

No. 2014-198

AN ACT

HB 1655

Establishing the Patient-Centered Medical Home Advisory Council; providing powers and duties of the council, the Department of Human Services; and providing for development of a plan to implement a Statewide medical home model.

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

Section 1. Short title.

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

Section 2. Definitions.

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

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

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

"Department." The Department of Human Services of the Commonwealth.

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

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

(1) is physician-led, led by a nurse practitioner practicing under a collaborative agreement as required by the act of May 22, 1951 (P.L.317, No.69), known as The Professional Nursing Law or led by a physician assistant practicing under the supervision and direction of a physician as required by the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985;

(2) originates in a primary care setting;

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

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

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

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

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

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

"Secretary." The Secretary of Human Services of the Commonwealth.

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

Section 3. Patient-Centered Medical Home Advisory Council.

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

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

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

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

(4) Provide access to medication and medication therapy management services, in accordance with section 935(c) of the Patient Protection and Affordable Care Act (Public Law 111-148, 42 U.S.C. § 299b-35(c)).

(5) Promote strong and effective medical management, including, but not limited to, planning treatment strategies, monitoring health outcomes and resource use, sharing information and organizing care to avoid duplication of services, including the use of electronic medical records. In sharing information, the protection of the privacy of individuals and of the individuals' information shall be priorities. In addition to any and all other Federal and State provisions for the confidentiality of health care information, any information-sharing required by a medical home system shall be subject to written consent of the patient.

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

(7) Emphasize patient and provider accountability.

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

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

(b) Composition.—The secretary shall appoint the members of the council, in consultation with the President pro tempore of the Senate, the Majority Leader of the Senate, the Minority Leader of the Senate, the Speaker of the House of Representatives, the Majority Leader of the House of Representatives and the Minority Leader of the House of Representatives, which shall consist of the secretary or a designee and individuals representing the following interests:

- (1) Family physicians.
- (2) Obstetricians and gynecologists.
- (3) Nurse practitioners.
- (4) Internists.
- (5) Pediatricians.
- (6) Pharmacists.
- (7) Hospital and health systems.
- (8) Patient-centered medical homes.
- (9) Mental health care providers.
- (10) Community health centers.
- (11) Managed care organizations licensed to do business in the Commonwealth.
- (12) Physician assistants.

(c) Names.—Professional organizations representing the professions indicated in subsection (b) may submit names to the secretary for the purpose of being appointed to the council.

(d) Terms.—Each member of the council shall serve for a period of two years. Members may be reappointed by the secretary.

(e) Meetings.—The department shall establish and coordinate meetings of the council. The secretary, or the secretary's designee, shall serve as chairperson of the council.

(f) Expenses.—The members of the council shall not be paid, but shall be reimbursed for reasonable expenses.

Section 4. Duties of the council.

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

(b) Standards.—

- (1) The council shall recommend to the department standards and a process to certify patient-centered medical homes based on standards developed by a number of nongovernmental accrediting entities. The

certification process and standards shall provide mechanisms to monitor performance and to evaluate, promote and improve the quality of health of, and health care delivered to, patients through a patient-centered medical home. The standards and process shall also include a mechanism for other ancillary service providers to become affiliated with a certified patient-centered medical home.

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

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

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

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

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

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

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

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

(d) Report.—The council shall provide an initial report of recommendations to the Governor, the Senate and the House of Representatives by December 31, 2015. Additional reports shall be provided on December 31 of odd-numbered years so long as the council is in existence.

Section 5. Expiration.

This act shall expire June 30, 2020.

Section 6. Effective date.

This act shall take effect immediately.

APPROVED—The 31st day of October, A.D. 2014

TOM CORBETT