

Introduced by Senator Hernandez

February 16, 2011

An act to add Chapter 3.5 (commencing with Section 24300) to Division 20 of the Health and Safety Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

SB 393, as amended, Hernandez. Medical homes.

Existing law provides for the licensure and regulation of clinics and health facilities by the State Department of Public Health. Existing law also provides for the registration, certification, and licensure of various health care professionals and sets forth the scope of practice for these professionals.

This bill would establish the Patient-Centered Medical Home Act of 2011 ~~to encourage licensed health care providers and patients to partner in a patient-centered medical home, as defined, that promotes access to high-quality, comprehensive care, in accordance with prescribed requirements and would define medical home and other terms, as specified.~~

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Chapter 3.5 (commencing with Section 24300)
- 2 is added to Division 20 of the Health and Safety Code, to read:

CHAPTER 3.5. PATIENT-CENTERED MEDICAL HOME ACT OF 2011

24300. (a) This chapter shall be known, and may be cited, as the Patient-Centered Medical Home Act of 2011.

~~(b) It is the intent of the Legislature to encourage licensed health care providers and patients to partner in a patient-centered medical home that promotes access to high-quality, comprehensive care and ultimately to ensure that all Californians have a medical home.~~

~~(c) It is the intent of the Legislature that a medical home adhere to quality standards that will do all of the following:~~

~~(1) Reduce disparities in health care access, delivery, and health care outcomes.~~

~~(2) Improve quality of health care and lower health care costs, thereby creating savings to allow more Californians to have health care coverage and to provide for the sustainability of the health care system.~~

~~(3) Integrate medical, mental health, and substance use disorder care.~~

~~(4) Remove barriers to receiving appropriate health care.~~

~~(d) It is further the intent of the Legislature that payers take into account the increased services and overhead associated with this practice model, and the potential savings from better managing chronic diseases and conditions, including, but not limited to, all of the following:~~

~~(1) Coordination of care within the practice and between consultants, ancillary providers, and community resources.~~

~~(2) Adoption and use of health information technology for quality improvement.~~

~~(3) Increased patient access through advanced appointment systems, electronic patient portals, secure electronic mail, remote access monitoring systems, and telephone consultations.~~

~~(4) Risk adjustments based on the case mix, type and severity of patient illness, and patient age for the patient population.~~

~~(5) Provision for monetary reimbursement for added services among the various payment systems, including fee-for-service, value-added global, shared savings, and capitated payments.~~

24301. (a)

~~(b) “Medical home,” “patient-centered medical home,” “advanced practice primary care,” “health home,” “person-centered~~

1 health care home,” and “primary care home” all mean a health
2 care delivery model in which a patient establishes an ongoing
3 relationship with a physician or other licensed health care provider
4 acting within the scope of his or her practice, working in a
5 physician-directed practice team to provide comprehensive,
6 accessible, and continuous evidence-based primary and
7 preventative care, and to coordinate the patient’s health care needs
8 across the health care system in order to improve quality and health
9 outcomes in a cost-effective manner. *as defined in Section*
10 *3502(c)(2) of the federal Patient Protection and Affordable Care*
11 *Act (Public Law 111-148), as amended by the federal Health Care*
12 *and Education Reconciliation Act of 2010 (Public Law 111-152),*
13 *and any federal rules or regulations issued pursuant to that*
14 *paragraph.*

15 (b) A health care delivery model described in this section shall
16 stress a team approach to providing comprehensive health care
17 that fosters a partnership among the patient, the licensed health
18 care provider acting within his or her scope of practice, other health
19 care professionals, and, if appropriate, the patient’s family.

20 24302. Unless otherwise provided by statute, a medical home
21 shall include all of the following characteristics:

22 (a) Individual patients have an ongoing relationship with a
23 physician or other licensed health care provider acting within his
24 or her scope of practice, who is trained to provide first contact and
25 continuous and comprehensive care, or if appropriate, provide
26 referrals to health care professionals that provide continuous and
27 comprehensive care.

28 (b) A team of individuals at the practice level collectively take
29 responsibility for the ongoing health care of patients. The team is
30 responsible for providing for all of a patient’s health care needs
31 or taking responsibility for appropriately arranging health care by
32 other qualified health care professionals, including making
33 appropriate referrals.

34 (c) Care is coordinated and integrated across all elements of the
35 complex health care system, including mental health and substance
36 use disorder care, and the patient’s community. Care is facilitated,
37 if available, by registries, information technology, health
38 information exchanges, and other means to ensure that patients
39 receive the indicated care when and where they need and want the
40 care in a culturally and linguistically appropriate manner.

1 ~~(d) All of the following quality and safety components:~~

2 ~~(1) The medical home advocates for its patients to support the~~
3 ~~attainment of optimal, patient-centered outcomes that are defined~~
4 ~~by a care planning process driven by a compassionate, robust~~
5 ~~partnership between providers, the patient, and the patient's family.~~

6 ~~(2) Evidence-based medicine and clinical decision support tools~~
7 ~~guide decisionmaking.~~

8 ~~(3) Licensed health care providers in the medical practice who~~
9 ~~accept accountability for continuous quality improvement through~~
10 ~~voluntary engagement in performance measurement and~~
11 ~~improvement.~~

12 ~~(4) Patients actively participate in decisionmaking and feedback~~
13 ~~is sought to ensure that the patients' expectations are being met.~~

14 ~~(5) Information technology is utilized appropriately to support~~
15 ~~optimal patient care, performance measurement, patient education,~~
16 ~~and enhanced communication.~~

17 ~~(6) The medical home participates in a voluntary recognition~~
18 ~~process conducted by an appropriate nongovernmental entity to~~
19 ~~demonstrate that the practice has the capabilities to provide~~
20 ~~patient-centered services consistent with the medical home model.~~

21 ~~(7) Patients and families participate in quality improvement~~
22 ~~activities at the practice level.~~

23 ~~(e) Enhanced access to health care is available through systems~~
24 ~~such as open scheduling, expanded hours, and new options for~~
25 ~~communication between the patient, the patient's personal provider,~~
26 ~~and practice staff.~~

27 ~~24303. Nothing in this chapter shall be construed to do any of~~
28 ~~the following:~~

29 ~~(a) Permit a medical home to engage in or otherwise aid and~~
30 ~~abet in the unlicensed practice of medicine, either directly or~~
31 ~~indirectly.~~

32 ~~(b) Change the scope of practice of physicians and surgeons,~~
33 ~~nurse practitioners, or other health care providers.~~

34 ~~(c) Affect the ability of a nurse to operate under standard~~
35 ~~procedures pursuant to Section 2725 of the Business and~~
36 ~~Professions Code.~~

37 ~~(d) Apply to activities of managed care plans, or their~~
38 ~~contracting providers, or county alternative models of care, or their~~
39 ~~contracting providers, or local Coverage Expansion and Enrollment~~
40 ~~Demonstration projects, if those activities are part of demonstration~~

1 projects developed pursuant to Section 14180 of the Welfare and
2 Institutions Code.
3 (e) ~~Prevent or limit participation in activities authorized by~~
4 ~~Sections 2703, 3024, and 3502 of the federal Patient Protection~~
5 ~~and Affordable Care Act (Public Law 111-148), as amended by~~
6 ~~the federal Health Care and Education Reconciliation Act of 2010~~
7 ~~(Public Law 111-152), if the participation is consistent with state~~
8 ~~law pertaining to scope of practice.~~

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