

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1655 Session of 2013

INTRODUCED BY BAKER, PICKETT, AUMENT, FRANKEL, GINGRICH, C. HARRIS, DENLINGER, HESS, MILNE, EVERETT, COHEN, MURT, QUINN, CLYMER, HARHART, GABLER AND CUTLER, AUGUST 26, 2013

AS REPORTED FROM COMMITTEE ON HEALTH, HOUSE OF REPRESENTATIVES, AS AMENDED, DECEMBER 11, 2013

AN ACT

1 Establishing the Patient-Centered Medical Home Advisory Council;
2 providing powers and duties of the council, the Department of
3 Public Welfare, the Insurance Department and the Department of Health; and providing for development of a plan to
4 implement a Statewide medical home model.
5

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

8 Section 1. Short title.

9 This act shall be known and may be cited as the Patient-
10 Centered Medical Home Advisory Council Act.

11 Section 2. Definitions.

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

15 "Alternative therapy." The term includes, but is not limited
16 to, chiropractic therapy, biofeedback, acupuncture or massage
17 therapy.

18 "Council." The Patient-Centered Medical Home Advisory

1 Council established by this act.

2 "Department." The Department of Public Welfare of the
3 Commonwealth.

4 "Health care professional." A person who is licensed,
5 certified or otherwise authorized or permitted by the law of
6 this Commonwealth to administer health care in the ordinary
7 course of business or in the practice of a profession.

8 "Patient-centered medical home." A ~~physician-led~~ team <--
9 approach to providing health care that:

10 (1) IS PHYSICIAN-LED OR LED BY A NURSE PRACTITIONER <--
11 PRACTICING UNDER A COLLABORATIVE AGREEMENT AS REQUIRED BY THE
12 ACT OF MAY 22, 1951 (P.L.317, NO.69), KNOWN AS THE
13 PROFESSIONAL NURSING LAW.

14 ~~(1)~~ (2) originates in a primary care setting; <--

15 ~~(2)~~ (3) fosters a partnership among the patient, the <--
16 personal provider and other health care professionals and,
17 where appropriate, the patient's family;

18 ~~(3)~~ (4) utilizes the partnership to access all medical- <--
19 health-related services and nonmedical-health-related
20 services needed by the patient to achieve maximum health
21 potential; and

22 ~~(4)~~ (5) maintains a centralized, comprehensive record of <--
23 all health related services to promote continuity of care.

24 "Primary care." Health care that emphasizes a patient's
25 general health needs and utilizes collaboration with other
26 health care professionals and consultation or referral as
27 appropriate to meet the needs identified.

28 "Primary care physician." Any of the following who provide
29 primary care and meet certification standards:

30 (1) a physician who is a family or general practitioner;

- 1 (2) a pediatrician;
- 2 (3) an internist;
- 3 (4) an obstetrician; or
- 4 (5) a gynecologist.

5 "SECRETARY." THE SECRETARY OF PUBLIC WELFARE OF THE <--
6 COMMONWEALTH.

7 "Telemedicine." The use of telecommunication and information
8 technology in order to provide clinical health care at a
9 distance.

10 Section 3. Patient-Centered Medical Home Advisory Council.

11 (A) ESTABLISHMENT.--The Patient-Centered Medical Home <--
12 Advisory Council is established. The council shall advise the
13 department on how Pennsylvania's Medicaid program can increase
14 the quality of care while containing costs through the following
15 Patient-Centered Medical Home model approaches:

16 (1) Coordinate and provide access to evidence-based
17 health care services, emphasizing convenient, comprehensive
18 primary care and including preventive, screening and well-
19 child health services.

20 (2) Provide access to appropriate specialty care, mental
21 health services, inpatient services and any evidence-based
22 alternative therapies.

23 (3) Provide quality-driven and cost-effective health
24 care.

25 (4) Provide access to medication and medication therapy
26 management services, where appropriate.

27 (5) Promote strong and effective medical management,
28 including, but not limited to, planning treatment strategies,
29 monitoring health outcomes and resource use, sharing
30 information and organizing care to avoid duplication of

1 services, including the use of electronic medical records. In
2 sharing information, the protection of the privacy of
3 individuals and of the individual's information shall be
4 priorities. In addition to any and all other Federal and
5 State provisions for the confidentiality of health care
6 information, any information-sharing required by a medical
7 home system shall be subject to written consent of the
8 patient.

9 (6) Provide comprehensive care management to patients to
10 align and assist with treatment strategies, health outcomes,
11 resource utilization and organization of care and address
12 determinants of health impeding goals of care.

13 (7) Emphasize patient and provider accountability.

14 (8) Prioritize access to the continuum of health care
15 services in the most appropriate setting and in the most
16 cost-effective manner.

17 (9) Establish a baseline for medical home goals and
18 establish performance measures that indicate a patient has an
19 established and effective medical home. These goals and
20 performance measures may include, but need not be limited to,
21 childhood immunization rates, well-child care utilization
22 rates, care management for chronic illnesses and emergency
23 room utilization.

24 ~~Section 4. Council development, composition and duties.~~ <--

25 ~~(a) Meetings. The department shall establish and coordinate~~
26 ~~meetings of the Medical Home System Advisory Council. The~~
27 ~~members of the council shall not be paid but shall be reimbursed~~
28 ~~for reasonable expenses and shall consist of the following~~
29 ~~members and any other members the department determines~~
30 ~~necessary to assist in the department's duties:~~

1 (B) COMPOSITION.--THE SECRETARY SHALL APPOINT THE MEMBERS OF <--
2 THE COUNCIL, IN CONSULTATION WITH THE PRESIDENT PRO TEMPORE OF
3 THE SENATE, THE MAJORITY LEADER OF THE SENATE, THE MINORITY
4 LEADER OF THE SENATE, THE SPEAKER OF THE HOUSE OF
5 REPRESENTATIVES, THE MAJORITY LEADER OF THE HOUSE OF
6 REPRESENTATIVES AND THE MINORITY LEADER OF THE HOUSE OF
7 REPRESENTATIVES, WHO SHALL CONSIST OF THE FOLLOWING:

8 (1) The ~~Secretary of Public Welfare~~ SECRETARY, or a <--
9 designee.

10 (2) A representative of the Pennsylvania Academy of
11 Family Physicians.

12 (3) A representative of the Pennsylvania section of the
13 American Congress of Obstetricians and Gynecologists.

14 (4) A representative of the Pennsylvania Coalition of
15 Nurse Practitioners.

16 (5) A representative of the Pennsylvania Chapter of the
17 American College of Physicians.

18 (6) A representative of the Pennsylvania Chapter of the
19 American Academy of Pediatrics.

20 (7) A representative of the Pennsylvania Medical
21 Society.

22 (8) A representative of the Pennsylvania Pharmacists
23 Association.

24 (9) A representative of the Hospital and Health System
25 Association of Pennsylvania.

26 ~~(b) Organizational model. The council shall recommend to <--~~

27 (10) A REPRESENTATIVE OF AN APPROVED PATIENT-CENTERED <--
28 MEDICAL HOME.

29 (11) A REPRESENTATIVE OF THE MENTAL HEALTH ASSOCIATION
30 OF PENNSYLVANIA.

1 (12) A REPRESENTATIVE OF THE PENNSYLVANIA ASSOCIATION OF
2 COMMUNITY HEALTH CENTERS.

3 (13) A REPRESENTATIVE OF THE COALITION OF MEDICAL
4 ASSISTANCE MANAGED CARE ORGANIZATIONS.

5 (C) TERMS.--EACH MEMBER OF THE COUNCIL SHALL SERVE FOR A
6 PERIOD OF TWO YEARS. MEMBERS MAY BE REAPPOINTED BY THE
7 SECRETARY.

8 (D) MEETINGS.--THE DEPARTMENT SHALL ESTABLISH AND COORDINATE
9 MEETINGS OF THE COUNCIL. THE SECRETARY, OR THE SECRETARY'S
10 DESIGNEE, SHALL SERVE AS CHAIRPERSON OF THE COUNCIL.

11 (E) EXPENSES.--THE MEMBERS OF THE COUNCIL SHALL NOT BE PAID,
12 BUT SHALL BE REIMBURSED FOR REASONABLE EXPENSES.

13 SECTION 4. DUTIES OF THE COUNCIL.

14 (A) ORGANIZATIONAL MODEL.--THE COUNCIL SHALL RECOMMEND TO
15 the department an organizational model for the patient-centered
16 medical home system in this Commonwealth, including possible
17 Medicaid pilot projects. The organizational model shall provide
18 a strategy to coordinate health care services and provide for
19 monitoring and data collection on patient-centered medical
20 homes, for training and education to health care professionals
21 and families and for transition of children to the adult medical
22 care system. The organizational model may also include the use
23 of telemedicine resources and may provide for partnering with
24 pediatric and family practice residency programs to improve
25 access to preventive care for children. The organizational
26 structure shall also address the need to organize and provide
27 health care to increase accessibility for patients, including
28 using venues more accessible to patients and having hours of
29 operation that are conducive to the population served.

30 ~~(e)~~ (B) Standards.--

<--

1 (1) The council shall recommend to the department
2 standards and a process to certify patient-centered medical
3 homes based on standards developed by a number of
4 nongovernmental accrediting entities such as the National
5 Committee for Quality Assurance and Accreditation Association
6 for Ambulatory Health Care. The certification process and
7 standards shall provide mechanisms to monitor performance and
8 to evaluate, promote and improve the quality of health of,
9 and health care delivered to, patients through a patient-
10 centered medical home. The standards and process shall also
11 include a mechanism for other ancillary service providers to
12 become affiliated with a certified patient-centered medical
13 home.

14 (2) The council shall recommend to the department
15 education and training standards for health care
16 professionals participating in the patient-centered medical
17 home system.

18 ~~(d)~~ (C) Reimbursement methodology.--The council shall <--
19 recommend to the department a reimbursement methodology and
20 incentives for participation in the patient-centered medical
21 home system sufficient to ensure that providers enter and remain
22 participating in the system and to promote wellness, prevention,
23 chronic care management, immunizations, health care management
24 and the use of electronic health records and other pertinent
25 concerns. In developing the recommendations, the council shall
26 consider the feasibility of all of the following:

27 (1) Reimbursement under the medical assistance program
28 to promote wellness and prevention and to provide care
29 coordination and chronic care management.

30 (2) Increasing to Medicare levels the reimbursement for

1 certain wellness and prevention services, chronic care
2 management and immunizations.

3 (3) Reducing the disparities between reimbursement for
4 specialty services and primary care services.

5 (4) Increased funding for efforts to transform medical
6 practices into patient-centered medical homes, including the
7 use of electronic health records.

8 (5) Linking provider reimbursement rates to health care
9 quality improvement measures established by the department.

10 (6) Providing reimbursement for medication
11 reconciliation and medication therapy management service.

12 (D) REPORT.--THE COUNCIL SHALL PROVIDE AN INITIAL REPORT OF <--
13 RECOMMENDATIONS TO THE GOVERNOR, THE SENATE AND THE HOUSE OF
14 REPRESENTATIVES BY DECEMBER 31, 2014. ADDITIONAL REPORTS SHALL
15 BE PROVIDED ON DECEMBER 31 OF EVEN-NUMBERED YEARS SO LONG AS THE
16 COUNCIL IS IN EXISTENCE.

17 Section 5. Effective date.

18 This act shall take effect immediately.