

Senate Bill No. 393

Passed the Senate August 30, 2012

Secretary of the Senate

Passed the Assembly August 29, 2012

Chief Clerk of the Assembly

This bill was received by the Governor this _____ day
of _____, 2012, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

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, Hernandez. Patient-centered 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 2012 and would define patient-centered medical home. The bill would provide that a physician-directed practice team shall not be construed to prohibit activities conducted pursuant to specified provisions of law regarding scope of practice. The bill would specify that its provisions do not alter the scope of practice of any health care provider.

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

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

CHAPTER 3.5. PATIENT-CENTERED MEDICAL HOME ACT OF
2012

24300. (a) This chapter shall be known, and may be cited, as the Patient-Centered Medical Home Act of 2012.

(b) "Patient-centered medical home" means a health care delivery model that meets the following criteria:

(1) Facilitates a relationship between a patient and his or her personal physician and surgeon or other licensed primary care provider in a physician-directed practice team to provide comprehensive and culturally competent primary and preventive care.

- (2) Utilizes a team approach to care.
- (3) Delivers high-quality, comprehensive care including whole person orientation, and coordinates the patient's health care needs across the health care system.
- (4) Uses evidence-based medicine, patient input and clinical decision support tools to guide decisionmaking.
- (5) Enhances patient access to, and communication with, his or her medical home team.
- (6) Engages in continuous quality improvement with the involvement of patients and their families.
- (c) A physician-directed practice team, for purposes of this chapter, shall not be construed to prohibit activities conducted pursuant to Sections 2725 and 3502 of the Business and Professions Code.

24301. Nothing in this chapter shall be construed to do any of the following:

- (a) Alter the scope of practice of any health care provider licensed or certified in this state.
- (b) Apply to a Low Income Health Program developed pursuant to Part 3.6 (commencing with Section 15909) of Division 9 of the Welfare and Institutions Code, including its provider network and service delivery system.
- (c) Apply to health care programs administered by the state, including, but not limited to, activities conducted as part of a demonstration project developed pursuant to Section 14180 of the Welfare and Institutions Code.
- (d) Prevent or limit participation in activities authorized by a federal health program or grant, including, but not limited to, the Patient Protection and Affordable Care Act or any federal grants pursuant to that act, if the participation is consistent with state scope of practice law.

Approved _____, 2012

Governor