

AMENDED IN ASSEMBLY APRIL 23, 2013

AMENDED IN ASSEMBLY APRIL 1, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1208

Introduced by Assembly Member Pan

February 22, 2013

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

LEGISLATIVE COUNSEL'S DIGEST

AB 1208, as amended, Pan. 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 2013 and would define a “medical home” and a “patient centered medical home” for purposes of the act to refer to a health care delivery model in which a patient establishes an ongoing relationship with a licensed health care provider, as specified. The bill would specify that it does not change the scope of practice of health care providers.

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:

3
4 CHAPTER 3.5. PATIENT CENTERED MEDICAL HOME ACT OF
5 2013
6

7 24300. This chapter shall be known, and may be cited, as the
8 Patient Centered Medical Home Act of 2013.

9 24301. (a) “Medical home” and “patient centered medical
10 home” mean a health care delivery model in which a patient
11 establishes an ongoing relationship with a personal primary care
12 physician or other licensed health care provider acting within the
13 scope of his or her practice. The personal provider works in a
14 physician-led practice team to provide comprehensive, accessible,
15 and continuous evidence-based primary and preventative care, and
16 to coordinate the patient’s health care needs across the health care
17 system in order to improve quality and health outcomes in a
18 cost-effective manner.

19 ~~(b) A health care delivery model described in this section~~
20 *medical home* shall stress a team approach to providing
21 comprehensive health care that fosters a partnership among the
22 patient, the licensed health care provider acting within his or her
23 scope of practice, other health care professionals, and, if
24 appropriate, the patient’s family *or the patient’s representative,*
25 *upon the consent of the patient.*

26 24302. Unless otherwise provided by statute, a medical home
27 shall include all of the following characteristics:

28 (a) Individual patients shall have an ongoing relationship with
29 a physician *and surgeon* or other licensed health care provider
30 acting within his or her scope of practice, who is trained to provide
31 first contact and continuous and comprehensive care, or, if
32 appropriate, provide referrals to health care professionals that
33 provide continuous and comprehensive care.

34 (b) A provider-led team of individuals at the practice level shall
35 take collective responsibility for the ongoing health care of patients,
36 including appropriately arranging health care by other qualified
37 health care professionals and making appropriate referrals.

1 (c) Care shall be coordinated and integrated across all elements
2 of the complex health care system, including mental health and
3 substance use disorder care, and the patient’s community. Care
4 shall be facilitated by health information technology, such as
5 electronic medical records, electronic patient portals, health
6 information exchanges, and other means to ensure that patients
7 receive the indicated care when and where they need and want this
8 care in a culturally and linguistically appropriate manner.

9 (d) The medical home payment structure shall be designed to
10 reward the provision of the right care in the right setting, and shall
11 discourage the delivery of too much or too little care. The payment
12 structure shall encourage appropriate management of complex
13 medical cases, increased access to care, the measurement of patient
14 outcomes, continuous improvement of care quality, and
15 comprehensive integration and coordination across all stages and
16 settings of a patient’s care.

17 (e) All of the following quality and safety components shall be
18 incorporated into the medical home:

19 (1) Advocacy for patients to support the attainment of optimal,
20 patient-centered outcomes that are defined by a care planning
21 process driven by a compassionate, robust partnership between
22 providers, the patient, and the patient’s family *or representative*.

23 (2) Evidence-based medicine and clinical decision support tools
24 guide decisionmaking.

25 (3) The licensed health care providers in the practice accept
26 accountability for continuous quality improvement through
27 voluntary engagement in performance measurement and
28 improvement.

29 (4) Active patient participation in decisionmaking. Feedback is
30 sought to ensure that the patient’s expectations are being met.

31 (5) Information technology is utilized appropriately to support
32 optimal patient care, performance measurement, patient education,
33 and enhanced communication.

34 (6) Patients and families *or representatives* participate in quality
35 improvement activities at the practice level.

36 (f) Patients shall be provided with enhanced access to health
37 care that meets the requirements of a nationally recognized,
38 independent medical home accreditation agency.

39 24303. Nothing in this chapter shall be construed to do any of
40 the following:

- 1 (a) Permit a medical home to engage in or otherwise aid and
2 abet in the unlicensed practice of medicine, either directly or
3 indirectly.
- 4 (b) Change the scope of practice of physicians and surgeons,
5 nurse practitioners, or other health care providers.
- 6 (c) Affect the ability of a nurse to operate under standardized
7 procedures pursuant to Section 2725 of the Business and
8 Professions Code.
- 9 (d) ~~Apply to a~~ *Require adherence to the* Low Income Health
10 Program developed pursuant to Part 3.6 (commencing with Section
11 15909) of Division 9 of the Welfare and Institutions Code,
12 including the program’s provider network and service delivery
13 system, or to activities conducted as part of a demonstration project
14 developed pursuant to Section 14180 of the Welfare and
15 Institutions Code.
- 16 (e) Prevent or limit participation in activities authorized by
17 Sections 2703, 3024, and 3502 of the federal Patient Protection
18 and Affordable Care Act (Public Law 111-148), as amended by
19 the federal Health Care and Education Reconciliation Act of 2010
20 (Public Law 111-152), if the participation is consistent with state
21 law pertaining to scope of practice.