

AMENDED IN SENATE AUGUST 27, 2010
AMENDED IN SENATE AUGUST 11, 2010
AMENDED IN SENATE AUGUST 3, 2010
AMENDED IN SENATE AUGUST 2, 2010
AMENDED IN SENATE JUNE 24, 2010
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AMENDED IN ASSEMBLY MAY 6, 2009

CALIFORNIA LEGISLATURE—2009—10 REGULAR SESSION

ASSEMBLY BILL

No. 1542

Introduced by Assembly Member Jones
(Principal coauthor: Senator Alquist)

March 4, 2009

An act to add Chapter ~~3.34 (commencing with Section 1596.55)~~ to ~~Division 2 3.5 (commencing with Section 24300)~~ to *Division 20* of the Health and Safety Code, relating to medical homes, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 1542, as amended, Jones. 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.

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

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

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

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

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

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

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

19 (e) *It is further the intent of the Legislature that the state shall*
20 *not provide enhanced reimbursement for the establishment of a*
21 *medical home model pursuant to this chapter until an analysis of*
22 *the costs and benefits has been performed and approval has been*
23 *granted by the Legislature.*

24 ~~1596.56.~~

25 24301. (a) “Medical home,” “patient-centered medical home,”
26 “advanced practice primary care,” “health home,” “person-centered
27 health care home,” and “primary care home” all mean a health
28 care delivery model in which a patient establishes an ongoing
29 relationship with a physician or other licensed health care provider
30 acting within the scope of his or her practice, working in a
31 physician-directed practice team to provide comprehensive,
32 accessible, and continuous evidence-based primary and
33 preventative care, and to coordinate the patient’s health care needs
34 across the health care system in order to improve quality and health
35 outcomes in a cost-effective manner.

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

1 ~~1596.57.~~

2 24302. Unless otherwise provided by statute, a medical home
3 shall include all of the following characteristics:

4 (a) Individual patients have an ongoing relationship with a
5 physician or other licensed health care provider acting within his
6 or her scope of practice, who is trained to provide first contact and
7 continuous and comprehensive care, or if appropriate, provide
8 referrals to health care professionals that provide continuous and
9 comprehensive care.

10 (b) A team of individuals at the practice level collectively take
11 responsibility for the ongoing health care of patients. The team is
12 responsible for providing for all of a patient's health care needs
13 or taking responsibility for appropriately arranging health care by
14 other qualified health care professionals, including making
15 appropriate referrals.

16 (c) Care is coordinated and integrated across all elements of the
17 complex health care system, including mental health and substance
18 use disorder care, and the patient's community. Care is facilitated,
19 if available, by registries, information technology, health
20 information exchanges, and other means to ensure that patients
21 receive the indicated care when and where they need and want the
22 care in a culturally and linguistically appropriate manner.

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

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

28 (2) Evidence-based medicine and clinical decision support tools
29 guide decisionmaking.

30 (3) Licensed health care providers in the medical practice who
31 accept accountability for continuous quality improvement through
32 voluntary engagement in performance measurement and
33 improvement.

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

36 (5) Information technology is utilized appropriately to support
37 optimal patient care, performance measurement, patient education,
38 and enhanced communication.

39 (6) The medical home participates in a voluntary recognition
40 process conducted by an appropriate nongovernmental entity to

1 demonstrate that the practice has the capabilities to provide
2 patient-centered services consistent with the medical home model.

3 (7) Patients and families participate in quality improvement
4 activities at the practice level.

5 (e) Enhanced access to health care is available through systems
6 such as open scheduling, expanded hours, and new options for
7 communication between the patient, the patient’s personal provider,
8 and practice staff.

9 ~~1596.58.~~

10 24303. Nothing in this chapter shall be construed to do any of
11 the following:

12 (a) Permit a medical home to engage in or otherwise aid and
13 abet in the unlicensed practice of medicine, either directly or
14 indirectly.

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

17 (c) Affect the ability of a nurse to operate under standard
18 procedures pursuant to Section 2725 of the Business and
19 Professions Code.

20 (d) Apply to activities of managed care plans, or their
21 contracting providers, or county alternative models of care, or their
22 contracting providers, *or local Coverage Expansion and Enrollment*
23 *Demonstration projects*, if those activities are part of demonstration
24 projects developed pursuant to Section 14180 of the Welfare and
25 Institutions Code *or any successor projects to the health care*
26 *coverage initiative programs developed pursuant to Part 3.5*
27 *(commencing with Section 15900) of the Welfare and Institutions*
28 *Code.*

29 (e) Prevent or limit participation in activities authorized by
30 Sections 2703, 3024, and 3502 of the federal Patient Protection
31 and Affordable Care Act (Public Law 111-148), as amended by
32 the federal Health Care and Education Reconciliation Act of 2010
33 (Public Law 111-152), if the participation is consistent with state
34 law pertaining to scope of practice.

35 SEC. 2. This act is an urgency statute necessary for the
36 immediate preservation of the public peace, health, or safety within
37 the meaning of Article IV of the Constitution and shall go into
38 immediate effect. The facts constituting the necessity are:

39 In order to make the necessary statutory changes to avoid
40 participant confusion about medical homes as defined by this act,

1 the demonstration projects developed pursuant to Section 14180
2 of the Welfare and Institutions Code, and participation in Section
3 2703, of the federal Patient Protection and Affordable Care Act
4 (Public Law 111-148), as amended by the federal Health Care and
5 Education Reconciliation Act of 2010 (Public Law 111-152), it is
6 necessary that this act take effect immediately.

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