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Representatives Lehner, Ujvagi

**Cosponsors: Representatives Grossman, Harris, Jones, Weddington, Foley,
Domenick, Hackett, Burke, Bacon, Blair, Ruhl, Martin, Yuko, Derickson,
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Murray, Phillips, Pillich, Pryor, Reece, Slesnick, Stebelton, Stewart,
Williams, S.**

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A B I L L

To amend section 3923.91 and to enact sections 185.01 1
to 185.12, 3333.611, and 3333.612 of the Revised 2
Code to establish the Patient Centered Medical 3
Home Education Pilot Project and to authorize 4
implementation of a primary care component of the 5
Choose Ohio First Scholarship Program. 6

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That section 3923.91 be amended and sections 7
185.01, 185.02, 185.03, 185.04, 185.05, 185.06, 185.07, 185.08, 8
185.09, 185.10, 185.11, 185.12, 3333.611, and 3333.612 of the 9
Revised Code be enacted to read as follows: 10

Sec. 185.01. As used in this chapter: 11

(A) "Advanced practice nurse" has the same meaning as in section 4723.01 of the Revised Code. 12
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(B) "Collaboration" or "collaborating" has the same meaning as in section 4723.01 of the Revised Code. 14
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(C) "Health care coverage and quality council" means the entity established under section 3923.90 of the Revised Code. 16
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(D) "Patient centered medical home education advisory group" means the entity established under section 185.03 of the Revised Code to implement and administer the patient centered medical home education pilot project. 18
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(E) "Patient centered medical home education pilot project" means the pilot project established under section 185.02 of the Revised Code. 22
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Sec. 185.02. (A) There is hereby established the patient centered medical home education pilot project. The pilot project shall be implemented and administered by the patient centered medical home education advisory group. 25
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(B) The pilot project shall be operated to advance medical education in the patient centered medical home model of care. The patient centered medical home 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. 29
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(C) The pilot project shall not be operated in a manner that requires a patient, unless otherwise required by the Revised Code, to receive a referral from a physician in a practice selected for inclusion in the pilot project under section 185.05 of the Revised Code as a condition of being authorized to receive specialized health care services from an individual licensed or certified under Title XLVII of the Revised Code to provide those services. 35
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Sec. 185.03. (A) The patient centered medical home education advisory group is hereby created for the purpose of implementing and administering the patient centered medical home pilot project. The advisory group shall develop a set of expected outcomes for the pilot project. 42
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(B) The advisory group shall consist of the following voting members: 47
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(1) One individual with expertise in the training and education of primary care physicians who is appointed by the dean of the university of Toledo college of medicine; 49
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(2) One individual with expertise in the training and education of primary care physicians who is appointed by the dean of the Boonshoft school of medicine at Wright state university; 52
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(3) One individual with expertise in the training and education of primary care physicians who is appointed by the president and dean of the northeastern Ohio universities colleges of medicine and pharmacy; 55
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(4) One individual with expertise in the training and education of primary care physicians who is appointed by the dean of the Ohio university college of osteopathic medicine; 59
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(5) Two individuals appointed by the governing board of the Ohio academy of family physicians; 62
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(6) One individual appointed by the governing board of the Ohio chapter of the American college of physicians; 64
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(7) One individual appointed by the governing board of the American academy of pediatrics; 66
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(8) One individual appointed by the governing board of the Ohio osteopathic association; 68
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(9) One individual with expertise in the training and 70

education of advanced practice nurses who is appointed by the 71
governing board of the Ohio council of deans and directors of 72
baccalaureate and higher degree programs in nursing; 73

(10) One individual appointed by the governing board of the 74
Ohio nurses association; 75

(11) One individual appointed by the governing board of the 76
Ohio association of advanced practice nurses; 77

(12) A member of the health care coverage and quality 78
council, other than the advisory group member specified in 79
division (C)(2) of this section, appointed by the superintendent 80
of insurance. 81

(C) The advisory group shall consist of the following 82
nonvoting, ex officio members: 83

(1) The executive director of the state medical board, or the 84
director's designee; 85

(2) The executive director of the board of nursing or the 86
director's designee; 87

(3) The chancellor of the Ohio board of regents, or the 88
chancellor's designee; 89

(4) The individual within the department of job and family 90
services who serves as the director of medicaid, or the director's 91
designee. 92

(D) Advisory group members who are appointed shall serve at 93
the pleasure of their appointing authorities. Terms of office of 94
appointed members shall be three years, except that a member's 95
term ends if the pilot project ceases operation during the 96
member's term. 97

Vacancies shall be filled in the manner provided for original 98
appointments. 99

Members shall serve without compensation, except to the 100

extent that serving on the advisory group is considered part of 101
their regular employment duties. 102

(E) The advisory group shall select from among its members a 103
chairperson and vice-chairperson. The advisory group may select 104
any other officers it considers necessary to conduct its business. 105

A majority of the members of the advisory group constitutes a 106
quorum for the transaction of official business. A majority of a 107
quorum is necessary for the advisory group to take any action, 108
except that when one or more members of a quorum are required to 109
abstain from voting as provided in division (C)(1)(d) or (C)(2)(c) 110
of section 185.05 of the Revised Code, the number of members 111
necessary for a majority of a quorum shall be reduced accordingly. 112

The advisory group shall meet as necessary to fulfill its 113
duties. The times and places for the meetings shall be selected by 114
the chairperson. 115

(F) Sections 101.82 to 101.87 of the Revised Code do not 116
apply to the advisory group. 117

Sec. 185.04. The patient centered medical home education 118
advisory group may appoint an executive director and employ other 119
staff as it considers necessary to fulfill its duties. Until the 120
advisory group identifies an alternative, the Boonshoft school of 121
medicine at Wright state university shall provide administrative 122
support to the advisory group. 123

Sec. 185.05. (A) The patient centered medical home education 124
advisory group shall accept applications for inclusion in the 125
patient centered medical home education pilot project from primary 126
care practices with educational affiliations, as determined by the 127
advisory group, with one or more of the following: 128

(1) The Boonshoft school of medicine at Wright state 129
university; 130

<u>(2) The university of Toledo college of medicine;</u>	131
<u>(3) The northeastern Ohio universities colleges of medicine</u>	132
<u>and pharmacy;</u>	133
<u>(4) The Ohio university college of osteopathic medicine;</u>	134
<u>(5) The college of nursing at the university of Toledo;</u>	135
<u>(6) The Wright state university college of nursing and</u>	136
<u>health;</u>	137
<u>(7) The college of nursing at Kent state university;</u>	138
<u>(8) The school of nursing at Ohio university.</u>	139
<u>(B)(1) Subject to division (C)(1) of this section, the</u>	140
<u>advisory group shall select for inclusion in the pilot project not</u>	141
<u>more than the following number of physician practices:</u>	142
<u>(a) Ten practices affiliated with the Boonshoft school of</u>	143
<u>medicine at Wright state university;</u>	144
<u>(b) Ten practices affiliated with the university of Toledo</u>	145
<u>college of medicine;</u>	146
<u>(c) Ten practices affiliated with the northeastern Ohio</u>	147
<u>universities colleges of medicine and pharmacy;</u>	148
<u>(d) Ten practices affiliated with the centers for osteopathic</u>	149
<u>research and education of the Ohio university college of</u>	150
<u>osteopathic medicine.</u>	151
<u>(2) Subject to division (C)(2) of this section, the advisory</u>	152
<u>group shall select for inclusion in the pilot project not less</u>	153
<u>than the following number of advanced practice nurse primary care</u>	154
<u>practices:</u>	155
<u>(a) One practice affiliated with the college of nursing at</u>	156
<u>the university of Toledo;</u>	157
<u>(b) One practice affiliated with the Wright state university</u>	158
<u>college of nursing and health;</u>	159

(c) One practice affiliated with the college of nursing at 160
Kent state university; 161

(d) One practice affiliated with the school of nursing at 162
Ohio university. 163

(C)(1) All of the following apply with respect to the 164
selection of physician practices under division (B) of this 165
section: 166

(a) The advisory group shall strive to select physician 167
practices in such a manner that the pilot project includes a 168
diverse range of primary care specialties, including practices 169
specializing in pediatrics, geriatrics, general internal medicine, 170
or family medicine. 171

(b) When evaluating an application, the advisory group shall 172
consider the percentage of patients in the physician practice who 173
are part of a medically underserved population, including medicaid 174
recipients and individuals without health insurance. 175

(c) The advisory group shall select not fewer than six 176
practices that serve rural areas of this state, as those areas are 177
determined by the advisory group. 178

(d) A member of the advisory group shall abstain from 179
participating in any vote taken regarding the selection of a 180
physician practice if the member would receive any financial 181
benefit from having the practice included in the pilot project. 182

(2) All of the following apply with respect to the selection 183
of advanced practice nurse primary care practices under division 184
(B) of this section: 185

(a) When evaluating an application, the advisory group shall 186
consider the percentage of patients in the advanced practice nurse 187
primary care practice who are part of a medically underserved 188
population, including medicaid recipients and individuals without 189

health insurance. 190

(b) If the advisory group determines that it has not received 191
an application from a sufficiently qualified advanced practice 192
nurse primary care practice affiliated with a particular 193
institution specified in division (B)(2) of this section, the 194
advisory group shall make the selections required under that 195
division in such a manner that the greatest possible number of 196
those institutions are represented in the pilot project. To be 197
selected in this manner, a practice remains subject to the 198
eligibility requirements specified in division (B) of section 199
185.06 of the Revised Code. As specified in division (B)(2) of 200
this section, the number of practices selected for inclusion in 201
the pilot project shall be at least four. 202

(c) A member of the advisory group shall abstain from 203
participating in any vote taken regarding the selection of an 204
advanced practice nurse primary care practice if the member would 205
receive any financial benefit from having the practice included in 206
the pilot project. 207

Sec. 185.06. (A) To be eligible for inclusion in the patient 208
centered medical home education pilot project, a physician 209
practice shall meet all of the following requirements: 210

(1) Consist of physicians who are board-certified in family 211
medicine, general pediatrics, or internal medicine, as those 212
designations are issued by a medical specialty certifying board 213
recognized by the American board of medical specialties or 214
American osteopathic association; 215

(2) Be capable of adapting the practice during the period in 216
which the practice receives funding from the patient centered 217
medical home education advisory group in such a manner that the 218
practice is fully compliant with the minimum standards for 219
operation of a patient centered medical home, as those standards 220

<u>are established by the advisory group;</u>	221
<u>(3) Comply with any reporting requirements recommended by the</u>	222
<u>health care coverage and quality council under division (A)(12) of</u>	223
<u>section 3923.91 of the Revised Code;</u>	224
<u>(4) Meet any other criteria established by the advisory group</u>	225
<u>as part of the selection process.</u>	226
<u>(B) To be eligible for inclusion in the pilot project, an</u>	227
<u>advanced practice nurse primary care practice shall meet all of</u>	228
<u>the following requirements:</u>	229
<u>(1) Consist of advanced practice nurses who meet all of the</u>	230
<u>following requirements:</u>	231
<u>(a) Hold a certificate to prescribe issued under section</u>	232
<u>4723.48 of the Revised Code;</u>	233
<u>(b) Are board-certified as a family nurse practitioner or</u>	234
<u>adult nurse practitioner by the American academy of nurse</u>	235
<u>practitioners or American nurses credentialing center,</u>	236
<u>board-certified as a geriatric nurse practitioner or women's</u>	237
<u>health nurse practitioner by the American nurses credentialing</u>	238
<u>center, or is board-certified as a pediatric nurse practitioner by</u>	239
<u>the American nurses credentialing center or pediatric nursing</u>	240
<u>certification board;</u>	241
<u>(c) Has a collaboration agreement with a physician with board</u>	242
<u>certification as specified in division (A)(1) of this section and</u>	243
<u>who is an active participant on the health care team.</u>	244
<u>(2) Be capable of adapting the primary care practice during</u>	245
<u>the period in which the practice receives funding from the</u>	246
<u>advisory group in such a manner that the practice is fully</u>	247
<u>compliant with the minimum standards for operation of a patient</u>	248
<u>centered medical home, as those standards are established by the</u>	249
<u>advisory group;</u>	250

(3) Comply with any reporting requirements recommended by the health care coverage and quality council under division (A)(12) of section 3923.91 of the Revised Code; 251
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(4) Meet any other criteria established by the advisory group as part of the selection process. 254
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Sec. 185.07. The patient centered medical home education advisory group shall enter into a contract with each primary care practice selected for inclusion in the patient centered medical home education pilot project. The contract shall specify the terms and conditions for inclusion in the pilot project, including a requirement that the practice provide primary care services to patients and serve as the patients' medical home. The contract shall also require the practice to participate in the training of medical students, advanced practice nursing students, or primary care residents. 256
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Sec. 185.08. The patient centered medical home education pilot project shall include the following services and supports for each primary care practice included in the pilot project: 266
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(A) Upon securing adequate funding, the patient centered medical home education advisory group shall provide to each participating primary care practice reimbursement for not more than seventy-five per cent of the cost incurred in purchasing any health information technology required to convert to the patient centered medical home model of care, including the cost incurred for appropriate training and technical support. 269
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(B) The physicians, advanced practice nurses, and staff of the practice shall receive comprehensive training on the operation of a patient centered medical home, including assistance with leadership training, scheduling changes, staff support, and care management for chronic health conditions. 276
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Sec. 185.09. (A) The patient centered medical home education advisory group shall jointly work with all medical and nursing schools in this state to develop appropriate curricula designed to prepare primary care physicians and advanced practice nurses to practice within the patient centered medical home model of care. In developing the curricula, the advisory group, medical schools, and nursing schools shall include all of the following:

(1) Components for use at the medical student, advanced practice nursing 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 advanced practice nurses 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, advanced practice nurses, and primary care residents.

(B) The advisory group shall work in association with the medical and nursing schools to identify funding sources to ensure that the curricula developed under division (A) of this section are accessible to medical students, advanced practice nursing students, and primary care residents. The advisory group shall consider scholarship options or incentives provided to students in addition to those provided under the choose Ohio first scholarship program operated under section 3333.61 of the Revised Code.

Sec. 185.10. The patient centered medical home education advisory group shall seek funding sources for the patient centered medical home education pilot project. In doing so, the advisory group may apply for grants, seek federal funds, seek private donations, or seek any other type of funding that may be available for the pilot project. To ensure that appropriate sources of and opportunities for funding are identified and pursued, the advisory group may ask for assistance from the health care coverage and quality council. 311
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Sec. 185.11. (A) All funds received on behalf of the patient centered medical home education advisory group shall be deposited into an account maintained in a financial institution for the benefit of the patient centered medical home education pilot project. The account shall be in the custody of the treasurer of state, but shall not be part of the state treasury. All disbursements from the account shall be released by the treasurer of state only upon a request bearing the signature of the advisory group's chairperson, another person designated by the advisory group, or, if an executive director has been appointed, the advisory group's executive director. 320
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(B) The advisory group may use the funds deposited into the account as it considers necessary to fulfill its duties in implementing and administering the pilot project. 331
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Sec. 185.12. (A) The patient centered medical home education advisory group shall prepare reports of its findings and recommendations from the patient centered medical home education pilot project. Each report shall include an evaluation of the learning opportunities generated by the pilot project, the physicians and advanced practice nurses trained in the pilot project, the costs of the pilot project, and the extent to which 334
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the pilot project has met the set of expected outcomes developed 341
under division (A) of section 185.03 of the Revised Code. 342

(B) The reports shall be completed in accordance with the 343
following schedule: 344

(1) An interim report not later than six months after the 345
date on which the first funding is released pursuant to section 346
185.11 of the Revised Code; 347

(2) An update of the interim report not later than one year 348
after the date on which the first funding is released; 349

(3) A final report not later than two years after the date on 350
which the first funding is released. 351

(C) The advisory group shall submit each of the reports to 352
the governor and, in accordance with section 101.68 of the Revised 353
Code, to the general assembly. 354

Sec. 3333.611. (A) All of the following individuals shall 355
jointly develop a proposal for the creation of a primary care 356
medical student component of the choose Ohio first scholarship 357
program operated under section 3333.61 of the Revised Code under 358
which scholarships are annually made available and awarded to 359
medical students who meet the requirements specified in division 360
(D) of this section: 361

(1) The dean of the Ohio state university school of medicine; 362

(2) The dean of the Case western reserve university school of 363
medicine; 364

(3) The dean of the university of Toledo college of medicine; 365

(4) The president and dean of the northeastern Ohio 366
universities colleges of medicine and pharmacy; 367

(5) The dean of the university of Cincinnati college of 368

<u>medicine;</u>	369
<u>(6) The dean of the Boonshoft school of medicine at Wright state university;</u>	370 371
<u>(7) The dean of the Ohio university college of osteopathic medicine.</u>	372 373
<u>(B) The individuals specified in division (A) of this section shall consider including the following provisions in the proposal:</u>	374 375
<u>(1) Establishing a scholarship of sufficient size to permit annually not more than fifty medical students to receive scholarships;</u>	376 377 378
<u>(2) Specifying that a scholarship, once granted, may be provided to a medical student for not more than four years.</u>	379 380
<u>(C) The individuals specified in division (A) of this section shall submit the proposal for the component to the chancellor of the Ohio board of regents not later than six months after the effective date of this section. The chancellor shall review the proposal and determine whether to implement the component as part of the program.</u>	381 382 383 384 385 386
<u>(D) To be eligible for a scholarship made available under the component, a medical student shall meet all of the following requirements:</u>	387 388 389
<u>(1) Participate in identified patient centered medical home model training opportunities during medical school;</u>	390 391
<u>(2) Commit to a post-residency primary care practice in this state for not less than three years;</u>	392 393
<u>(3) Accept medicaid recipients as patients, without restriction and, as compared to other patients, in a proportion that is specified in the scholarship.</u>	394 395 396
<u>Sec. 3333.612. (A) All of the following individuals shall</u>	397

jointly develop a proposal for the creation of a primary care 398
nursing student component of the choose Ohio first scholarship 399
program operated under section 3333.61 of the Revised Code under 400
which scholarships are annually made available and awarded to 401
advanced practice nursing students who meet the requirements 402
specified in division (D) of this section: 403

(1) The dean of the college of nursing at the university of 404
Toledo; 405

(2) The dean of the Wright state university college of 406
nursing and health; 407

(3) The dean of the college of nursing at Kent state 408
university; 409

(4) The director of the school of nursing at Ohio university. 410

(B) The individuals specified in division (A) of this section 411
shall consider including the following provisions in the proposal: 412

(1) Establishing a scholarship of sufficient size to permit 413
annually not more than thirty advanced practice nursing students 414
to receive scholarships; 415

(2) Specifying that a scholarship, once granted, may be 416
provided to an advanced practice nursing student for not more than 417
three years. 418

(C) The individuals specified in division (A) of this section 419
shall submit the proposal for the component to the chancellor of 420
the Ohio board of regents not later than six months after the 421
effective date of this section. The chancellor shall review the 422
proposal and determine whether to implement the component as part 423
of the program. 424

(D) To be eligible for a scholarship made available under the 425
component, an advanced practice nursing student shall meet all of 426
the following requirements: 427

(1) Participate in identified patient centered medical home model training opportunities during nursing school; 428
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(2) Commit to an advanced practice nursing primary care practice in this state after completing nursing school for not less than three years; 430
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(3) Accept medicaid recipients as patients, without restriction and, as compared to other patients, in a proportion that is specified in the scholarship. 433
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Sec. 3923.91. (A) The health care coverage and quality council shall do all of the following: 436
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(1) Advise the governor and general assembly on strategies to improve health care programs and health insurance policies and benefit plans; 438
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(2) Monitor and evaluate implementation of strategies for improving access to health insurance coverage and improving the quality of the state's health care system, identify barriers to implementing those strategies, and identify methods for overcoming the barriers; 441
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(3) Catalog existing health care data reporting efforts and make recommendations to improve data reporting in a manner that increases transparency and consistency in the health care and insurance coverage systems; 446
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(4) Study health care financing alternatives that will increase access to health insurance coverage, promote disease prevention and injury prevention, contain costs, and improve quality; 450
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(5) Evaluate the systems that individuals use to obtain or otherwise become connected with health insurance and recommend improvements to those systems or the use of alternative systems; 454
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(6) Recommend minimum coverage standards for basic and 457

standard health insurance plans offered by insurance carriers; 458

(7) Recommend strategies, such as subsidies, to assist 459
individuals in being able to afford health insurance coverage; 460

(8) Recommend strategies to implement health information 461
technology to support improved access and quality and reduced 462
costs in the state's health care system; 463

(9) Study alternative care management options for medicaid 464
recipients who are not required to participate in the care 465
management system established under section 5111.16 of the Revised 466
Code; 467

(10) Review the medical home model of care concept, propose 468
the characteristics of a patient centered medical home model of 469
care, pursue appropriate funding opportunities for the development 470
of a patient centered medical home model of care, and propose 471
payment reforms that encourage implementation of a patient 472
centered medical home model of care; 473

(11) Collaborate with the chancellor of the Ohio board of 474
regents or any other entity the council considers appropriate to 475
review issues that may cause limitations on the use of a patient 476
centered medical home model of care; 477

(12) Recommend reporting requirements for any physician 478
practice or advanced practice nurse primary care practice using a 479
patient centered medical home model of care; 480

(13) Perform any other duties specified in rules adopted by 481
the superintendent of insurance. 482

(B) The council shall prepare and issue an annual report, 483
which may include recommendations, on or before the thirty-first 484
day of December of each year. The council may prepare and issue 485
other reports and recommendations at other times that the council 486
finds appropriate. 487

(C) The superintendent may adopt rules as necessary for the 488
council to carry out its duties. The rules shall be adopted under 489
Chapter 119. of the Revised Code. In adopting the rules, the 490
superintendent may consider any recommendations made by the 491
council. 492

Section 2. That existing section 3923.91 of the Revised Code 493
is hereby repealed. 494