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Title:	Amending Title 6 of The Philadelphia Code, the "Health Code," to add a section establishing requirements for hospitals that anticipate closing, all under certain terms and conditions.				
Sponsors:	Councilmember Gym, Councilmember Jones, Councilmember Blackwell, Councilmember Parker, Councilmember Johnson, Councilmember Squilla, Councilmember Henon, Councilmember Greenlee, Councilmember Domb, Councilmember Green, Councilmember Taubenberger				
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Amending Title 6 of The Philadelphia Code, the "Health Code," to add a section establishing requirements for hospitals that anticipate closing, all under certain terms and conditions.

THE COUNCIL OF THE CITY OF PHILADELPHIA HEREBY ORDAINS:

SECTION 1. Chapter 6-400 of The Philadelphia Code is hereby amended as follows:

CHAPTER 6-400. MISCELLANEOUS STANDARDS AND REQUIREMENTS

* * *

§ 6-408. *Hospital Closings.*

(1) *A hospital, as defined in 28 Pa. Code Chapter 101, that determines to close all or most of its units or departments ("a general hospital closing"), or that determines to close an emergency treatment unit or*

department, a labor and delivery unit or department, or any other type of unit or department that the Board of Health determines, by regulation, might significantly impact the health and welfare of an affected community such that advanced notice and planning is warranted (“a significant impact unit closing”), shall give written notice of an intent to close to the Department upon making such a determination, but in no event less than 180 days from the anticipated date of closure.

(2) A hospital shall not close any such units or departments as part of a general hospital closing or engage in a significant impact unit closing except pursuant to a written Closure Plan that has been approved by the Commissioner in relevant part with respect to such unit or department. Approval shall be based on a determination that continuity of patient care and the health and safety needs of the community have been adequately addressed with respect to the approved portion of the Plan. Such approval may be conditioned on agreement by the hospital to relevant conditions necessary to comply with that standard.

(3) An initial Closure Plan shall be provided to the Department no later than 120 days from the anticipated date of closure. Updates on the progress of implementation of the Plan, and any changes to any portion of the Plan, whether approved or not, shall be provided every two weeks after provision of the initial Plan until closing is complete.

(4) The Commissioner may require attendance at meetings and involvement in discussions by hospital executive staff and administration, as well as access to relevant information and documents, in order to evaluate the proposed Closure Plan and compliance with an approved Plan.

(5) A Closure Plan shall address the following:

(a) The reasons for closure.

(b) Plans for the closure of all major departments and units of the hospital, including with respect to continuity of patient care in each department and unit and the transfer of patients to other facilities.

(c) Plans with respect to specialized programs or groups of patients particularly vulnerable to interruptions in medical care, such as cancer chemotherapy or prenatal care.

(d) Plans for the closure of the Emergency Department, including diversion to other hospital Emergency Departments and the interface with Emergency Medical Services.

(e) Written agreements with other health care providers to accept responsibility for continuing the care of patients receiving ongoing care at the hospital.

(f) Plans for how all medical records (including paper and electronic records) will be maintained throughout and after the closure and how those medical records will be made available to former patients and the physicians who provide care for such patients.

(g) Plans for the maintenance, transfer and disposal of pharmaceuticals, chemicals, hazardous substances and other similar materials located at the facility.

(h) The anticipated timeline for closing the hospital’s various units and departments.

(i) A communications and engagement plan with respect to the affected community, which shall include a public meeting held in the affected community.

(j) Changes in the hospital’s governing body, administration and medical staff leadership as

the closure is implemented.

(k) *Plans for complying with the terms of Chapter 9-1500 (“Notification of Intention to Close or Relocate Operations”), which for purposes of this Section 6-408 shall apply to all hospitals in the City.*

(l) *A plan by the hospital regarding the hospital’s efforts to assist affected workers and students with finding suitable employment and educational opportunities and plans with respect to continuation of insurance and to address effects bargaining for represented employees.*

(m) *Plans with respect to maintaining ongoing hospital security.*

(n) *Plans for supervising compliance with, and updates of, the Plan.*

(6) *If the Commissioner determines that a hospital, including its officers, directors, or affiliates, has violated or is violating the provisions of this Section, the City Solicitor may institute an action in a court of competent jurisdiction to compel compliance with this Section and otherwise enforce the City’s police and regulatory powers to protect public health and safety.*

(7) *If a court finds that a hospital has failed to comply with this Section, the court may:*

(a) *enjoin the hospital, including its officers, directors, or affiliates, from carrying out any and all actions in furtherance of closing all or most of its units or departments until the hospital has given proper notice or has otherwise complied with the requirements of this Section;*

(b) *appoint a special master or temporary manager to ensure that the hospital prepares an adequate Closure Plan and complies with the Closure Plan; and*

(c) *grant such other and further relief as the court may deem just, proper, and equitable under the circumstances.*

(8) *Nothing in this Section shall be construed as creating obligations for the City or its officials to relieve, discharge, perform, indemnify, or assume liability for any obligation or responsibility whatsoever belonging to the hospital or its officers, directors, and affiliates.*