

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1739 Session of
2025

INTRODUCED BY KHAN, ABNEY, WAXMAN, HILL-EVANS, GUENST, SANCHEZ,
HOHENSTEIN, MAYES AND BELLMON, JULY 15, 2025

REFERRED TO COMMITTEE ON HEALTH, JULY 16, 2025

AN ACT

1 Amending Title 35 (Health and Safety) of the Pennsylvania
2 Consolidated Statutes, establishing an All Payor Claims
3 Database; imposing duties on the Health Care Cost Containment
4 Council; imposing penalties; and making an appropriation.

5 The General Assembly of the Commonwealth of Pennsylvania
6 hereby enacts as follows:

7 Section 1. Title 35 of the Pennsylvania Consolidated
8 Statutes is amended by adding a chapter to read:

9 CHAPTER 34

10 ALL PAYOR CLAIMS DATABASE

11 Sec.

12 3401. Scope of chapter.

13 3402. Declaration of policy.

14 3403. Definitions.

15 3404. Establishment of database.

16 3405. Contracting authority.

17 3406. Advisory group.

18 3407. Data collection.

19 3408. Technical guidance.

1 3409. Data analysis and review.
2 3410. Public reports and databases.
3 3411. Confidentiality and information sharing.
4 3412. Grievances.
5 3413. Enforcement and penalties.

6 § 3401. Scope of chapter.

7 This chapter relates to establishing an All Payor Claims
8 Database.

9 § 3402. Declaration of policy.

10 The General Assembly finds and declares that the
11 establishment of an All Payor Claims Database would:

12 (1) Facilitate the reporting of health care and health
13 quality data.

14 (2) Promote the transparency of the price of health care
15 services through easily understandable and reliable public
16 reporting that will enable consumers to assess quality and
17 out-of-pocket costs before receiving health care services.

18 (3) Support the regulation of health insurance and
19 health insurers by the Insurance Department.

20 (4) Support payors for and providers of health care
21 services in assessing alternative payment models, including
22 value-based care models.

23 (5) Assist regulators in analyzing health care spending
24 trends across different payor types, including Medicaid,
25 CHIP, Medicare and commercial insurance.

26 (6) Support the analysis of market transactions
27 involving health care providers or payors.

28 (7) Enable national, regional and state-by-state
29 comparisons of health care costs.

30 § 3403. Definitions.

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

"All Payor Claims Database" or "APCD." The database established under section 3404 (relating to establishment of database).

"Commissioner." The Insurance Commissioner of the Commonwealth.

"Council." The Health Care Cost Containment Council.

"Data." Information submitted by a provider to a payor relating to a claim for payment for a rendered health care service.

"Elective payor." A person not otherwise required to comply with the insurance laws of this Commonwealth, including an employer-sponsored self-funded health plan or a Taft-Hartley trust health plan, that elects to voluntarily provide claims data to the APCD within the time frames and in accordance with procedures established by the council.

"Facility." A health care setting or institution providing a health care service, including:

(1) A general, special, psychiatric, rehabilitation or other hospital.

(2) An ambulatory surgical facility.

(3) A cancer treatment center.

(4) A birth center.

(5) A skilled nursing center.

(6) An inpatient, outpatient or residential drug and alcohol treatment facility.

(7) A facility licensed by the Department of Human Services' Office of Mental Health and Substance Abuse

1 Services.

2 (8) A laboratory, imaging, diagnostic or other
3 outpatient medical service or testing facility.

4 (9) A provider office or clinic.

5 (10) An urgent care center.

6 (11) A stand-alone emergency care facility.

7 "Health care service." A treatment, admission, procedure,
8 medical supply or equipment, pharmaceutical or other medical
9 health or mental health service prescribed, rendered or
10 otherwise provided or proposed to be provided to an enrollee,
11 policyholder, certificate-holder, subscriber or other individual
12 who is entitled to receive health care services under a payor
13 payment arrangement in this Commonwealth for the diagnosis,
14 prevention, treatment, cure or relief of a health condition,
15 illness, injury or disease or functional limitation, including
16 emergency medical services as defined in section 8103 (relating
17 to definitions) and pharmacy benefits management as defined in
18 section 103 of the act of November 21, 2016 (P.L.1318, No.169),
19 known as the Pharmacy Audit Integrity and Transparency Act.

20 "Health insurer." An entity licensed in this Commonwealth to
21 issue health insurance, subscriber contracts, certifications or
22 plans that provide medical or health care coverage by a provider
23 that is offered or governed under:

24 (1) The act of May 17, 1921 (P.L.682, No.284), known as
25 The Insurance Company Law of 1921, including section 630 and
26 Article XXIV of that act.

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

29 (3) 40 Pa.C.S. Chs. 61 (relating to hospital plan
30 corporations) and 63 (relating to professional health

1 services plan corporations).

2 "Out-of-pocket costs." Costs charged directly to an
3 individual for services received by the individual or the
4 individual's dependent, including deductibles, co-insurance,
5 copayments and similar out-of-pocket expenses.

6 "Payor." A person that makes payments to facilities or
7 providers for health care services rendered to an enrollee,
8 policyholder, certificate holder, subscriber or other individual
9 who is entitled to receive health care services under a health
10 insurance policy or other payor payment arrangement. The term
11 does not include an individual making a payment for out-of-
12 pocket costs.

13 "Payor payment arrangement." A promise to pay for health
14 care services. The term does not include a health insurance
15 policy.

16 "Provider." A person licensed, certified or otherwise
17 authorized or permitted by the laws of this Commonwealth or any
18 other state to provide or perform a health care service in the
19 ordinary course of business or practice and any other person
20 that furnishes, bills or is paid for a health care service in
21 the normal course of business, including, but not limited to, a
22 physician, podiatrist, optometrist, psychologist, physical
23 therapist, certified nurse practitioner, registered nurse, nurse
24 midwife, physician's assistant, chiropractor, dentist,
25 pharmacist, individual accredited or certified to provide
26 behavioral health services, a facility, nursing home, assisted
27 living provider, home health agency, medical equipment supplier,
28 emergency medical services agency or an individual providing an
29 emergency service on behalf of an emergency medical services
30 agency as those terms are defined in section 8103 (relating to

1 definitions) or any other health care provider as defined under
2 45 CFR 160.103 (relating to definitions).

3 "Purchaser." A corporation, labor organization or other
4 person that purchases benefits which provide health care
5 services for employees or members, either through a health care
6 insurer or by means of a self-funded program of benefits and a
7 certified bargaining representative that represents a group or
8 groups of employees for whom employers purchase a program of
9 benefits which provide health care services. The term does not
10 include a health insurer.

11 § 3404. Establishment of database.

12 (a) Establishment.--The All Payor Claims Database shall be
13 established within 60 days of receipt of an appropriation under
14 subsection (b) (1). Prior to establishment of the APCD, the
15 commissioner may take action necessary to effectuate the prompt
16 establishment of the APCD, including, on behalf of the council,
17 to contract with one or more vendors for initial development of
18 the APCD.

19 (b) Appropriations.--

20 (1) The General Assembly:

21 (i) Shall appropriate not less than \$4,000,000 for
22 the establishment of the APCD.

23 (ii) May annually appropriate General Fund money to
24 the council to pay for expenses related to the APCD.

25 (2) If there is not sufficient funding to finance the
26 ongoing operations of the APCD, the council shall cease APCD
27 operations. If the APCD ceases to operate, the data submitted
28 shall be destroyed or returned to its original source.

29 (c) Council duties.--The council shall:

30 (1) Oversee the collection, aggregation and analysis of

data collected under sections 3407 (relating to data collection) and 3409 (relating to data analysis and review).

(2) Establish data access policies in accordance with sections 3410 (relating to public reports and databases) and 3411 (relating to confidentiality and information sharing).

(3) Develop and implement data privacy and security protocols to safeguard against the misuse of data and ensure patient confidentiality and compliance with applicable Federal and State privacy laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191, 110 Stat. 1936), the Health Information Technology for Economic and Clinical Health Act (Public Law 111-5, 123 Stat. 226-279 and 467-496) and implementing regulations.

(4) Implement the reporting requirements in a cost-effective and reasonable manner to produce reliable and timely information.

(5) Determine the reports and data on quality, health outcomes, health disparities, cost, utilization and pricing to be made available to the public.

(6) Make recommendations for further study and data collection to carry out the purposes of this chapter and facilitate informed choices by consumers.

§ 3405. Contracting authority.

(a) Procurements.--In addition to and consistent with any contract entered into by the commissioner under section 3404(a) (relating to establishment of database), the council shall contract with one or more vendors for the development and maintenance of the APCD.

(b) Requirements and considerations.--

1 (1) A vendor must satisfy the requirements of 42 CFR
2 401.705 (relating to eligibility criteria for qualified
3 entities) and 401.707 (relating to operating and governance
4 requirements for qualified entities).

5 (2) The council shall consider all of the following in
6 determining a vendor:

7 (i) The vendor's degree of experience in health care
8 data collection, analysis, analytics and security.

9 (ii) Whether the vendor has a long-term self-
10 sustainable financial model.

11 (iii) The vendor's experience in convening and
12 effectively engaging stakeholders to develop reports,
13 especially among groups of health providers, health
14 insurers, carriers and self-insured purchasers.

15 (iv) The vendor's experience in meeting budget and
16 time lines for report generation.

17 (v) The vendor's ability to combine cost and quality
18 data to assess total cost of care.

19 (c) Use of experts.--

20 (1) The council may contract with competent experts,
21 including legal, actuarial or economic experts, to assist the
22 council in the review of any matter within the scope of this
23 chapter, including auditing the accuracy of data submitted.
24 The council may bill reasonable and necessary costs for the
25 services of an expert to:

26 (i) the nongovernmental payors on a pro rata basis
27 based on the number of covered lives in proportion to all
28 covered lives by those nongovernmental payors; or

29 (ii) a data supplier if the services are particular
30 as to that data supplier, other than a governmental

1 payor.

2 (2) Within 30 days of its receipt of a bill for the
3 services, the payor shall make payment directly to the expert
4 and shall provide confirmation of payment to the council.

5 (d) Procurements within one year.--The contracts entered
6 into under this section shall be subject to the requirements of
7 section 3314 (relating to contracts with vendors) for one year
8 after the effective date of this subsection.

9 § 3406. Advisory group.

10 In addition to the advisory groups established under section
11 3303(g) and (h) (relating to Health Care Cost Containment
12 Council), the council shall establish an APCD advisory group
13 that shall include the Secretary of Health, the Secretary of
14 Human Services and the commissioner, who shall be chairman. The
15 duties of the APCD advisory group shall include, but not be
16 limited to, advising the council on the following:

17 (1) The data elements to be collected and methods of
18 collection.

19 (2) The reporting formats for data submitted.

20 (3) The use and reporting of any data submitted.

21 (4) Coordination of public and private health care
22 quality and performance measures.

23 (5) The utilization of publicly available data in
24 combination with data collected by the APCD, where
25 appropriate.

26 (6) The types of reports to be made available to the
27 public.

28 (7) The types of databases to be maintained to
29 facilitate independent research and consumer usability.

30 § 3407. Data collection.

1 (a) Data suppliers.--The following persons shall submit data
2 to the council upon request:

3 (1) Nongovernmental payors, including:

4 (i) Insurers, including health insurers, for
5 policies subject to regulation by the Insurance
6 Department under which a claim described in subsection
7 (b) is paid, including policies that provide the
8 following types of coverage:

9 (A) Health insurance.

10 (B) Accident only.

11 (C) Credit only.

12 (D) Long-term care or disability income.

13 (E) Specified disease.

14 (F) Medicare supplement.

15 (G) Fixed indemnity.

16 (H) Dental only.

17 (I) Vision only.

18 (J) Workers' compensation.

19 (K) Automobile medical payment.

20 (L) Any other coverage policy regulated by the
21 Insurance Department under which health care claims
22 may be paid.

23 (ii) Issuers or administrators of coverage under
24 Medicare Advantage Part C under Title XVIII of the Social
25 Security Act (49 Stat. 620, 42 U.S.C. § 1395 et seq.),
26 insofar as not prohibited by Federal law.

27 (iii) Third-party administrators paying claims on
28 behalf of health plans in this Commonwealth, for:

29 (A) Fully insured health plans.

30 (B) Elective payors, at the direction of the

1 elective payor.

2 (2) Governmental payors, including:

3 (i) The Commonwealth's Medical Assistance program
4 established under the act of June 13, 1967 (P.L.31,
5 No.21), known as the Human Services Code, including
6 entities contracted to provide services under the
7 program.

8 (ii) The Children's Health Insurance Program under
9 Article XXIII-A of the act of May 17, 1921 (P.L.682,
10 No.284), known as The Insurance Company Law of 1921,
11 including entities contracted to provide services under
12 the program.

13 (iii) Health care coverage provided by the
14 Commonwealth, a county, a city or other State or local
15 governmental entity or an agency, subdivision or
16 department of a governmental entity, including:

17 (A) A corporation or other arrangement organized
18 by the entity for the provision of health care
19 coverage and subject to control by the entity or an
20 instrumentality of the entity.

21 (B) The Pennsylvania Employee Benefit Trust Fund
22 for active and retired employees.

23 (iv) Issuers or administrators of coverage under
24 Medicare Parts A and B under Title XVIII of the Social
25 Security Act, insofar as not prohibited by Federal law.

26 (v) Issuers or administrators of policies under
27 which benefits are provided by the Federal Government to
28 active or former military personnel and their dependents,
29 insofar as not prohibited by Federal law.

30 (vi) Issuers or administrators of a health care plan

1 provided through the Federal Employees Health Benefits
2 Program established under 5 U.S.C. Ch. 89 (relating to
3 health insurance), insofar as not prohibited by Federal
4 law.

5 (3) Providers.

6 (4) Facilities.

7 (b) Claims data subject to collection.--The data provided
8 under subsection (a) must be provided for at least the
9 following:

10 (1) Types of claims:

11 (i) Medical health.

12 (ii) Mental health.

13 (iii) Dental health.

14 (iv) Substance use disorders.

15 (v) Emergency services, including transport and
16 care.

17 (vi) Pharmaceuticals.

18 (vii) Durable medical equipment.

19 (2) Types of providers:

20 (i) Inpatient.

21 (ii) Outpatient, including at ambulatory surgical
22 facilities.

23 (iii) Primary.

24 (iv) Specialist.

25 (v) Pharmacy.

26 (c) Categories of data.--The council shall collect data as
27 to each type of claim identified in subsection (b) to include:

28 (1) Demographic information, including the patient's
29 gender, age and geographic area of residency.

30 (2) Information relating to an individual episode of

care, including the date and time of the patient's admission and discharge, the identity of the health care services provider and the location and type of facility, such as a hospital, office or clinic, where the service was provided.

(3) Information describing the nature of health care services provided to the patient in connection with the encounter, visit or service, including diagnosis codes.

(4) Health insurance product type, such as HMO or PPO.

(5) Pricing and payment information, including a facility's or provider's billed and accepted amounts, a payor's allowed and paid amounts and a consumer's out-of-pocket costs.

(6) Service frequency data, including admission and re-admission and visit frequency data.

(7) Patient engagement and compliance data, including medication adherence.

(d) Format of data submission.--The council is authorized to collect, and data suppliers are required to submit upon request of the council, all data required in this section in a uniform format.

(e) Timing of data submission.--Each data supplier shall timely submit all data required in this section in accordance with the following:

(1) On or before the 15th day of each month, each data supplier shall submit data relating to the prior month.

(2) On or before April 1 of each year following the effective date of this paragraph, each data supplier shall submit an annual report compiling the data relating to the prior calendar year.

(f) Submission.--Unless modified or supplemented by

1 regulations promulgated under this chapter, in instances where
2 more than one entity is involved in the administration of a
3 policy, a health insurer shall be responsible for submitting the
4 claims data for policies that the health insurer has written,
5 and the third-party administrator shall be responsible for
6 submitting claims data for elective payor plans that it
7 administers.

8 (g) Administrative penalties.--

9 (1) A data supplier that fails to submit data shall be
10 subject to an administrative penalty of \$1,000 for each day
11 that the required data is not provided in accordance with
12 this section.

13 (2) A data supplier that fails to correct data as
14 required under subsection (h)(2) within 30 days of the
15 request to correct the data shall be subject to an
16 administrative penalty of \$1,000 for each day that the
17 required corrected data is not provided in accordance with
18 this section.

19 (3) A data supplier may be subject to the administrative
20 penalties in paragraph (1) and (2).

21 (h) Review and correction.--

22 (1) The council's vendor shall review and validate all
23 data submitted within 60 days of receipt.

24 (2) If data fails validation, the council's vendor shall
25 direct a data source to correct the data within 30 days.

26 § 3408. Technical guidance.

27 (a) Content.--

28 (1) The council shall publish technical guidance, in
29 accordance with subsection (b), to establish uniform
30 submission formats, coding systems and other technical

1 specifications necessary to render the incoming data
2 substantially valid, consistent, compatible and manageable
3 using electronic data processing according to data submission
4 schedules.

5 (2) Technical guidance shall avoid, to the extent
6 possible, submission of identical data from more than one
7 data supplier. The uniform submission formats, coding systems
8 and other technical specifications may be established by the
9 council pursuant to its authority under section 3304
10 (relating to power and duties of council). If payor data is
11 requested by the council, it shall, to the extent possible,
12 be obtained from primary payor sources. The council shall not
13 require a data supplier to contract with any specific vendor
14 for submission of any specific data elements to the council.

15 (b) Publication and notice.--The council shall publish
16 technical guidance under this subsection not more than once each
17 year in accordance with the following:

18 (1) The council shall publish draft and final technical
19 guidance by transmitting notice to the Legislative Reference
20 Bureau for publication in the next available issue of the
21 Pennsylvania Bulletin and by:

22 (i) Posting the technical guidance on the council's
23 publicly accessible Internet website.

24 (ii) Electronically sending notice to the chair and
25 minority chair of the Banking and Insurance Committee of
26 the Senate, the chair and minority chair of the Insurance
27 Committee of the House of Representatives, the chair and
28 minority chair of the Health and Human Services Committee
29 of the Senate and the chair and minority chair of the
30 Health Committee of the House of Representatives.

1 (iii) Electronically sending notice to a contact
2 person or electronic mailing address as identified by the
3 person, to the council, of the Hospital Association of
4 Pennsylvania or a successor organization, the
5 Pennsylvania Medical Society, or a successor organization
6 and all health insurers offering comprehensive health
7 insurance to the individual in this Commonwealth.

8 (2) There shall be a 60-day comment period after
9 publication of draft technical guidance.

10 (3) Final technical guidance shall be published in
11 accordance with paragraph (1) and may not take effect until
12 30 days after the end of the comment period under paragraph
13 (2).

14 § 3409. Data analysis and review.

15 The council and a vendor retained under section 3405
16 (relating to contracting authority) shall provide access to the
17 data and provide data analysis upon request to:

18 (1) The Insurance Department, for use in at least the
19 following:

20 (i) Product regulation, including form and rate
21 review.

22 (ii) Network adequacy regulation.

23 (iii) Market actions, investigations, examinations
24 and other enforcement actions.

25 (iv) Promoting price and quality transparency for
26 consumers.

27 (v) Mediating contract negotiations between
28 providers and payors.

29 (2) The Department of Health and the Department of Human
30 Services, for use in at least the following:

1 (i) Analyzing health care spending trend analysis,
2 including across payor types.

3 (ii) Analyzing health outcomes and disparities.

4 (iii) Monitoring public health initiatives.

5 (iv) Supporting program development and evaluation
6 of those programs.

7 (v) Supporting health care quality reporting.

8 (vi) Supporting health equity efforts, including for
9 rural and underserved communities.

10 § 3410. Public reports and databases.

11 (a) Public access.--The council shall release public reports
12 that provide information on:

13 (1) Consumer access to cost and quality comparisons to
14 facilitate shopping for health care services. Consumer access
15 shall include a data visualization tool that is user-
16 friendly, mobile-friendly and available in multiple
17 languages.

18 (2) Links to insurer patient portals to permit access by
19 covered individuals to policy-specific information.

20 (3) Analysis of trends in health care services
21 utilization, pricing, expenditures and cost drivers.

22 (4) Geographic and other variations in medical care and
23 costs throughout this Commonwealth, accounting for
24 differences in the classification and severity of illness of
25 patients and populations, as appropriate and feasible, and
26 taking into consideration the cost impact of subsidization
27 for uninsured and government-sponsored patients and teaching
28 expenses, when feasible with available data.

29 (5) Public data to support analysis of network adequacy,
30 claim authorizations and denials and premium rates.

1 (b) Public report format.--The council must make public
2 reports available in accessible formats and languages as
3 follows:

4 (1) Text must be easy to understand and consumer-
5 friendly.

6 (2) Digital information must be in a digital, machine-
7 readable format that can be imported or read into a computer
8 system for further processing.

9 (3) Both text and digital information shall, to the
10 maximum extent possible, be accessible to individuals with
11 disabilities who may receive services from an entity that is
12 the subject of the report.

13 (4) The report shall be in English and, to the maximum
14 extent possible, in the languages spoken by individuals with
15 limited English proficiency who may receive services from an
16 entity that is the subject of the report.

17 (c) Public report timing.--Beginning September 1, 2026, and
18 each September 1 thereafter, the council shall issue public
19 reports regarding claims information relating to the prior
20 calendar year. The council may issue additional interim reports.

21 (d) Publicly accessible databases.--The council shall
22 develop and maintain databases to:

23 (1) Facilitate independent research.

24 (2) Facilitate understandable and reliable public access
25 that will enable consumers to assess quality and out-of-
26 pocket costs before receiving health care services.

27 § 3411. Confidentiality and information sharing.

28 (a) Information sharing.--The council may only share data in
29 accordance with sections 3306 (relating to data dissemination
30 and publication), 3308 (relating to Right-to-Know Law and access

1 to council data) and 3311 (relating to research and
2 demonstration projects). Except as provided under sections 3306,
3 3308, 3311 and subsections (c) and (d), data and information
4 produced by, obtained by or disclosed to the council or another
5 person in the course of the exercise of the council's powers and
6 duties under this chapter:

7 (1) Shall be confidential.

8 (2) Shall not be subject to subpoena.

9 (3) Shall not be subject to the act of February 14, 2008
10 (P.L.6, No.3), known as the Right-to-Know Law.

11 (4) Shall not be subject to discovery or admissible in
12 evidence in a private civil action.

13 (5) May not be made public by the council or any other
14 person.

15 (b) Personal health and financial information.--The council
16 shall protect personally identifiable health and financial
17 information collected or received under this chapter in
18 accordance with all applicable Federal and State laws and
19 regulations, including the Health Insurance Portability and
20 Accountability Act of 1996 (Public Law 104-191, 110 Stat. 1936),
21 the Health Information Technology for Economic and Clinical
22 Health Act (Public Law 111-5, 123 Stat. 226-279 and 467-496) and
23 implementing regulations.

24 (c) Data and information disclosure.--Subject to the
25 confidentiality provisions of this section:

26 (1) The council shall share identifiable raw data and
27 information received to assist with the duties and
28 responsibilities or for compliance with Federal law, to the
29 following:

30 (i) The Insurance Department.

1 (ii) The Department of Human Services.

2 (iii) The Department of Health.

3 (iv) The Department of Drug and Alcohol Programs.

4 (v) The Department of Aging.

5 (2) The council may share de-identified data and
6 information received with the Rural Health Redesign Center
7 Authority or a successor organization to assist in the
8 performance of the council's or authority's duties and
9 responsibilities.

10 (3) To the extent permitted by Federal and State law,
11 the council may receive and share de-identified data and
12 information, including the data and information enumerated
13 under section 3407 (relating to data collection) from other
14 jurisdictions, as follows:

15 (i) The council shall maintain as confidential data
16 or information received from regulatory agencies or law
17 enforcement officials in other jurisdictions in which the
18 data and information are confidential by law in those
19 jurisdictions. Data and information obtained by the
20 council under this paragraph shall be confidential as
21 provided under subsection (a).

22 (ii) The council may share de-identified data and
23 information with regulatory agencies or law enforcement
24 officials in other jurisdictions if, prior to receiving
25 the data or information, a regulatory agency or law
26 enforcement official demonstrates by written statement
27 the necessary authority and intent to provide to it the
28 same confidential treatment as required by this chapter.

29 (4) Data and information may be disclosed in only a de-
30 identified form, unless:

1 (i) otherwise provided under this section; or
2 (ii) if the prior written authorization of the
3 person to which the information pertains has been
4 obtained.

5 (d) Public access.--

6 (1) The following are not subject to the confidentiality
7 provisions of this section:

8 (i) Public hearing testimony.

9 (ii) Public interest review final reports.

10 (iii) De-identified data and information collected
11 by the APCD that is contained within a public report or
12 database prepared or maintained under this chapter.

13 (2) The council shall post de-identified public reports
14 on the council's publicly accessible Internet website. The
15 council shall electronically provide notice of the posting of
16 a de-identified public report to the chair and minority chair
17 of:

18 (i) The Banking and Insurance Committee of the
19 Senate.

20 (ii) The Insurance Committee of the House of
21 Representatives.

22 (iii) The Health and Human Services Committee of the
23 Senate.

24 (iv) The Health Committee of the House of
25 Representatives.

26 (v) The Human Services Committee of the House of
27 Representatives.

28 (e) Construction.--Nothing in this section shall be
29 construed to prohibit the council from accessing data and
30 information necessary to carry out its responsibilities in

1 accordance with law.

2 (f) Unauthorized use of data or information.--A person that
3 knowingly releases to an unauthorized person identifiable data
4 or information in violation of the provisions of this section
5 commits a misdemeanor of the first degree and shall, upon
6 conviction, be sentenced to pay a fine of up to \$10,000 or to
7 imprisonment for not more than five years, or both. An
8 unauthorized person that knowingly receives or possesses the
9 identifiable data or information commits a misdemeanor of the
10 first degree.

11 (g) Unauthorized access to data or information.--If a person
12 inadvertently or by error gains access to data or information
13 that violates the provisions of this section, the data or
14 information must immediately be returned, without duplication,
15 to the council with proper notification of the error.

16 § 3412. Grievances.

17 A data supplier may challenge a finding that its data failed
18 validation or may challenge a finding in a report using the
19 grievance procedures in section 3312 (relating to grievances and
20 grievance procedures).

21 § 3413. Enforcement and penalties.

22 (a) Compliance.--A payor or provider shall comply with any
23 request for data for the APCD that is necessary for the APCD
24 administrator to carry out the duties and responsibilities under
25 this chapter.

26 (b) General enforcement authority.--

27 (1) The Insurance Department, the Department of Health,
28 the Department of State and the Office of Attorney General
29 shall have authority to enforce the provisions of this
30 chapter against a data supplier identified in section 3407(a)

1 (relating to data collection), other than a nongovernmental
2 payor that is licensed or otherwise subject to each entity's
3 respective regulatory authority. The appropriate authority
4 may investigate potential violations of this chapter based
5 upon information received from individuals, insurers,
6 providers and other sources in order to ensure compliance
7 with this chapter.

8 (2) Upon receipt or discovery of evidence of a potential
9 violation of this chapter, the council, the Insurance
10 Department, the Department of Health, the Department of State
11 or the Office of Attorney General may refer the matter for
12 enforcement to another agency identified in paragraph (1).

13 (3) Nothing in this chapter shall limit the ability of
14 the Insurance Department, the Department of Health, the
15 Department of State or the Office of Attorney General from
16 using information received under this chapter in the course
17 of its regulatory duties under any other law.

18 (c) Council enforcement.--In addition to the enforcement and
19 penalties under section 3310 (relating to enforcement and
20 penalty), the council may refer to another agency any instance
21 of noncompliance by a payor or provider under subsection (b) (2).

22 (d) Insurance Department enforcement.--In addition to
23 subsection (h):

24 (1) Upon satisfactory evidence of a violation of this
25 chapter by a person regulated by the Insurance Department,
26 the commissioner may, in the commissioner's discretion,
27 impose any of the penalties under section 5 of the act of
28 June 25, 1997 (P.L.295, No.29), known as the Pennsylvania
29 Health Care Insurance Portability Act.

30 (2) The enforcement remedies imposed under this section

1 are in addition to any other remedies or penalties that may
2 be imposed under any other applicable statute, including the
3 act of July 22, 1974 (P.L.589, No.205), known as the Unfair
4 Insurance Practices Act.

5 (3) A violation of this chapter by an insurer is defined
6 to be an unfair method of competition and an unfair or
7 deceptive act or practice pursuant to the Unfair Insurance
8 Practices Act.

9 (e) Department of State enforcement.--A violation of this
10 chapter by a person licensed by the Department of State shall
11 constitute unprofessional conduct and subject the person to
12 disciplinary action under the applicable provisions of the
13 professional licensure statute under which the individual is
14 licensed.

15 (f) Department of Health enforcement.--In addition to
16 subsection (h), a violation of this chapter by a licensee of the
17 Department of Health shall be deemed a violation of and subject
18 the violating licensee to penalties provided for in the act of
19 July 19, 1979 (P.L.130, No.48), known as the Health Care
20 Facilities Act.

21 (g) Office of Attorney General enforcement.--In addition to
22 subsection (h), a violation of this chapter is a violation of
23 the act of December 17, 1968 (P.L.1224, No.387), known as the
24 Unfair Trade Practices and Consumer Protection Law.

25 (h) Penalties.--

26 (1) In addition to the penalties under subsections (c),
27 (d), (e), (f) and (g), a person that violates this chapter is
28 subject to the following:

29 (i) Suspension, revocation or refusal to renew a
30 license or registration of the violating person.

1 (ii) A cease and desist order.

2 (iii) Supervision, including through a consent
3 order.

4 (iv) A civil penalty in accordance with the
5 following:

6 (A) For a violation of this chapter for a person
7 that did not know nor reasonably should have known
8 was a violation, not more than \$50,000 for each
9 violation.

10 (B) For a violation of this chapter for a person
11 that knew or reasonably should have known was a
12 violation, not more than \$100,000 for each action in
13 willful violation of this chapter.

14 (C) In any event, not to exceed \$250,000 per day
15 or \$2,500,000 in the aggregate during a single
16 calendar year.

17 (v) For a violation of this chapter by a not-for-
18 profit entity, referral to the Office of Attorney General
19 for a review of its charitable exemption.

20 (2) Except as otherwise provided in this section, fines
21 collected under this chapter shall be deposited into the
22 General Fund.

23 (3) Two or more authorities may not impose a penalty on
24 the same insurer or provider for the same violation. A
25 department or office of the Commonwealth that imposes a
26 penalty under this chapter shall notify the council of the
27 imposition of a penalty.

28 (h.1) Deposit.--Penalties imposed under other statutes for a
29 violation of this chapter shall be deposited in the fund
30 specified in the professional licensure statute under which the

1 disciplinary action is taken.

2 (i) Other remedies and penalties.--The enforcement remedies
3 and penalties imposed under this section are in addition to any
4 other remedies or penalties that may be imposed under any other
5 applicable statute.

6 (j) Administrative practice and procedure.--The
7 administrative provisions of this section shall be subject to 2
8 Pa.C.S. Ch. 5 Subch. A (relating to practice and procedure of
9 Commonwealth agencies). A party against whom penalties are
10 assessed in an administrative action may appeal to the
11 Commonwealth Court as provided in 2 Pa.C.S. Ch. 7 Subch. A
12 (relating to judicial review of Commonwealth agency action).

13 Section 2. This act shall take effect in 60 days.