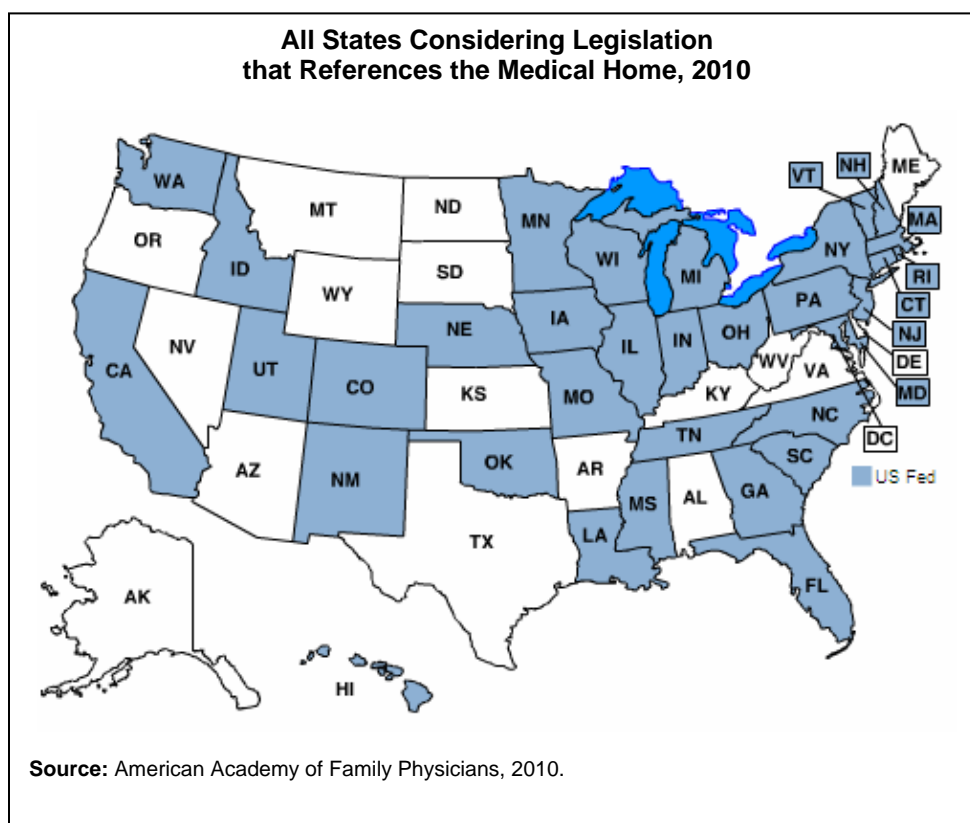


During the 2009-2010 legislative sessions, the medical home continued to be an intriguing concept to state legislatures with at least 204 bills in 37 states making at least a mention of the term “medical home.” Some **55 bills** in **25 states** went further and attempted to define the medical home and/or provide for a demonstration/pilot program to begin implementing, or expanding, the concept in their respective states. Twenty-one medical home bills in 19 states—California, Florida, Georgia, Idaho, Maryland, Massachusetts, Michigan, Mississippi, Nebraska, New Jersey, New Mexico, New York, Ohio, Rhode Island, Utah, Vermont, Washington, West Virginia and Wisconsin—became law. California and Maryland enacted two bills.



This summary is meant to inform as to the scope of projects currently before the state legislatures. The reader should not consider this document comprehensive, in that there may be legislation that either has slipped through the cracks or was amended to include a demonstration program since this document was drafted.

For bill text and status of all active state medical home legislation, please visit:

<http://www.trendtrack.com/texis/app/viewrpt?event=483e340d37b>

The 25 States that Considered Medical Home Legislation, 2009 – 2010

[California](#)
[Connecticut](#)
[Florida](#)
[Georgia](#)
[Hawaii](#)
[Idaho](#)
[Indiana](#)
[Maryland](#)
[Massachusetts](#)

[Michigan](#)
[Minnesota](#)
[Mississippi](#)
[Nebraska](#)
[New Jersey](#)
[New Mexico](#)
[New York](#)
[Ohio](#)
[Rhode Island](#)

[Texas](#)
[Utah](#)
[Vermont](#)
[Washington](#)
[West Virginia](#)
[Wisconsin](#)
[Wyoming](#)

California

Bill Number: [AB 342](#)
Author: Speaker John A. Perez
Title: Medi-Cal: Demonstration Project Waivers
Status: **Governor Signed – 10/19/2010**
AAFP Notes: This bill was amended, adding provisions concerning medical homes. The measure now creates a demonstration project under the state's Medicaid program, Medi-Cal, through which enrollees are assigned a medical home. At a minimum, the medical homes must include: (A) the primary care physician who is the primary clinician for the beneficiary and who provides core clinical management functions; (B) care management and care coordination for the beneficiary across the health care system including transitions among levels of care; (C) identification of the beneficiary's needs and referral to community resources and other agencies for services or items outside the scope of responsibility of the managed care health plan or county alternative model of care; (D) use of clinical data to identify beneficiaries at the care site with chronic illness or other significant health issues; (E) ensuring appropriate timeframes at the site and alternatives for the beneficiary's access to care for preventive, acute or chronic illness treatment as needed; and (F) use of clinical guidelines or other evidence based medicine when applicable for treatment of beneficiaries' health care issues or timing of clinical preventive services.

Bill Number: [AB 1542](#)
Author: Committee on Health
Title: Medical Homes
Status: **Failed** upon adjournment of the 2010 legislative session
AAFP Notes: This legislation would establish the Patient-Centered Medical Home Pilot Project to encourage health care providers and patients to partner in a patient-centered medical home. The bill recognizes medical homes as providers, practices and institutions in the state that: (1) reduce disparities in health care access, delivery and health care outcomes; (2) improve the quality of health care and lower health

care costs; and (3) meet the National Committee for Quality Assurance (NCQA) definition and characteristics of a medical home. The bill provides the seven NCQA joint principles and defines a “medical home” as a team approach to providing health care that fosters a partnership among the patient, the personal provider, and other health care professionals, and, where appropriated, the patient’s family, utilizes the partnership to access all medical and non-medical health-related services by the patient to achieve maximum health potential, maintains a comprehensive record of all health related services to promote continuity of care, and has all of the characteristics that qualify it as a medical home.

Bill Number: [SB 208](#)
Author: Sen. Darrell Steinberg
Title: Medi-Cal: Demonstration Project Waivers
Status: **Governor Signed – 10/19/2010**
AAFP Notes: This bill was amended, adding provisions concerning medical homes, and is largely similar to above AB 342.

Bill Number: [SB 966](#)
Author: Sen. Elaine Alquist
Title: Medi-Cal: Medical Homes
Status: **Failed** upon adjournment of the 2010 legislative session
AAFP Notes: This legislation would require the state Department of Health Care Services to develop a definition of “medical home” that is consistent with the 2008 Physician Practice Connections-Patient-Centered Medical Home Standards and Guidelines established by the National Committee for Quality Assurance. The Department would also be required to establish a time-table for Medi-Cal managed care plans to provide beneficiaries with a medical home.

Connecticut

Bill Number: [2009 HB 5889](#)
Author: Rep. Peggy Sayers
Title: An Act Concerning Improvement in the Quality of State-Purchased Health Care.
Status: **Failed** upon adjournment of the 2009 legislative session
AAFP Notes: This legislation directs the Department of Social Services and the Department of Public Health to develop a five-year plan for restructuring payment for health care services. Among the changes expressly listed in the bill is “better support primary care through use of a medical home, and address disparities in payment rates for primary care services and specialty services.” The bill orders the Departments to submit the plan to the Governor and General Assembly for review.

Florida

Bill Number: [2009 H 7131](#)
Author: Policy Council
Title: Health Care.

Status: **Failed** upon adjournment of the 2009 legislative session
AAFP Notes: This legislation aims to implement a medical home demonstration project for certain Medicaid recipients in Alachua and Hillsborough Counties. The demonstration project focuses on “medical home networks” rather than aiming to transform primary care physician practices. The bill’s language would indicate an attempt to echo Community Care of North Carolina, but with an eye towards Florida’s large number of geriatric patients. The bill includes a potential savings share for medical home network providers.

Bill Number: [2009 S 1986](#)
Author: Committee on Health and Human Services
Title: Health Care [SPSC].
Status: **Governor Signed – 06/24/2009**
AAFP Notes: This legislation contains language largely similar to that contained in H 7131, but does not limit the pilot to two counties. The bill also permits the state to seek a Medicaid Section 1115 Waiver for creation of the medical home network.

Bill Number: [2010 HB 7187](#)
Author: Rep. Ed Homan
Title: Relating to Medicaid
Status: **Failed** upon adjournment of the 2010 legislative session
AAFP Notes: This bill is similar to above S 2532 in (a) requiring the Agency of Health Care Administration to develop medical home certification based on: (1) an interdisciplinary team, (2) personal provider directing care, (3) care coordination, and (4) HIT integration; (b) providing the same definition and requirements of “medical home network;” and (c) categorizing medical homes in three tiers. Both bills also establish the same rules for enrollment by Medipass beneficiaries. This bill, however, is not intended compare models of managed care, but rather, to develop certification to foster and support improved care management through enhanced primary care management and dissemination of best practices for coordinated and cost-effective care. The House version of the measure also does not designate priority areas for medical homes in the state.

Bill Number: [2010 S 2532](#)
Author: Sen. Don Gaetz
Title: Relating to Medical Home Pilot Project
Status: **Failed** upon adjournment of the 2010 legislative session
AAFP Notes: This legislation directs the state Agency for Health Care Administration to establish a medical home pilot project to test the model of care in a fee-for-service environment and to compare the performance with other forms of managed care. The project must include personal medical providers who: (1) lead an interdisciplinary team of professionals who share the responsibility for providing ongoing care to a specific panel of patients; (2) identify a patient’s health care needs and respond to those needs through direct care or arrangements with other qualified providers; (3) coordinate or integrate care across all areas of health service delivery; and (4) integrate information

technology into delivery systems to enhance clinical performance and monitor patient outcomes.

The bill defines a “medical home network” as a group of primary care providers and other health professionals who agree to cooperate with one another in order to coordinate care for Medicaid beneficiaries assigned to primary care providers in the network. A medical home network shall provide primary care; coordinate services to control chronic illnesses; provide disease management and patient education; provide or arrange for pharmacy, outpatient diagnostic, and specialty physician services; and provide for or coordinate with inpatient facilities and behavioral health, mental health, and rehabilitative service providers. The network shall place a priority on methods to manage pharmacy and behavioral health services.

The bill divides medical homes into three tiers based on capabilities, on which compensation for is based for each. **Tier One** medical homes shall: (1) maintain a copy of the mutual agreement between the medical home and the patient in the patient's medical record; (2) supply all medically necessary primary and preventive services; (3) organize clinical data in paper or electronic form using a patient-centered charting system; (4) review patients' medication lists; (5) maintain a system to track diagnostic tests and provide follow-up; (6) maintain a system to track referrals; (7) supply care coordination and continuity of care; and (8) supply education and support. **Tier Two** medical homes shall have all of the capabilities of a Tier One medical home and shall: (1) communicate electronically; (2) supply voice-to-voice telephone coverage to members 24 hours per day, 7 days per week; (3) maintain an office schedule of at least 30 scheduled 599 hours per week; (4) use scheduling processes to promote continuity with clinicians; (5) implement and document behavioral health and substance abuse screening procedures and make referrals as needed; (6) use data to identify and track patients' health and service use patterns; (7) coordinate care and follow-up for patients receiving services in inpatient and outpatient facilities; and (8) implement processes to promote access to care and member communication. **Tier Three** medical homes shall have all of the capabilities of Tier One and Tier Two medical homes and shall: (1) maintain electronic medical records; (2) develop a health care team that provides ongoing support for all medical care received; (3) supply post-visit follow-up care for patients; (4) implement specific evidence-based clinical practice guidelines for preventive and chronic care; (5) implement a medication reconciliation procedure to avoid interactions or duplications; (6) use personalized screening, brief intervention, and referral to treatment; (7) offer at least 4 hours per week of after-hours care to patients; and (8) use health assessment tools to identify patient needs 630 and risks.

Primary care providers in any area of the state could be designated as a priority area, and those participating in a medical home could be eligible to receive an

enhanced case management fee. Medipass beneficiaries could choose to enroll in a medical home network.

Georgia

Bill Number: [SR 664](#)
Author: Sen. Don Thomas
Title: Patient Centered Medical Home; create Senate Study Committee.
Status: **Senate Adopted – 04/01/2009**
AAFP Notes: This resolution from Sen. Don Thomas, MD, a family physician, acknowledges, “the importance of a comprehensive approach to providing patient centered care and creat[es] the Senate Study Committee on the Patient Centered Medical Home.”

Hawaii

Bill Number: [HB 1366](#)
Author: Rep. Maile S.L. Shimabukuro
Title: Medical Home Demonstration Project.
Status: **Failed** upon adjournment of the 2010 legislative session
AAFP Notes: This legislation aims to implement a medical home demonstration project using two community health centers (Waianae Coast Comprehensive Health Center and the Waimanalo Health Center) as the medical homes. The bill establishes a contractor under Hawaii’s Medicaid program to provide services through the two CHC’s. The medical home is not defined in the bill. Medical homes in the project are directed to provide the following services: community outreach, job training services, complete federally qualified health center enabling and facilitating services, and traditional Hawaiian healing services. The project also includes components for pay-for-performance and EMR adoption incentives.

Bill Number: [SB 1310](#)
Author: Sen. Colleen Hanabusa
Title: Federal Demonstration Project; Waianae Coast Comprehensive Health Center; Waimanalo Health Center; Medical Home Health Care Program; Appropriation.
Status: **Failed** upon adjournment of the 2010 legislative session
AAFP Notes: This legislation aims to implement a medical home demonstration project using the Waianae Coast Comprehensive Health Center as a medical homes. The bill would use a portion of the state stabilization funds available under the American Recovery and Reinvestment Act to finance the project. The medical home and its services are not defined.

Idaho

Bill Number: [2009 S 1158](#)
Author: Senate Finance Committee
Title: An Act Relating to the Medically Indigent.
Status: **Governor Signed – 04/17/2009**
AAFP Notes: S 1158 defines medical home as, “...a model of primary and preventive care delivery in which the patient has a continuous relationship with a personal

physician in a physician directed medical practice that is whole person oriented and where care is integrated and coordinated.” The bill further orders the Department of Health and Welfare to, “create by rule a community-based system in which a medically indigent patient may be referred to a medical home upon discharge from hospital. The medical home shall provide ongoing primary and preventive care and case management with periodic reports to the department regarding the medically indigent patient’s health status and participation in the patient’s treatment plan. Appropriate reimbursement to the medical home provider for patient primary and preventive care services employing utilization management and case management shall be coordinated by the department.”

Indiana

Bill Number: [2009 HB 1463](#)
Author: Rep. Eric Koch
Title: Preventive care pilot program.
Status: **Failed** upon adjournment of the 2009 legislative session
AAFP Notes: HB 1463 aims to establish a pilot program focusing on preventive care. Under the program, up to 8 providers (defined as “[a]n independent practice of one (1) or more health care providers who are licensed under IC 25; provide health care (as defined in IC 16-36-1-1); and are not controlled directly or indirectly, in whole or in part, by any other person or entity,” or, “[a] freestanding facility that provides health care on an outpatient basis to individuals who are not institutionalized or homebound. However, the term does not include a freestanding facility located on the campus of an existing health care facility,” who will market and sell prepaid memberships entitling subscribers to obtain preventive and primary health care from the participating providers. The legislation defines the medical home as, “a team approach involving a primary health care provider, health specialist, or other specialist to provide health care and health care management to a subscriber, including the development of a plan of health care, the determination of the desired health outcomes.” A participating provider may not provide pilot program services at more than three sites.

Maryland

Bill Number: [2009 HJ 9](#)
Author: Del. Shirley Nathan-Pulliam
Title: Joint Principles of the Patient-Centered Medical Home
Status: **Failed** upon adjournment of the 2009 legislative session
AAFP Notes: This resolution aims to, “Express... the support of the General Assembly of the Joint Principles of the Patient-Centered Medical Home as a guideline for the State to eliminate health disparities by improving the health of all its citizens.”

Bill Number: [2010 HB 929](#)
Author: Del. Michael Busch
Title: Patient-Centered Medical Home Program
Status: **Governor Signed – 4/13/2010**

AAFP Notes:

This bill establishes the Maryland Patient Centered Medical Home Program to promote development of PCMHs and allows a carrier to elect to participate. Carriers would be permitted to: (1) pay a PCMH for services associated with coordination of covered medical services to qualifying individuals; (2) pay a PCMH a bonus, fee based incentive, bundled fees, or other incentives approved by the commission; and (3) share medical information about a qualifying individual who has elected to participate in the PCMH with the PCMH. The legislation defines a PCMH as a primary care practice organized to provide first, coordinated, ongoing, and comprehensive source of care to patients to: (1) foster a partnership with a qualifying individual; (2) coordinate health care services for a qualifying individual; and (3) exchange medical information with carriers, other providers and qualifying individuals. The state Health Care Commission—which would be permitted to implement a single carrier PCMH program—would be required to develop PCMH standards based on: (1) HIT, including electronic medical records; (2) the relationship between the primary care practice, specialists, other providers and hospitals; (3) access standards for qualifying individuals to receive medical care in a timely manner; and (4) fostering a partnership with qualifying individuals.

Bill Number:

[2010 SB 855](#)

Author:

Sen. Thomas V. Mike Miller

Title:

Patient-Centered Medical Home Program

Status:

Governor Signed – 4/13/2010

AAFP Notes:

This bill establishes the Maryland Patient Centered Medical Home Program and is largely similar to the above HB 929.

Massachusetts

Bill Number:

[HB 4800](#)

Author:

Conference Committee

Title:

An Act making appropriations for the fiscal year 2011 for the maintenance of the departments, boards, commissions, institutions and certain activities of the Commonwealth, for interest, sinking fund and serial bond requirements and for certain permanent improvements.

Status:

Governor Line-Item Vetoed Bill, Medical Home Provisions Enacted– 7/31/2010

AAFP Notes:

The measure convenes an advisory committee to study the comparative costs and benefits of different care delivery models for the Medicaid program including, but not limited to, all-managed care, a state-contracted chronic disease management program and patient-centered medical homes. The advisory committee shall compare the current and projected impact of the managed care program, the primary care clinician plan, the disease management program and patient-centered medical homes on the Medicaid budget including, but not limited to, an estimate of the potential increase or decrease in programmatic costs of transitioning from one care delivery system to another and the impact of the different delivery systems on the financial risk borne by the commonwealth. MassHealth shall include in its medical home demonstration authorized under

section 30 of chapter 305 of the acts of 2008 all practice sites that have participated in the Commonwealth Fund safety net medical home initiative and that have submitted a qualifying response to the executive office's primary care medical home initiative request for responses.

Michigan

Bill Number: [SB 1152](#)
Author: Sen. Roger Kahn
Title: Appropriations, zero budget; Appropriations, community health
Status: **Governor Signed – 11/3/2010**
AAFP Notes: The bill allows appropriated funds to be allocated to support a pilot project to develop a regional health care resource sharing network. By encouraging collaboration and partnerships between local hospitals, this network is expected to enable each hospital to maintain independence and community control while sharing best practices and resources. The pilot shall be designed to improve access, improve patient outcomes, and lower costs in a medical home model. The region for the pilot shall encompass 22 counties and have 10 hospitals.

Minnesota

Bill Number: [HF 1346](#)
Author: Rep. Jim Abeler
Title: Obstetric health care homes certification standards required, and coordination of obstetric services payments by the Health and Human Services Commissioners required.
Status: **Failed** upon adjournment of the 2010 legislative session
AAFP Notes: This bill follows on the heels of handful of bills around the medical home passed by the Minnesota Legislature in 2008. The Minnesota initiative refers to the model as the "health care home." This bill would create a unique "health care home" for obstetric care.

Mississippi

Bill Number: [2009 SB 2008](#)
Author: Sen. David Baria
Title: Mississippi Health Care Reform Act of 2009.
Status: **Failed** upon adjournment of the 2009 legislative session
AAFP Notes: This bill aimed to create "health care homes" for enrollees in Medicaid, CHIP and the state and school employees health programs. Standards would be developed and implemented jointly by the Executive Director of the Division of Medicaid, the State and School Employees Health Insurance Management Board and the Mississippi Commissioner of Insurance. Of note is the bill's provision that care be delivered by a "personal clinician," defined as a physician, physician assistant or nurse practitioner.

Bill Number: [2010 HB 115](#)
Author: Rep. Omeria Scott

Title: An Act to Require Medicaid Beneficiaries to Participate in the Medical Home Concept...
Status: **Failed** upon adjournment of the 2010 legislative session
AAFP Notes: The bill would require all Medicaid beneficiaries to participate in a medical home. Upon determination of Medicaid eligibility and in association with annual re-determination, beneficiaries would be required to undertake a physical examination at a medical home to aid utilization of disease management tools.

Bill Number: [2010 HB 1192](#)
Author: Rep. Sidney Bondurant
Title: Health care; Board of Health adopt guidelines incorporating principles of patient-centered medical home
Status: **Governor Signed – 3/17/2010**
AAFP Notes: This legislation requires the State Board of Health to adopt guidelines applicable to physician practices, nurse practitioner practices and physician assistant practices in the state that incorporate the principles of the patient-centered medical home. The bill finds that patient-centered medical homes: (1) provide whole-person orientation; (2) must have Health Information Exchange compliant records, electronic patient health records, and disease management applications; (3) actively participate in health care decision making and seek patient feedback; (4) coordinate care across all elements of the health care system; (5) reduce racial and ethnic disparities in terms of medical access; (6) in accordance to the Joint Principles of the Patient-Centered Medical Home, are recognized by the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians, and the American Osteopathic Association; (7) should meet the specified criteria of the National Committee for Quality Assurance; and (8) will participate in the Federal Tax Relief and Health Care Act's three-year demonstration project across eight states.

Nebraska

Bill Number: [2009 LB 396](#)
Author: Sen. Mike Gloor
Title: Medical Home Pilot Program Act
Status: **Governor Signed – 04/22/2009**
AAFP Notes: LB 396 establishes a medical home pilot program for Nebraska Medicaid recipients. The bill limits medical home provision to primary care physicians, defined as general medicine, family medicine, pediatrics and internal medicine. The program is scheduled to run from January 1, 2012 to June 1, 2014 and conform to broad goals outlined in the bill as well as guidelines drafted by the Medical Home Advisory Council created by 396.

New Jersey

Bill Number: [2009 A 3553](#)
Author: Asm. Joan Quigley
Title: Concerning the Medicaid program and supplementing P.L.1968, c.413 (C.30:4D-1 et seq.).

Status: **Failed** upon adjournment of the 2009 legislative session
AAFP Notes: This bill directs Medicaid to establish medical home demonstration project. Specific provisions direct the state Medicaid agency to, “restructure its payment system to support primary care practices that use a medical home model... [with] payment methodologies that support care-coordination through multi-disciplinary teams, including payment for care of patients with chronic diseases and the elderly, and that encourage services such as: (1) patient or family education for patients with chronic diseases; (2) home-based services; (3) telephonic communication; (4) group care; and (5) culturally and linguistically appropriate care. The payment system shall be structured to reward quality and improved patient outcomes; [the agency shall] develop a system to support primary care providers in developing an organizational structure necessary to provide a medical home; and [the agency shall] identify primary care practices for participation in the demonstration project that provide care to their patients using a medical home model, which at a minimum shall include primary care practices with a multi-specialty team that provides patient-centered care coordination through the use of health information technology and chronic disease registries across the patient’s life-span and across all domains of the health care system and the patient’s community.”

Bill Number: [2009 S 2394](#)
Author: Sen. Barbara Buono
Title: Concerning the Medicaid program and supplementing P.L.1968, c.413 (C.30:4D-1 et seq.).
Status: **Failed** upon adjournment of the 2009 legislative session
AAFP Notes: This bill directs Medicaid to establish medical home demonstration project and is largely similar to the above A 3553.

Bill Number: [2010 A 226](#)
Author: Asm. Joan Quigley
Title: Concerning the Medicaid program and supplementing P.L.1968, c.413 (C.30:4D-1 et seq.).
Status: **Governor Signed – 9/10/2010**
AAFP Notes: This bill directs Medicaid to establish medical home demonstration project and is largely similar to the above A 3553.

Bill Number: [2010 S 665](#)
Author: Sen. Barbara Buono
Title: Concerning the Medicaid program and supplementing P.L.1968, c.413 (C.30:4D-1 et seq.).
Status: Substituted by A 226 – 6/10/2010 (A 226 became law as provided above)
AAFP Notes: This bill directs Medicaid to establish medical home demonstration project and is largely similar to the above A 3553.

New Mexico

- Bill Number: [2009 HB 710](#)
Author: Rep. Danice Picraux
Title: Medical Home-Based Care Program & Insurance.
Status: **Governor Signed – 04/07/2009**
AAFP Notes: This legislation aims to create a medical home program for Medicaid, CHIP and State Coverage Initiative beneficiaries through either a Federal waiver or state plan amendment, whichever is necessary and practicable. The bill contains an extensive list of components of a medical home and includes nurse practitioners in its definition of “primary care provider.” The legislation further establishes a Medical Home Task Force to work with state agencies, providers and insurers to develop incentives to encourage more health professionals to specialize in primary care and to encourage insurers to adopt the medical home model of care.
- Bill Number: [2010 HJM 2](#)
Author: Rep. Danice Picraux
Title: Medical Home Model for Managed Care Programs
Status: **Failed** upon adjournment of the 2010 legislative session
AAFP Notes: This joint memorial defines the medical home model of care as an integrated care management model that emphasizes primary medical care and is designed to be continuous, comprehensive, coordinated, accessible, compassionate and culturally appropriate. The legislation specifies that medical homes: (1) provide integrated care that is timely; (2) produce greater overall patient well-being by emphasizing wellness and prevention; (3) contribute to better health among community members; (4) present some challenges for billing within many private managed care plans, in that providers cannot always bill for the work they do in coordinating care; and (5) will benefit all managed care organizations within a market where medical homes are used. Managed care organizations operating in the state would be requested to use the medical home model of care for their enrollees in order to promote better patient health and greater well-being while recognizing that investment in the medical home will eventually reap greater financial rewards by all managed care organizations operating within a community.
- Bill Number: [2010 HJM 4](#)
Author: Rep. Danice Picraux
Title: Medical Home Establishment & Model Expansion
Status: **Failed** upon adjournment of the 2010 legislative session
AAFP Notes: This joint memorial charges the state human services department with supporting the inclusion of specifications in Medicaid contracts to fund the establishment of medical homes and urges the department to expand the medical home model to include behavioral health, home health care, and nursing and physician assistant models.

New York

- Bill Number: [AB 158](#)
Author: Budget
Title: Budget Bill - HMH Art. VII
Status: **Governor Signed – 4/7/2009**
AAFP Notes: The bill requires the Commissioner of Health to Develop and Implement standards of certification for patient-centered medical homes for Medicaid Fee-For-Service and Medicaid Managed Care, Family Health Plus and Child Health Plus programs. In developing such standards, the Commissioner will consider existing standards and consult with national and local organizations working on medical home models. Subject to availability of funding, the Commissioner is authorized to pay enhanced rates of payment to certified PCMHs. The Commissioner must report to the Governor and legislature on the impact of the statewide PCMH program by December 31, 2012.
- Bill Number: [AB 9917](#)
Author: Asm. Richard Gottfried
Title: In relation to medical home multipayor programs.
Status: **Failed** upon adjournment of the 2010 legislative session
AAFP Notes: This legislation establishes medical home multipayor programs and certifies certain clinicians and clinics as medical homes eligible for enhanced payments for services provided to those eligible for: (1) Medicaid fee-for-service; (2) Medicaid managed care; (3) Family Health Plus; (4) Child Health Plus; (5) commercial managed care plans or HMOs; and (6) employer-sponsored self-insured plans. To encourage cooperative, collaborative and integrative arrangements between payors of health care services and health care providers who might otherwise be competitors, the bill grants immunity to state and federal antitrust laws only for these purposes, which the state Health Commissioner shall supervise.
- Bill Number: [SB 58](#)
Author: Budget
Title: Budget Bill - HMH Art. VII
Status: Substituted by AB 158 – 4/7/2009 (AB 158 became law as provided above)
AAFP Notes: This legislation establishes medical home certification and is largely similar to the above AB 158.
- Bill Number: [SB 6596](#)
Author: Sen. Thomas Duane
Title: In relation to medical home multipayor programs.
Status: **Failed** upon adjournment of the 2010 legislative session
AAFP Notes: This legislation establishes medical home multipayor programs and is largely similar to the above AB 9917.

Ohio

Bill Number: [HB 198](#)
Author: Rep. Peggy Lehner
Title: A bill... to establish the Medical Home Model Demonstration Project; to provide for Choose Ohio First Scholarships to be awarded to medical students who agree to practice primary care...
Status: **Governor Signed – 06/08/2010**
AAFP Notes: Of note in this bill are the opening lines of the medical home section: “The demonstration project shall be operated to evaluate the medical home model of care, as that model of care is defined by the American academy of family physicians.” This legislation aims to create a medical home pilot program in the Dayton, Ohio metropolitan area. The bill does not attempt to define the medical home, but rather states that physician practices must, “be capable of adapting the practice during the demonstration project in such a manner that it is fully compliant with the minimum standards for a patient-centered medical home, as those standards are determined by the [N]ational [C]ommittee for [Q]uality [A]ssurance.” The demonstration is limited to Dayton and Lucas County, “...physicians who are board-certified in family medicine, general pediatrics, or internal medicine, as those designations are issued by a medical specialty board of the American medical association or American osteopathic association.” The program includes practice supports such as training, technical assistance, and reimbursement of not more than 75 percent of the cost of acquiring and learning to use appropriate medical home-related health information technology. The bill also includes a primary care practice scholarship for medical students who commit to three years of primary care practice in Ohio, accept a to-be-determined percentage of Medicaid patients, and identify specific medical home training opportunities during medical training. The bill further appropriates \$1.4 million to the scholarship program over SFY 2010 and 2011, while appropriating \$3.871 million to the medical home demonstration program over the same years. The scholarship funds go to a family practice account and are noted to be used for the purposes of advancing the medical home.

Rhode Island

Bill Number: [2009 H 5112](#)
Author: Rep. Steven Constantino
Title: An Act Relating to Centers for Medicare and Medicaid Services Waiver and Expenditure Authority.
Status: **Governor Signed – 7/1/2009**
AAFP Notes: This legislation is notable not for aiming to establish a new definition of the medical home, but rather that it places the term “medical home” in the definition of managed care. The relevant portion reads, “‘Managed care’ is defined as systems that: integrate an efficient financing mechanism with quality service delivery; provides a ‘medical home’ to assure appropriate care and deter unnecessary services...” [Emphasis Added].

Bill Number: [2009 S 53](#)
Author: Sen. Daniel DaPonte
Title: The Rhode Island Medicaid Reform Act.
Status: **Failed** upon adjournment of the 2009 legislative session
AAFP Notes: As with H 5112 above, this legislation is notable not for aiming to establish a new definition of the medical home, but rather that it places the term “medical home” in the definition of managed care. The relevant portion reads, “‘Managed care’ is defined as systems that: integrate an efficient financing mechanism with quality service delivery; provides a ‘medical home’ to assure appropriate care and deter unnecessary services...” [Emphasis Added].

Bill Number: [2010 H 7544](#)
Author: Rep. Eileen Naughton
Title: An Act Relating to State Affairs and Government
Status: **Failed** upon adjournment of the 2010 legislative session
AAFP Notes: The bill requires the state health insurance commissioner to develop and implement standards of certification for patient centered medical homes for all residents of the state by January 1, 2011. The legislation also requires the commissioner to consider existing standards developed by national independent accrediting and medical home organizations and to meet the following criteria: (1) emphasize primary care; (2) focus on delivering high-quality, efficient, and effective health care services; (3) encourage patient-centered care; (4) ensure continuous and appropriate care for the patient’s condition; (5) ensure that PCMHs develop comprehensive care plans for their patients with chronic conditions; (6) encourage utilization of a range of qualified health care professionals; (7) focus initially on patients who have or are at-risk of developing chronic health conditions; (8) incorporate measures of quality, resource use, cost of care, and patient experience; (9) ensure the use of HIT; and (10) encourage the use of scientifically-based health care. The legislation requires the commissioner to establish a collaborative to provide an opportunity for PCMHs, health insurers and state agencies to exchange information related to quality improvement and best practices. The commissioner would also be required to develop a payment system that requires all health insurers and the state health care program to make per-person care coordination payments to PCMHs for providing care coordination services in addition to any other incentive payments, such as quality incentive payments.

Bill Number: [2010 S 2582](#)
Author: Sen. Elizabeth Crowley
Title: An Act Relating to State Affairs and Government
Status: **Failed** upon adjournment of the 2010 legislative session
AAFP Notes: The bill requires the state health insurance commissioner to develop PCMH standards of certification and is largely similar to the above H7544.

Texas

Bill Number: [2009 HB 2197](#)
Author: Rep. John Davis
Title: Medicaid Quality Improvement Initiative.
Status: **Failed** upon adjournment of the 2009 legislative session
AAFP Notes: This legislation provides for the study of other states' medical home initiatives and a report to be drafted detailing best practices for use by Texas in any possible future medical home pilot programs.

Bill Number: [2009 HB 4571](#)
Author: Rep. John Zerwas
Title: Electronic Health Records Bank.
Status: **Failed** upon adjournment of the 2009 legislative session
AAFP Notes: This legislation aims to define the medical home as, "...a primary care physician who provides preventive and primary care to a patient on an ongoing basis and coordinates with specialists when health care services provided by a specialist are needed."

Bill Number: [2009 SB 7](#)
Author: Sen. Jane Nelson
Title: Health Care Strategies.
Status: **Failed** upon adjournment of the 2009 legislative session
AAFP Notes: This legislation aims to define the medical home as, "...a primary care physician who provides preventive and primary care to a patient on an ongoing basis and coordinates with specialists when health care services provided by a specialist are needed." This bill also would create a pilot program for CHIP and Medicaid enrollees. Specifics of the program would be determined by the executive branch.

Bill Number: [2009 SB 2004](#)
Author: Sen. Leticia Van de Putte
Title: Electronic Health Records Bank.
Status: **Failed** upon adjournment of the 2009 legislative session
AAFP Notes: This legislation aims to define the medical home as, "...a primary care physician who provides preventive and primary care to a patient on an ongoing basis and coordinates with specialists when health care services provided by a specialist are needed."

Utah

Bill Number: [2010 HB 397](#)
Author: Rep. John Dougall
Title: Medicaid Program Amendments
Status: **Governor Signed – 3/29/2010**
AAFP Notes: This bill requires the Department of Health to conduct internal audits of the Medicaid program to determine the feasibility of implementing a three-year patient-centered medical home demonstration project in an area of the state using existing budget funds. If determined to be feasible, a medical home

demonstration project will be implemented (and if possible, offered to individuals eligible for Medicaid benefits,) further evaluated, and expanded if a cost savings is incurred.

Vermont

Bill Number: [SB 88](#)
Author: Sen. Ed Flanagan
Title: An Act Relating to Health Care Financing and Universal Access to Health Care in Vermont
Status: **Became Law without Governor's Signature – 05/27/2010**
AAFP Notes: This measure creates chronic care infrastructure and prevention measures—within the state's established Blueprint for Health program—which emphasizes inclusion of medical homes. Following the passage of the federal health reform bill, the *Patient Protection and Affordable Care Act*, the General Assembly enacted SB 88, which requires, consistent with federal law, a health care professional providing a patient's medical home to: (1) provide comprehensive prevention and disease screening for his or her patients and managing his or her patients' chronic conditions by coordinating care; (2) enable patients to have access to personal health information through a secure medium, such as through the Internet, consistent with federal health information technology standards; (3) use a uniform assessment tool provided by the Blueprint in assessing a patient's health; (4) collaborate with the community health teams, including by developing and implementing a comprehensive plan for participating patients; (5) ensure access to a patient's medical records by the community health team members in a manner compliant with the *Health Insurance Portability and Accountability Act*, and (6) meet regularly with the community health team to ensure integration of a participating patient's care. The bill also requires community health teams—which should consist of health care professionals from multiple disciplines, including obstetrics and gynecology, pharmacy, nutrition and diet, social work, behavioral and mental health, chiropractic, and other complementary and alternative medical practices—to support health care professionals and practices operating as a medical home. The Department of Vermont Health Access is charged with developing pilot projects to test payment reform methodologies, which shall include per-person per-month payments to medical home practices.

Washington

Bill Number: [HB 1330](#)
Author: Rep. Dawn Morrell
Title: Supporting Care for the Elderly.
Status: **Failed** upon adjournment of the 2010 legislative session
AAFP Notes: This bill aims to add to the legislation passed in Washington during the 2008 general session that established a medical home demonstration program. HB 1330 directs the Department of Social and Health Services and the Department of Health to establish medical home services for its aged, blind and disabled beneficiaries, building upon existing initiatives in the state. "Medical home" means a site of care that provides comprehensive preventive and coordinated

care centered on the patient needs and assures high quality, accessible, and efficient care.”

Bill Number: [HB 2114](#)
Author: Rep. Larry Seaquist
Title: AN ACT Relating to Establishing a Forum for Testing Primary Care Medical Home Reimbursement Pilot Projects.
Status: **Failed** upon adjournment of the 2010 legislative session
AAFP Notes: While neither creating a pilot project nor establishing a new definition for the medical home, this bill is notable in that it attempts to create a “safe harbor” for primary care providers to discuss payment methodologies with public and private payors. The legislation exempts participants from state antitrust law and invokes the state action doctrine to (hopefully) stave off federal antitrust action. The exemption comes with the caveat that, “[t]he legislature does not intend and does not authorize any person or entity to engage in activities or to conspire to engage in activities that would constitute per se violations of state and federal antitrust laws including, but not limited to, agreements among competing health care providers or health carriers as to the price or specific level of reimbursement for health care services.”

Bill Number: [SB 5891](#)
Author: Sen. Karen Keiser
Title: An Act Relating to Establishing a Forum for Testing Primary Care Medical Home Reimbursement Pilot Projects.
Status: **Governor Signed – 04/30/2009**
AAFP Notes: While neither creating a pilot project nor establishing a new definition for the medical home, this bill, the Senate companion to the above HB 2114, is notable in that it attempts to create a “safe harbor” for primary care providers to discuss payment methodologies with public and private payors. The legislation exempts participants from state antitrust law and invokes the state action doctrine to (hopefully) stave off federal antitrust action. The exemption comes with the caveat that, “[t]he legislature does not intend and does not authorize any person or entity to engage in activities or to conspire to engage in activities that would constitute per se violations of state and federal antitrust laws including, but not limited to, agreements among competing health care providers or health carriers as to the price or specific level of reimbursement for health care services.”

West Virginia

Bill Number: [2009 HB 2743](#)
Author: Del. Don Perdue
Title: Establishing Pilot Projects for Patient Centered Medical Homes.
Status: **Failed** upon adjournment of the 2009 legislative session
AAFP Notes: This legislation defines the medical home as, “...a health care setting that facilitates partnerships between individual patients and their personal physicians and, when appropriate, the patients' families and communities. A patient centered medical home integrates patients as active participants in their own

health and well being. Patients are cared for by a physician or physician practice that leads a multidisciplinary health team, which may include but is not limited to nurse practitioners, nurses, physician's assistants, behavioral health providers, pharmacists, social workers, physical therapists, dental and eye care providers and dieticians to meet the needs of the patient in all aspects of preventive, acute, chronic care and end-of-life care using evidence-based medicine and technology.” The bill provides for the creation of pilot programs to test three different medical home models: a chronic care model (focusing on smaller practices), individual medical homes (focusing on larger practices), and community centered medical homes (focusing on linking primary care practices with community health teams).

Bill Number: [2009 HB 3022](#)
Author: Del. Barbara Hatfield
Title: Creating a Medical Home Health Care Plan for Uninsured Adults.
Status: **Failed** upon adjournment of the 2009 legislative session
AAFP Notes: This legislation defines the medical home as, “...a health care setting that facilitates partnerships between individual patients and their personal physicians and, when appropriate, the patients' families and communities. A patient centered medical home integrates patients as active participants in their own health and well being. Patients are cared for by a physician or physician practice that leads a multidisciplinary health team, which may include but is not limited to nurse practitioners, nurses, physician's assistants, behavioral health providers, pharmacists, social workers, physical therapists, dental and eye care providers and dieticians to meet the needs of the patient in all aspects of preventive, acute, chronic care and end-of-life care using evidence-based medicine and technology.” The bill creates a health care plan for uninsured adults that provides medical home services including primary care and preventive care. The bill sets the plan's cost to not exceed \$40 per month per subscriber for the first two years, plus a modest copayment by a subscriber for each visit to a participating provider. The plan will be marketed through employers and the cost of the plan will be shared among participating employers, employees and the State.

Bill Number: [2009 SB 414](#)
Author: Sen. Roman Prezioso
Title: Relating to Pharmaceutical Cost Management Council and Health Care Delivery Systems.
Status: **Governor Signed – 05/31/2009**
AAFP Notes: This legislation defines the medical home as, “...a health care setting that facilitates partnerships between individual patients and their personal physicians and, when appropriate, the patients' families and communities. A patient centered medical home integrates patients as active participants in their own health and well being. Patients are cared for by a physician or physician practice that leads a multidisciplinary health team, which may include but is not limited to nurse practitioners, nurses, physician's assistants, behavioral health providers,

pharmacists, social workers, physical therapists, dental and eye care providers and dieticians to meet the needs of the patient in all aspects of preventive, acute, chronic care and end-of-life care using evidence-based medicine and technology.” The bill provides for the study of pilot programs to testing four different medical home models: a chronic care model (focusing on smaller practices), individual medical homes (focusing on larger practices), community centered medical homes (focusing on linking primary care practices with community health teams), and medical homes for the uninsured (focusing on providing uninsured patients with primary and preventive care).

Wisconsin

Bill Number:

[2009 AB 75](#)

Author:

Assembly Committee on Finance

Title:

State finances and appropriations, constituting the executive budget act of the 2009 legislature.

Status:

Governor Signed – 06/29/2009

AAFP Notes:

This legislation directs the WI Department of Health and Family Services to develop a proposal to increase payment to providers in the medical assistance program (Medicaid) that are NCQA-certified patient-centered medical homes or that conform to standards developed by the Secretary of WI DHFS. The Secretary is directed in development of unique standards to consider aspects of care that follow closely the NCQA model. The Department is further directed to set payment levels at a level that, along with a to-be-determined monthly per-patient care coordination fee, will encourage providers to become a patient-centered medical home. A review of the program is ordered to begin at 39 months after the effective date of the statute.

Wyoming

Bill Number:

[2009 SF 24](#)

Author:

Joint Labor, Health and Social Services Interim Committee

Title:

Health Care Reform Demonstration Project.

Status:

Failed upon adjournment of the 2009 legislative session

AAFP Notes:

This legislation defines the medical home as, “... a service provided by a physician, advanced practice registered nurse or physician assistant serving as the principal provider of primary care and the initial point of contact with the medical system for the patient. The medical home shall seek to strengthen the provider-patient relationship by replacing episodic care based on illnesses and patient complaints with a broad array of prevention, screening exams, advice on avoiding illness and, as needed, urgent care with referral to specialists as indicated. When appropriate, the medical home shall involve a plan of care for each individual and include teaching the individual to assist in the management of his health. Reimbursement for medical home services shall include reimbursement to the health care professional for patient care management.” The definition of primary care in the bill includes services provided by nurse practitioners and physician assistants. The bill provides for a study committee to develop further specific recommendations, including “requirements of, and

reimbursement for, the medical home provider.” Enrollees of the program, to be called “Healthy Frontiers,” will receive a personal health account and will be responsible for seeking primary and preventive health services through their medical home. Enrollees may not come from families earning more than double the federal poverty level and a sliding fee scale for cost sharing will be established to encourage Medicaid and other public program enrollees to join Healthy Frontiers.

Bill Number: [2009 SF 43](#)
Author: Joint Labor, Health and Social Services Interim Committee
Title: Health Care Access Project Design.
Status: **Failed** upon adjournment of the 2009 legislative session
AAFP Notes: This bill orders the Wyoming Health Care Commission to study the medical home model and report on its feasibility as part of possible future health care access reform initiatives.