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