



Ohio Legislative Service Commission

Bill Analysis

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H.B. 198

128th General Assembly
(As Introduced)

Reps. Lehner and Ujvagi, Grossman, Harris, Jones, Weddington, Foley, Domenick, Hackett, Burke, Bacon, Blair, Ruhl, Martin, Yuko, Derickson, Newcomb, Harwood, Letson, Moran, Winburn

BILL SUMMARY

MEDICAL HOME MODEL DEMONSTRATION PROJECT

- Creates the Medical Home Model Demonstration Project for evaluating the Medical Home Model of Care, as the model is defined by the American Academy of Family Physicians, through the participation of primary care physician practices in the greater Dayton metropolitan area and Lucas County.
- Provides for the project to be operated until March 1, 2012.
- Creates the Medical Home Council to implement and administer the project.
- Requires the Council to select from the greater Dayton metropolitan area no more than ten physician practices for inclusion in the project by October 1, 2009, and no more than ten additional physician practices not earlier than October 1, 2010.
- Requires the Council to select, not earlier than January 1, 2010, from among the Lucas County applicants, no more than ten physician practices for inclusion in the project.
- Requires the Council to enter into a contract with each physician practice selected for participation.
- Requires, for eligibility to participate in the project, that a physician practice (1) provide primary care services in the surrounding areas of Dayton, in Lucas County, or in the counties contiguous to Lucas or Montgomery Counties, (2) consist of physicians who are board-certified in family medicine, general pediatrics, or internal medicine, (3) be capable of adapting its practice in compliance with the minimum

standards for a patient-centered medical home, as the standards are determined by the National Committee for Quality Assurance, and (4) meet any other criteria established by the Medical Home Council.

- Requires the project to (1) reimburse each physician-practice participant for up to 75% of the cost to purchase health information technology required to convert to the Medical Home Model of Care and (2) provide the physicians and staff with comprehensive training on the operation of a medical home.
- Requires the project to include a medical education component to support the training of new primary care physicians, including medical students and participants in primary care residencies, in the Medical Home Model of Care.
- Requires the Council to prepare and submit to the Governor and General Assembly three annual reports of its findings and recommendations from the project.
- Makes an appropriation.

CHOOSE OHIO FIRST SCHOLARSHIP PROGRAM

- Requires certain medical school officials in Ohio, by October 30, 2009, to develop a proposal to be submitted to the Chancellor of the Ohio Board of Regents for the creation of a primary care component of the Choose Ohio First Scholarship Program, under which component scholarships are to be made available and awarded to medical students who commit to a post-residency primary care practice in Ohio for at least three years, accept a proportion of Medicaid recipients as patients without restriction, and access specific medical home training opportunities.
- Requires the Chancellor to review the proposal and determine whether to implement the component as part of the Choose Ohio First Scholarship Program.
- Requires the Chancellor, in fiscal year 2010 and fiscal year 2011, to award at least 50 Choose Ohio First Scholarships to state-assisted institutions of higher education with proposals for training medical students in the Medical Home Model of Care.

CONTENT AND OPERATION

Medical Home Model Demonstration Project

(R.C. 3901.90; Section 2)

Purpose and implementation of the project

The bill creates the Medical Home Model Demonstration Project, for the purpose of evaluating the Medical Home Model of Care (as the model is defined by the American Academy of Family Physicians), through the participation of primary care physician practices in the greater Dayton metropolitan area and Lucas County. According to the American Academy of Family Physicians, the Patient-Centered Medical Home, which appears to be equivalent to the "Medical Home Model of Care" as that term is used in the bill, is an approach to providing comprehensive primary medical care. The approach involves numerous principles, including the principles that each patient should have an ongoing relationship with a personal physician who provides first contact and continuous and comprehensive care, and that patients should have enhanced access to care through open scheduling and expanded hours.¹

The project is to be implemented not later than October 1, 2009. The bill provides for the laws governing the project to be repealed on March 1, 2012.

Medical Home Council

The bill creates the Medical Home Council to implement and administer the demonstration project, with administrative support to be provided by the Department of Insurance. The Council is to be composed of the following nine members:

(1) Three individuals appointed by the Health Care Coverage and Quality Council,² each of whom is to serve at the pleasure of that Council;

(2) Three individuals appointed by the governing board of the Greater Dayton Primary Care Collaborative, each of whom is to serve at the pleasure of the governing board;

¹ American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association. *Joint Principles of the Patient-Centered Medical Home* (March 2007), available at <www.medicalhomeinfo.org/joint%20Statement.pdf>.

² The Health Care Coverage and Quality Council is proposed to be created in statute by Am. Sub. H.B. 1 of the 128th General Assembly, the state biennial main operating budget bill. A council with the same name has already been created within the Governor's office.

(3) Three individuals from the governing board of an entity similar to the Greater Dayton Primary Care Collaborative, but which is located in Lucas County, each of whom is to serve at the pleasure of the governing board, but not until the Health Care Coverage and Quality Council selects the entity in Lucas County.

The bill requires the Medical Home Council to develop a set of expected outcomes for the project. The bill also requires the Council to accept applications from primary care physician practices seeking participation in the project. Regarding applications from physician practices located in the greater Dayton metropolitan area, the Council is to select, not later than October 1, 2009, no more than ten physician practices for inclusion in the project and, not earlier than October 1, 2010, no more than ten additional physician practices. Regarding applications from physician practices located in Lucas County, the Council is to select, not earlier than January 1, 2010, no more than ten physician practices for inclusion in the project.

The Council is to enter into a contract with each physician practice selected for inclusion in the project. The contract is to include the terms and conditions for participation, including a requirement that the physician practice provide primary care services to patients and serve as the patient's medical home.

Eligibility for participation in the project

To be eligible for inclusion in the project, if a physician practice is located in the greater Dayton metropolitan area, it must offer primary care services in the geographic area of the city of Dayton by October 1, 2009. The bill specifies that this area may include any of the surrounding areas of Dayton and the counties contiguous to Montgomery County. If a physician practice is located in Lucas County, it must offer primary care services in the geographic area of Lucas County not earlier than January 1, 2010.³ The bill specifies that this area may include areas in the counties contiguous to Lucas County. A physician practice located in Lucas County must also be approved by the Health Care Coverage and Quality Council. In addition, regardless of the location of a physician practice, it must meet each of the following three requirements:

(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 board of the American Medical Association or the American Osteopathic Association.

³ An amendment may be needed to accord this provision with the provision of the bill specifying when the Medical Home Council may select Lucas County applicants for inclusion in the project.

(2) The practice must be capable of adapting its practice during the project such that it is fully compliant with the minimum standards for a patient-centered medical home, as those standards are determined by the National Committee for Quality Assurance.⁴

(3) The practice must meet any other criteria established by the Medical Home Council as part of the selection process.

Support for project participants

The bill requires the demonstration project to include the following services and supports for each physician practice included in the project:

(1) Each practice is to receive reimbursement for not greater than 75% of the cost to purchase any health information technology required to convert to the Medical Home Model of Care, including appropriate training and technical support.

(2) The physicians and staff of the practice are to receive comprehensive training on the operation of a medical home, including assistance with leadership training, scheduling changes, staff support, and chronic care management.

Medical education component

As part of the demonstration project, the Medical Home Council is to establish a medical education component to support the training of new primary care physicians, including medical students and participants in primary care residencies, in the Medical Home Model of Care. The Council is to develop curricula designed to thoroughly prepare primary care physicians to practice within the Medical Home Model of Care. In developing the curricula, the Council is to consult with and obtain assistance from the Wright State University Boonshoft School of Medicine, the Ohio University College of Osteopathic Medicine, and the University of Toledo College of Medicine.

⁴ The National Committee for Quality Assurance (NCQA) is a private, not-for-profit organization that has developed quality standards and performance measures for health care entities. To obtain and maintain NCQA's seal, a health care entity must undergo a comprehensive review and annually report on its performance. NCQA has developed a program for evaluating a physician practice serving as a "patient-centered medical home." According to the NCQA's web site, there are nine standards, including ten elements that must be passed, which can result in one of three levels of recognition. (NCQA, *Physician Practice Connections - Patient-Centered Medical Home*, available at <<http://www.ncqa.org/tabid/675/Default.aspx>>.)

Council reports

The Medical Home Council is to prepare reports of its findings and recommendations from the demonstration project. Each report is to include an evaluation of the medical outcomes and costs of the project. An interim report is to be completed by March 1, 2010, an update of the interim report a year later in 2011, and a final report two years later in 2012. The Council is to submit each report to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Funding

(Section 4)

The bill makes the following appropriations:

(1) \$1,406,000 in fiscal year 2010 and \$2,465,000 in fiscal year 2011 for the demonstration project. Of these amounts, the Medical Home Council is to receive up to \$640,000 in fiscal year 2010 and \$1,635,000 in fiscal year 2011 to provide up to 75% of the cost to convert 20 physician practices to the Medical Home Model of Care. The earmarked amounts may include administrative costs of not more than \$150,000 in each fiscal year.

(2) \$800,000 in fiscal year 2010 and \$600,000 in fiscal year 2011 to support the development of medical school curricula under the bill to prepare primary care physicians to practice within the 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 and economic strengths and meeting the needs of Ohio's regional economies. More specifically, 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,⁵ 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

(R.C. 3333.611)

The bill requires certain officials at universities and colleges in Ohio to jointly develop a proposal for the creation of a primary care component of the Choose Ohio First Scholarship Program. The bill specifies that under the component scholarships are to be annually made available and awarded to medical students who meet all of the following requirements:

- (1) Commit to a post-residency primary care practice in Ohio for at least three years;
- (2) Accept a proportion of Medicaid recipients, as specified in the scholarship, as patients, without restriction;
- (3) Identify specific medical home training opportunities that the medical student will access during the student's medical training.

The officials required to jointly develop the proposal for the primary care component are all of the following:

- (1) The Dean of The Ohio State University School of Medicine;
- (2) The Dean of Case Western Reserve University School of Medicine;
- (3) The Dean of the University of Toledo College of Medicine;
- (4) The President and Dean of Northeastern Ohio Universities Colleges of Medicine and Pharmacy;

⁵ 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.

- (5) The Dean of the University of Cincinnati College of Medicine;
- (6) The Dean of the Boonshoft School of Medicine at Wright State University;
- and
- (7) The Dean of the Ohio University College of Osteopathic Medicine.

The proposal for the primary care component is to be submitted to the Chancellor by October 30, 2009. The bill requires the Chancellor to review the proposal and determine whether to implement the component as part of the Choose Ohio First Scholarship Program.

Scholarship awards in fiscal years 2010 and 2011

(Section 3)

The bill requires the Chancellor of the Ohio Board of Regents, in fiscal years 2010 and 2011, to award at least 50 Choose Ohio First Scholarships to state-assisted institutions of higher education with proposals for training medical students in the Medical Home Model of Care. The bill permits all Ohio state-assisted institutions of higher education with a school or college of medicine to submit a proposal for the scholarships. The bill exempts the proposals from compliance with existing requirements governing the recruitment of Ohio residents who are studying at colleges and universities in other states or other countries. The proposals are to include a mechanism to ensure that each student accepting a scholarship will (1) complete residency training in a family medicine, general internal medicine, or general pediatrics specialty in Ohio, (2) practice family or primary care medicine in Ohio for at least three years after the student's completion of residency training, and (3) meet the bill's established criteria for the inclusion of Medicaid recipients.

Because of the relation of the provisions in the preceding paragraph to appropriations, these provisions are to go into immediate effect.

HISTORY

ACTION	DATE
Introduced	06-02-09