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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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HOUSE BILL

No. 1655 Session of  
2013

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

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SENATOR VANCE, PUBLIC HEALTH AND WELFARE, IN SENATE, AS AMENDED,  
OCTOBER 6, 2014

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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~~ HUMAN SERVICES; and providing for development <--  
4 of a plan to 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

1 Council established by this act.

2 "Department." The Department of ~~Public Welfare~~ HUMAN <--  
3 SERVICES of the 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 team approach to  
9 providing health care that:

10 (1) is physician-led, 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 or led by a physician assistant  
14 practicing under the supervision and direction of a physician  
15 as required by the act of December 20, 1985 (P.L.457,  
16 No.112), known as the Medical Practice Act of 1985;

17 (2) originates in a primary care setting;

18 (3) fosters a partnership among the patient, the  
19 ~~personal~~ PATIENT'S provider and other health care <--  
20 professionals and, where appropriate, the patient's family;

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

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

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

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

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

8 "Secretary." The Secretary of ~~Public Welfare~~ HUMAN SERVICES <--  
9 of the Commonwealth.

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

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

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

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

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

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

28 (4) Provide access to medication and medication therapy  
29 management services, ~~where appropriate~~ IN ACCORDANCE WITH <--  
30 SECTION 935(C) OF THE PATIENT PROTECTION AND AFFORDABLE CARE

1 ACT (PUBLIC LAW 111-148, 42 U.S.C. § 299B-35(C)).

2 (5) Promote strong and effective medical management,  
3 including, but not limited to, planning treatment strategies,  
4 monitoring health outcomes and resource use, sharing  
5 information and organizing care to avoid duplication of  
6 services, including the use of electronic medical records. In  
7 sharing information, the protection of the privacy of  
8 individuals and of the ~~individual's~~ INDIVIDUALS' information <--  
9 shall be priorities. In addition to any and all other Federal  
10 and State provisions for the confidentiality of health care  
11 information, any information-sharing required by a medical  
12 home system shall be subject to written consent of the  
13 patient.

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

18 (7) Emphasize patient and provider accountability.

19 (8) Prioritize access to the continuum of health care  
20 services in the most appropriate setting and in the most  
21 cost-effective manner.

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

29 (b) Composition.--The secretary shall appoint the members of  
30 the council, in consultation with the President pro tempore of

1 the Senate, the Majority Leader of the Senate, the Minority  
2 Leader of the Senate, the Speaker of the House of  
3 Representatives, the Majority Leader of the House of  
4 Representatives and the Minority Leader of the House of  
5 Representatives, ~~who shall consist of the following:~~ <--

6 ~~(1) The secretary, or a designee.~~

7 ~~(2) A representative of the Pennsylvania Academy of~~  
8 ~~Family Physicians.~~

9 ~~(3) A representative of the Pennsylvania section of the~~  
10 ~~American Congress of Obstetricians and Gynecologists.~~

11 ~~(4) A representative of the Pennsylvania Coalition of~~  
12 ~~Nurse Practitioners.~~

13 ~~(5) A representative of the Pennsylvania Chapter of the~~  
14 ~~American College of Physicians.~~

15 ~~(6) A representative of the Pennsylvania Chapter of the~~  
16 ~~American Academy of Pediatrics.~~

17 ~~(7) A representative of the Pennsylvania Medical~~  
18 ~~Society.~~

19 ~~(8) A representative of the Pennsylvania Pharmacists~~  
20 ~~Association.~~

21 ~~(9) A representative of the Hospital and Health System~~  
22 ~~Association of Pennsylvania.~~

23 ~~(10) A representative of an approved patient centered~~  
24 ~~medical home.~~

25 ~~(11) A representative of the Mental Health Association~~  
26 ~~of Pennsylvania.~~

27 ~~(12) A representative of the Pennsylvania Association of~~  
28 ~~Community Health Centers.~~

29 ~~(13) A representative of a managed care organization~~  
30 ~~licensed to do business in this Commonwealth.~~

1           ~~(14) A representative of the Pennsylvania Society of~~  
2           ~~Physician Assistants.~~

3 WHICH SHALL CONSIST OF THE SECRETARY OR A DESIGNEE AND           <--  
4 INDIVIDUALS REPRESENTING THE FOLLOWING INTERESTS:

- 5           (1) FAMILY PHYSICIANS.
- 6           (2) OBSTETRICIANS AND GYNECOLOGISTS.
- 7           (3) NURSE PRACTITIONERS.
- 8           (4) INTERNISTS.
- 9           (5) PEDIATRICIANS.
- 10          (6) PHARMACISTS.
- 11          (7) HOSPITAL AND HEALTH SYSTEMS.
- 12          (8) PATIENT-CENTERED MEDICAL HOMES.
- 13          (9) MENTAL HEALTH CARE PROVIDERS.
- 14          (10) COMMUNITY HEALTH CENTERS.
- 15          (11) MANAGED CARE ORGANIZATIONS LICENSED TO DO BUSINESS  
16          IN THE COMMONWEALTH.
- 17          (12) PHYSICIAN ASSISTANTS.

18          (C) PROFESSIONAL ORGANIZATIONS REPRESENTING THE PROFESSIONS  
19 INDICATED IN SUBSECTION (B) MAY SUBMIT NAMES TO THE SECRETARY  
20 FOR THE PURPOSE OF BEING APPOINTED TO THE COUNCIL.

21          ~~(e)~~ (D) Terms.--Each member of the council shall serve for a <--  
22 period of two years. Members may be reappointed by the  
23 secretary.

24          ~~(d)~~ (E) Meetings.--The department shall establish and           <--  
25 coordinate meetings of the council. The secretary, or the  
26 secretary's designee, shall serve as chairperson of the council.

27          ~~(e)~~ (F) Expenses.--The members of the council shall not be <--  
28 paid, but shall be reimbursed for reasonable expenses.

29 Section 4. Duties of the council.

30          (a) Organizational model.--The council shall recommend to

1 the department an organizational model for the patient-centered  
2 medical home system in this Commonwealth, including possible  
3 Medicaid pilot projects. The organizational model shall provide  
4 a strategy to coordinate health care services and provide for  
5 monitoring and data collection on patient-centered medical  
6 homes, for training and education to health care professionals  
7 and families and for transition of children to the adult medical  
8 care system. The organizational model may also include the use  
9 of telemedicine resources and may provide for partnering with  
10 pediatric and family practice residency programs to improve  
11 access to preventive care for children. The organizational  
12 structure shall also address the need to organize and provide  
13 health care to increase accessibility for patients, including  
14 using venues more accessible to patients and having hours of  
15 operation that are conducive to the population served.

16 (b) Standards.--

17 (1) The council shall recommend to the department  
18 standards and a process to certify patient-centered medical  
19 homes based on standards developed by a number of  
20 nongovernmental accrediting entities ~~such as the National~~ <--  
21 ~~Committee for Quality Assurance and Accreditation Association~~  
22 ~~for Ambulatory Health Care~~. The certification process and  
23 standards shall provide mechanisms to monitor performance and  
24 to evaluate, promote and improve the quality of health of,  
25 and health care delivered to, patients through a patient-  
26 centered medical home. The standards and process shall also  
27 include a mechanism for other ancillary service providers to  
28 become affiliated with a certified patient-centered medical  
29 home.

30 (2) The council shall recommend to the department

1 education and training standards for health care  
2 professionals participating in the patient-centered medical  
3 home system.

4 (c) Reimbursement methodology.--The council shall recommend  
5 to the department a reimbursement methodology and incentives for  
6 participation in the patient-centered medical home system  
7 sufficient to ensure that providers enter and remain  
8 participating in the system and to promote wellness, prevention,  
9 chronic care management, immunizations, health care management  
10 and the use of electronic health records and other pertinent  
11 concerns. In developing the recommendations, the council shall  
12 consider the feasibility of all of the following:

13 (1) Reimbursement under the medical assistance program  
14 to promote wellness and prevention and to provide care  
15 coordination and chronic care management.

16 (2) Increasing to Medicare levels the reimbursement for  
17 certain wellness and prevention services, chronic care  
18 management and immunizations.

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

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

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

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

28 (d) Report.--The council shall provide an initial report of  
29 recommendations to the Governor, the Senate and the House of  
30 Representatives by December 31, ~~2014~~ 2015. Additional reports <--



1 shall be provided on December 31 of ~~even-numbered~~ ODD-NUMBERED <--  
2 years so long as the council is in existence.  
3 SECTION 5. EXPIRATION. <--  
4 THIS ACT SHALL EXPIRE JUNE 30, 2020.  
5 Section ~~5~~ 6. Effective date. <--  
6 This act shall take effect immediately.