

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 AMENDED ON SECOND CONSIDERATION, HOUSE OF REPRESENTATIVES, JANUARY 13, 2014

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; and providing for development of a plan to
4 implement a Statewide medical home model.

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

7 Section 1. Short title.

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

10 Section 2. Definitions.

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

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

17 "Council." The Patient-Centered Medical Home Advisory
18 Council established by this act.

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

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

7 "Patient-centered medical home." A team approach to  
8 providing health care that:

9 (1) is physician-led ~~or~~, led by a nurse practitioner <--  
10 practicing under a collaborative agreement as required by the  
11 act of May 22, 1951 (P.L.317, No.69), known as The  
12 Professional Nursing Law; OR LED BY A PHYSICIAN ASSISTANT <--  
13 PRACTICING UNDER THE SUPERVISION AND DIRECTION OF A PHYSICIAN  
14 AS REQUIRED BY THE ACT OF DECEMBER 20, 1985 (P.L.457,  
15 NO.112), KNOWN AS THE MEDICAL PRACTICE ACT OF 1985;

16 (2) originates in a primary care setting;

17 (3) fosters a partnership among the patient, the  
18 personal provider and other health care professionals and,  
19 where appropriate, the patient's family;

20 (4) utilizes the partnership to access all medical-  
21 health-related services and nonmedical-health-related  
22 services needed by the patient to achieve maximum health  
23 potential; and

24 (5) maintains a centralized, comprehensive record of all  
25 health related services to promote continuity of care.

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

30 "Primary care physician." Any of the following who provide

1 primary care and meet certification standards:

- 2 (1) a physician who is a family or general practitioner;
- 3 (2) a pediatrician;
- 4 (3) an internist;
- 5 (4) an obstetrician; or
- 6 (5) a gynecologist.

7 "Secretary." The Secretary of Public Welfare of the  
8 Commonwealth.

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

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

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

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

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

25 (3) Provide quality-driven and cost-effective health  
26 care.

27 (4) Provide access to medication and medication therapy  
28 management services, where appropriate.

29 (5) Promote strong and effective medical management,  
30 including, but not limited to, planning treatment strategies,

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

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

15 (7) Emphasize patient and provider accountability.

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

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

26 (b) Composition.--The secretary shall appoint the members of  
27 the council, in consultation with the President pro tempore of  
28 the Senate, the Majority Leader of the Senate, the Minority  
29 Leader of the Senate, the Speaker of the House of  
30 Representatives, the Majority Leader of the House of

1 Representatives and the Minority Leader of the House of

2 Representatives, who shall consist of the following:

3 (1) The secretary, or a designee.

4 (2) A representative of the Pennsylvania Academy of  
5 Family Physicians.

6 (3) A representative of the Pennsylvania section of the  
7 American Congress of Obstetricians and Gynecologists.

8 (4) A representative of the Pennsylvania Coalition of  
9 Nurse Practitioners.

10 (5) A representative of the Pennsylvania Chapter of the  
11 American College of Physicians.

12 (6) A representative of the Pennsylvania Chapter of the  
13 American Academy of Pediatrics.

14 (7) A representative of the Pennsylvania Medical  
15 Society.

16 (8) A representative of the Pennsylvania Pharmacists  
17 Association.

18 (9) A representative of the Hospital and Health System  
19 Association of Pennsylvania.

20 (10) A representative of an approved patient-centered  
21 medical home.

22 (11) A representative of the Mental Health Association  
23 of Pennsylvania.

24 (12) A representative of the Pennsylvania Association of  
25 Community Health Centers.

26 (13) A representative of ~~the Coalition of Medical~~ <--  
27 ~~Assistance Managed Care Organizations~~ A MANAGED CARE <--  
28 ORGANIZATION LICENSED TO DO BUSINESS IN THIS COMMONWEALTH.

29 (14) A REPRESENTATIVE OF THE PENNSYLVANIA SOCIETY OF  
30 PHYSICIAN ASSISTANTS.

1 (c) Terms.--Each member of the council shall serve for a  
2 period of two years. Members may be reappointed by the  
3 secretary.

4 (d) Meetings.--The department shall establish and coordinate  
5 meetings of the council. The secretary, or the secretary's  
6 designee, shall serve as chairperson of the council.

7 (e) Expenses.--The members of the council shall not be paid,  
8 but shall be reimbursed for reasonable expenses.

9 Section 4. Duties of the council.

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

26 (b) Standards.--

27 (1) The council shall recommend to the department  
28 standards and a process to certify patient-centered medical  
29 homes based on standards developed by a number of  
30 nongovernmental accrediting entities such as the National

1 Committee for Quality Assurance and Accreditation Association  
2 for Ambulatory Health Care. The certification process and  
3 standards shall provide mechanisms to monitor performance and  
4 to evaluate, promote and improve the quality of health of,  
5 and health care delivered to, patients through a patient-  
6 centered medical home. The standards and process shall also  
7 include a mechanism for other ancillary service providers to  
8 become affiliated with a certified patient-centered medical  
9 home.

10 (2) The council shall recommend to the department  
11 education and training standards for health care  
12 professionals participating in the patient-centered medical  
13 home system.

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

23 (1) Reimbursement under the medical assistance program  
24 to promote wellness and prevention and to provide care  
25 coordination and chronic care management.

26 (2) Increasing to Medicare levels the reimbursement for  
27 certain wellness and prevention services, chronic care  
28 management and immunizations.

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

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

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

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

8           (d) Report.--The council shall provide an initial report of  
9 recommendations to the Governor, the Senate and the House of  
10 Representatives by December 31, 2014. Additional reports shall  
11 be provided on December 31 of even-numbered years so long as the  
12 council is in existence.

13 Section 5. Effective date.

14           This act shall take effect immediately.