



Ohio Legislative Service Commission

Bill Analysis

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(As Reported by H. Healthcare Access and Affordability)

Reps. Lehner and Ujvagi, Grossman, Harris, Jones, Weddington, Foley, Domenick, Hackett, Burke, Bacon, Blair, Ruhl, Martin, Yuko, Derickson, Newcomb, Harwood, Letson, Moran, Winburn, Fende, Garland, McGregor, Bolon, Sears, Patten, B. Williams

BILL SUMMARY

Patient Centered Medical Home Education Pilot Project

- Creates the Patient Centered Medical Home Education Pilot Project to advance medical education in the patient centered medical home model of care.
- Creates the Patient Centered Medical Home Education Advisory Group to implement and administer the project.
- Requires the Advisory Group to select not more than 40 physician practices and at least four advanced practice nurse (APN) primary care practices to participate in the project.
- Requires a physician practice or APN primary care practice to meet specified criteria to be included in the project.
- Requires the Advisory Group to seek funding for the project.
- Requires the Advisory Group to provide training in the patient centered medical home model of care to the staff of each participating practice and, on securing adequate funding, to reimburse the practice not more than 75% of the cost of necessary health information technology.
- Requires the Advisory Group to work with medical and nursing schools to develop curricula in the patient centered medical home model of care.

- Requires the Advisory Group to prepare and submit to the Governor and General Assembly three reports on its findings and recommendations.
- Establishes additional duties for the existing Health Care Coverage and Quality Council regarding a patient centered medical home model of care.

Choose Ohio First scholarships

- Requires the deans of Ohio's medical schools to develop a proposal for a primary care medical student component to the Choose Ohio First Scholarship Program.
- Requires the deans (or director) of four of Ohio's nursing schools to develop a proposal for a primary care nursing student component to the Choose Ohio First Scholarship Program.
- Requires the Chancellor of the Ohio Board of Regents to review the proposals and determine whether to implement them.

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CONTENT AND OPERATION

Patient Centered Medical Home Education Pilot Project

Purpose and implementation of project

(R.C. 185.01(A) and 185.02)

The bill creates the Patient Centered Medical Home Education Pilot Project for the purpose of advancing medical education in the patient centered medical home model of care. As specified by the bill, this model of care is an "enhanced model of primary care in which care teams attend to the multifaceted needs of patients, providing whole person comprehensive and coordinated patient centered care."

The bill provides that the project, in its implementation, is not to be operated in a manner that requires a patient, unless otherwise required by law, to receive a referral from a physician in a practice participating in the project as a condition of being authorized to receive specialized health care services from an individual licensed to provide those services.

Patient Centered Medical Home Education Advisory Group

(R.C. 185.01(D), 185.02(A), and 185.03)

The bill creates the Patient Centered Medical Home Education Advisory Group to implement and administer the pilot project. The Advisory Group is to develop a set of expected outcomes for the project.

The Advisory Group is to be composed of the following voting members:¹

(1) Four individuals with expertise in the training and education of primary care physicians, one appointed by the Dean of the University of Toledo College of Medicine, one by the Dean of the Boonshoft School of Medicine at Wright State University, one by the President and Dean of the Northeastern Ohio Universities Colleges of Medicine and Pharmacy, and one by the Dean of the Ohio University College of Osteopathic Medicine.

¹ The bill provides that members are to serve for three years, unless the pilot project ceases operation. Members are to serve without compensation, except to the extent that serving on the Advisory Group is considered part of their regular employment duties. The bill exempts the Advisory Group from the sunset review law (R.C. 101.82 to 101.87), which requires various boards, commissions, and other agencies to be reviewed by the Sunset Review Committee to determine whether they should continue to exist.

(2) Two individuals appointed by the governing board of the Ohio Academy of Family Physicians;

(3) One individual appointed by the governing board of the Ohio Chapter of the American College of Physicians;

(4) One individual appointed by the governing board of the American Academy of Pediatrics;

(5) One individual appointed by the governing board of the Ohio Osteopathic Association;

(6) One individual with expertise in the training and education of advanced practice nurses (APNs) appointed by the Ohio Council of Deans and Directors of Baccalaureate and Higher Degree Programs in Nursing;

(7) One individual appointed by the governing board of the Ohio Nurses Association;

(8) One individual appointed by the governing board of the Ohio Association of Advanced Practice Nurses;

(9) A member of the Health Care Coverage and Quality Council (see below), appointed by the Superintendent of Insurance.

In addition to the above voting members, the Advisory Group is to include the following nonvoting, ex officio members:

(1) The Executive Director of the State Medical Board, or the Director's designee;

(2) The Executive Director of the Board of Nursing, or the Director's designee;

(3) The Chancellor of the Ohio Board of Regents, or the Chancellor's designee;

(4) The individual within the Department of Job and Family Services who serves as the Director of Medicaid, or the Director's designee.

Appointed members are to serve at the pleasure of their appointing authorities. Vacancies are to be filled in the manner provided for original appointments.

A majority of the members constitutes a quorum for the transaction of official business. A majority of a quorum is necessary to take any action (see "**Abstention from voting**," below).

From among its members, the Advisory Group is to select a chairperson and vice-chairperson. The Advisory Group may select any other officers it considers necessary.

The Advisory Group is to meet as necessary to fulfill its duties. The times and places for the meetings are to be selected by the chairperson.

Executive Director and other employees

(R.C. 185.04)

The bill permits the Advisory Group to appoint an executive director and employ other staff as it considers necessary to fulfill its duties. Until the Advisory Group identifies an alternative, the Boonshoft School of Medicine at Wright State University is to provide administrative support.

Selection of primary care practices

(R.C. 185.05)

The Advisory Group is to accept applications from primary care physician practices and advanced practice nurse (APN) primary care practices for inclusion in the pilot project. When evaluating an application, the Advisory Group is to consider the percentage of patients in the practice who are part of a medically underserved population, including Medicaid recipients and individuals without health insurance.

Physician practices

The physician practices that submit an application are to have educational affiliations (as determined by the Advisory Group) with one or more of the following institutions: the Boonshoft School of Medicine at Wright State University, the University of Toledo College of Medicine, the Northeastern Ohio Universities Colleges of Medicine and Pharmacy, or the Ohio University College of Osteopathic Medicine.

The Advisory Group is to select not more than 40 physician practices to participate in the project, consisting of not more than ten practices affiliated with each of the medical institutions specified above. When selecting practices, the Advisory Group is to strive to select practices in a manner that the project includes a diverse range of primary care specialties, including practices specializing in pediatrics, geriatrics, general internal medicine, or family medicine. In addition, at least six practices are to serve rural areas of Ohio.

APN primary care practices

The APN primary care practices that submit applications are to have educational affiliations (as determined by the Advisory Group) with one of the following institutions: the College of Nursing at the University of Toledo, the Wright State University College of Nursing and Health, the College of Nursing at Kent State University, or the School of Nursing at Ohio University. While the bill requires the Advisory Group to select at least one practice affiliated with each of the specified nursing schools, if it determines that it has not received an application from a sufficiently qualified practice affiliated with a particular institution, the Advisory Group is still required to select at least four practices for inclusion in the project. The practices must be selected in such a manner that the greatest possible number of the specified nursing schools are represented in the project. A practice selected in this manner is required to meet any other eligibility requirements required to participate in the project.

Abstention from voting

The bill requires a member of the Advisory Group to abstain from participating in any vote taken regarding the selection of a physician practice or APN primary care practice if the member would receive any financial benefit from having the practice selected to participate in the project. If one or more members abstain from a vote under this requirement, a majority of the remaining members is required to make a selection for participation.

Requirements for participation in the project

(R.C. 185.06)

Physician practices

A physician practice must meet all of the following requirements to be eligible for inclusion in the pilot project:

(1) The practice must consist of physicians who are board-certified in family medicine, general pediatrics, or internal medicine, as those designations are issued by a medical specialty certifying board recognized by the American Board of Medical Specialties or American Osteopathic Association.

(2) The practice must be capable of adapting, during the period in which the practice receives funding from the Advisory Group (see below), in such a manner that it is fully compliant with the minimum standards for operation of a patient centered medical home, as those standards are established by the Advisory Group.

(3) The practice must comply with any reporting requirements recommended by the Health Care Coverage and Quality Council.

(4) The practice must meet any other criteria established by the Advisory Group as part of the selection process.

APN primary care practices

An APN primary care practice must meet the following requirements to be eligible for inclusion in the pilot project:

(1) The practice must consist of APNs who meet all of the following:

(a) The APN must hold a certificate to prescribe issued by the Board of Nursing;²

(b) The APN must be board-certified as (i) a family nurse practitioner or adult nurse practitioner by the American Academy of Nurse Practitioners or American Nurses Credentialing Center, (ii) a geriatric nurse practitioner or women's health nurse practitioner by the American Nurses Credentialing Center, or (iii) a pediatric nurse practitioner by the American Nurses Credentialing Center or Pediatric Nursing Certification Board.

(c) The APN must have a collaboration³ agreement with a physician who is board-certified as necessary to participate in the project and who is an active⁴ participant on the health care team.

² Current law permits an APN who meets specified criteria to prescribe certain drugs and therapeutic devices (R.C. 4723.48).

³ "Collaboration" under current law governing APNs means the following:

(1) In the case of a clinical nurse specialist or a certified nurse practitioner, one or more physicians with whom the nurse has entered into a standard care arrangement are continuously available to communicate with the clinical nurse specialist or certified nurse practitioner either in person or by radio, telephone, or other form of telecommunication;

(2) In the case of a certified nurse-midwife, that one or more physicians with whom the certified nurse-midwife has entered into a standard care arrangement are continuously available to communicate with the certified nurse-midwife either in person or by radio, telephone, or other form of telecommunication;

(3) In the case of a clinical nurse specialist who practices the nursing specialty of mental health or psychiatric mental health without being authorized to prescribe drugs and therapeutic devices, that one or more physicians are continuously available to communicate with the nurse either in person or by radio, telephone, or other form of telecommunication. (These APNs would be ineligible for inclusion in the pilot project since they do not hold prescriptive authority.)

⁴ The bill does not specify what constitutes "active" participation.

(2) The practice must be capable of adapting, during the period in which the practice receives funding from the Advisory Group (see below), in such a manner that the practice is fully compliant with the minimum standards for operation of a patient centered medical home, as those standards are established by the Advisory Group;

(3) The practice must comply with any reporting requirements recommended by the Health Care Coverage and Quality Council;

(4) The practice must meet any other criteria established by the Advisory Group as part of the selection process.

Funding sources

(R.C. 185.10 and 185.11)

The Advisory Group is required to seek funding sources for the pilot project. The Advisory Group may apply for grants or seek federal funds, private donations, or any other funds available. The Advisory Group is authorized to ask for assistance from the Health Care Coverage and Quality Council in identifying and pursuing these funding sources.

All funds received by the Advisory Group are to be deposited into an account maintained in a financial institution for the benefit of the project. The account is to be in the custody of the Treasurer of State, but not part of the state treasury. Disbursements from the account are to be released by the Treasurer only upon a request bearing the signature of the Advisory Group's chairperson, executive director, or other person designated by the Advisory Group. The Advisory Group is authorized to use the funds as it considers necessary to implement and administer the project.

Funds and training provided to participating practices

(R.C. 185.08)

Upon securing adequate funding, the Advisory Group is required to provide to each participating physician practice and APN primary care practice reimbursement for not more than 75% of the cost incurred in purchasing any health information technology necessary to convert to the patient centered medical home model of care, including the cost of appropriate training and technical support.

As another service and support to participating practices, the pilot project must ensure that the physicians, APNs, and staff of each practice receive comprehensive training on the operation of a patient centered medical home. The training is to include assistance with leadership training, scheduling changes, staff support, and care management for chronic health conditions.

Contracts with participating practices

(R.C. 185.07)

The Advisory Group is required to enter into a contract with each primary care practice selected for inclusion in the pilot project. The contract is to include a requirement that the practice provide primary care services to patients and serve as the patients' medical home. In addition, the contract must require the practice to participate in the training of medical students, APN students, or primary care residents.

Medical home curricula

(R.C. 185.09)

As part of the pilot project, the Advisory Group is to jointly work with all medical and nursing schools in Ohio in the development of appropriate curricula designed to prepare primary care physicians and APNs to participate within the patient centered medical home model of care. The curriculum is to include:

(1) Components for use at the medical student, APN student, and primary care resident training levels;

(2) Components that reflect, as appropriate, the special needs of patients who are part of a medically underserved population, including Medicaid recipients, individuals without health insurance, individuals with disabilities, individuals with chronic health conditions, and individuals within racial or ethnic minority groups;

(3) Components that include training in interdisciplinary cooperation between physicians and APNs in the patient centered medical home model of care, including curricula ensuring that a common conception of a patient centered medical home model of care is provided to medical students, APNs, and primary care residents.

In developing the curricula, the Advisory Group is to work in association with medical and nursing schools to identify funding sources to ensure that the curricula are accessible to medical students, APN students, and primary care residents. This is to include a consideration of scholarship options or incentives provided to students in addition to those offered under the bill through the Choose Ohio First Scholarship Program (see below).

Reports

(R.C. 185.12)

The Advisory Group is to prepare reports of its findings and recommendations on the pilot project. Each report is to include an evaluation of the learning opportunities, physicians and APNs trained, costs of the project, and the extent to which the project has met the expected outcomes set by the Advisory Group.

An interim report is to be completed no later than six months after funding is first released to practices participating in the project. An update of the interim report is to be completed no later than one year after funding is first released. A final report is due not later than two years after funding is first released. Each report is to be submitted to the Governor, President and Minority Leader of the Senate, Speaker and Minority Leader of the House of Representatives, and Director of the Legislative Service Commission.

Health Care Coverage and Quality Council

(R.C. 3923.91)

Am. Sub. H.B. 1 of the 128th General Assembly (the biennial budget bill) established the Health Care Coverage and Quality Council to advise the Governor, General Assembly, public and private entities, and consumers on strategies to expand affordable health insurance coverage to more individuals and improve the cost and quality of Ohio's health insurance system and health care system. Existing law includes a list of duties to be fulfilled by the Council.

The bill adds duties to be performed by the Council relative to the medical home model of care.⁵ Specifically, it requires the Council to do the following:

(1) Review the medical home model of care concept, propose the characteristics of a patient centered medical home model of care, pursue appropriate funding opportunities for the development of a patient centered medical home model of care, and propose payment reforms that encourage implementation of a patient centered medical home model of care;

(2) Collaborate with the Chancellor of the Ohio Board of Regents or any other entity the Council considers appropriate to review issues that may cause limitations on the use of a patient centered medical home model of care;

⁵ These duties are general in nature and do not refer to the bill's pilot project.

(3) Recommend reporting requirements for any physician or APN practice using a patient centered medical home model of care.

Choose Ohio First Scholarship Program

Background

(R.C. 3333.61, not in the bill)

Current law requires the Chancellor of the Ohio Board of Regents to establish and administer the Ohio Innovation Partnership. The partnership is to consist of two programs: (1) the Choose Ohio First Scholarship Program and (2) the Ohio Research Scholars Program. Under the programs, the Chancellor, subject to approval by the Controlling Board, is to make awards to state universities or colleges for programs and initiatives that recruit students for the purpose of enhancing regional educational economic strengths and meeting the needs of Ohio's regional economies. The Choose Ohio First Scholarship Program is required to assign a number of scholarships to state universities and colleges to recruit Ohio residents as undergraduate or graduate students "in the fields of science, technology, engineering, mathematics, and medicine, or in science, technology, engineering, mathematics, or medical education." The Ohio Research Scholars Program is required to award grants for recruiting scientists to the faculties of state universities or colleges.

Awards may be granted for programs and initiatives to be implemented by a state university or college alone or in collaboration with other state institutions of higher education, nonpublic Ohio universities and colleges,⁶ or other public or private Ohio entities. If the Chancellor makes an award to a program or initiative intended to be implemented through a collaborative effort, the Chancellor may provide that a portion of the award be received directly by the collaborating universities or colleges consistent with all terms of the Ohio Innovation Partnership.

Primary care component to the program

(R.C. 3333.611 and 3333.612)

The bill requires the development of two proposals for the creation of two primary care components to the Choose Ohio First Scholarship Program. Each proposal must be submitted to the Chancellor not later than six months after the bill's effective date. The Chancellor must review the proposals and determine whether to implement them.

⁶ Current law requires a nonpublic institution that receives an award under the Choose Ohio First Scholarship Program to comply with all laws governing the Ohio Innovation Partnership.

One proposal is to address a primary care medical student component. It is to be jointly developed by all of the following:

- (1) The Dean of the Ohio State University School of Medicine;
- (2) The Dean of the Case Western Reserve University School of Medicine;
- (3) The Dean of the University of Toledo College of Medicine;
- (4) The President and Dean of the Northeastern Ohio Universities Colleges of Medicine and Pharmacy;
- (5) The Dean of the University of Cincinnati College of Medicine;
- (6) The Dean of the Boonshoft School of Medicine at Wright State University;
- (7) The Dean of the Ohio University College of Osteopathic Medicine.

The second proposal is to address a primary care nursing student component. The proposal is to be developed jointly by all of the following:

- (1) The Dean of the College of Nursing at the University of Toledo;
- (2) The Dean of the Wright State University College of Nursing and Health;
- (3) The Dean of the College of Nursing at Kent State University;
- (4) The Director of the School of Nursing at Ohio University.

The individuals developing the scholarship components are required to consider including in the proposal a request for the establishment of a scholarship of sufficient size to permit annually no more than 50 medical students or 30 APN students, as applicable, to receive scholarships. In addition, they are to consider specifying that a scholarship, once granted, be provided to a medical student for a maximum of four years or an APN for a maximum of three years.

To be eligible for a scholarship under the bill, a medical student or APN student is to do all of the following:

- (1) Participate in identified patient centered medical home model training opportunities during medical or nursing school;
- (2) Commit, for not less than three years, to a post-residency primary care practice in Ohio (in the case of a medical student) or to an APN primary care practice (in the case of a nursing student);

(3) Accept Medicaid recipients as patients, without restriction and, as compared to other patients, in a proportion that is specified in the scholarship.

HISTORY

ACTION	DATE
Introduced	06-02-09
Reported, H. Healthcare Access and Affordability	02-25-10

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