

AMENDED IN ASSEMBLY MAY 9, 2013

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:

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
2013

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

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

(b) A medical home shall stress a team approach to providing comprehensive health care that fosters a partnership among the patient, the licensed health care provider acting within his or her scope of practice, other health care professionals, and, if appropriate, the patient’s family or the patient’s representative, upon the consent of the patient.

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

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

(b) ~~A provider-led provider, working in concert with a multidisciplinary~~ team of individuals at the practice-level level, shall take ~~collective~~ responsibility for the ongoing health care of patients, including appropriately arranging health care by other qualified health care professionals and making appropriate referrals.

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

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

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

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

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

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

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

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

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

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

24303. Nothing in this chapter shall be construed to do any of 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) Require adherence to the Low Income Health Program
10 developed pursuant to Part 3.6 (commencing with Section 15909)
11 of Division 9 of the Welfare and Institutions Code, including the
12 program's provider network and service delivery system, or to
13 activities conducted as part of a demonstration project developed
14 pursuant to Section 14180 of the Welfare and Institutions Code.

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