

A Summary of State Patient-Centered Medical Home Laws, December 2013

Background

The Patient-Centered Medical Home (PCMH) health care delivery model is considered a promising approach to delivering high-quality, cost-effective primary care.^{1,2,3} Using a culturally appropriate, patient-centered, team-based approach, the PCMH model coordinates care across the health system.⁴ Originally designed to manage the care of children with chronic illnesses, the PCMH model has proven effective in a number of areas such as chronic disease management, patient and provider satisfaction, cost savings, improved quality of care measures, and increased preventive care and other metrics.⁵⁻⁷ Access, continuity of care, and health information technology are core principles of the PCMH model.^{7,8}

The National Committee for Quality Assurance (NCQA) is dedicated to improving health care quality and systems by developing standards and measurement tools that organizations and individuals can use to assess performance and identify improvement opportunities.⁹ NCQA developed new PCMH standards in 2014, consisting of (1) patient-centered access, (2) team-based care, (3) population health management, (4) care management and support, (5) care coordination and care transitions, and (6) performance measures and quality improvement.

A study conducted from 2007 to 2008 revealed that almost half (46.3%) of all primary care practices did not meet NCQA medical home standards.¹⁰ However, states are taking action to make PCMH a more mainstream practice.¹¹ Demonstration projects are underway in Michigan, North Carolina, and Rhode Island in various health system settings including Medicare, Medicaid, insurance plans, and multipayer coalitions.^{8,11} In addition, Medicaid programs in 25 states implement payment structures that facilitate the adoption of PCMH models among primary care providers.¹²

State laws provide another means to support the development of PCMH among health care practices. This fact sheet summarizes the extent to which states have enacted laws that facilitate the adoption of the PCMH health care delivery model, and describes some common elements of state PCMH laws.

Data Collection

Laws (statutes and regulations) were collected and reviewed in the 50 states and Washington, D.C. (collectively referred to as “states”), using the legal search engine, Westlaw (Thomson Reuters, Eagan, Minnesota), in effect as of December 31, 2013 (Table 1). Search terms included “medical home,” “health care home,” “health home,” and “patient centered primary care home.” Laws are coded according to the level of authority (e.g., required, authorized or encouraged, or prohibited) specified in the text with respect to 17 policy elements identified in a review of scientific literature (Table 2).

State Laws

As of December 31, 2013, a total of 36 states have laws authorizing or affecting PCMH (Figure 1, Table 1). Results of the 17 policy elements are explained below (Table 2).

Eligibility. The most common type of law addresses eligibility for coverage of Medicaid and dual eligible patients (33 states). Twelve states have laws authorizing or encouraging PCMH eligibility for privately insured patients. Most states in this category encourage private insurance providers to incentivize PCMH participation, but no state requires unrestricted private insurer involvement. Twenty-two states require PCMH for state funded programs such as Medicaid, Children’s Health Insurance Program (CHIP), or state employee insurance.

Twenty-four states authorize the use of PCMH for adults with chronic conditions. Eight authorize PCMH for adults with acute conditions.

Care coordination. Twenty-seven states have enacted laws that facilitate linkages between primary care, specialists, community centers, pharmacists, schools, or other systems. States are also increasing access to PCMH through laws that allow patient access to out-of-network providers (2 states) and enhanced access through open scheduling or expanded hours (14 states).

Electronic health data. Health information technology (HIT) is a mechanism that providers can use to collect, store, and exchange patient medical data, and to create automated processes such as scheduling and refilling prescriptions.¹³

HIT provides a means to use electronic health records (EHR), which are computerized versions of patient medical records (containing information such as medical history, diagnoses, and medications used) that can be shared by multiple authorized providers or health care facilities to improve efficiency in treatment.¹⁴ Fourteen states authorize or encourage the use of HIT generally. Twenty states authorize or encourage the use of EHR specifically.

Quality measures. Twenty-five states have established quality performance standards, measures, or indicators. Of these, 13 states refer to the NCQA standards. Eleven states have certification requirements. Three states with certification requirements allow waivers from certification. Thirteen states require providers to provide patients with anticipatory guidance, health education, or other information.

Payment structures. To encourage cost effectiveness, 18 states promote performance-based payment structures such as value based design or pay for performance measures. Such payment methods are intended to incentivize high quality care and discourage unnecessary or duplicative services. Sixteen states developed or designated a committee or task force to administer the PCMH program.

Sanctions. Of the 36 states with PCMH laws, 4 states have statutes imposing sanctions for non-compliance with required standards.

Implications

The PCMH health care delivery model is a promising practice that has demonstrated success in addressing chronic diseases such as cardiovascular disease and stroke. State law is one approach to expanding the development of PCMH among health care practices, establishing uniform standards, and expanding the reach of these coordinated care programs.

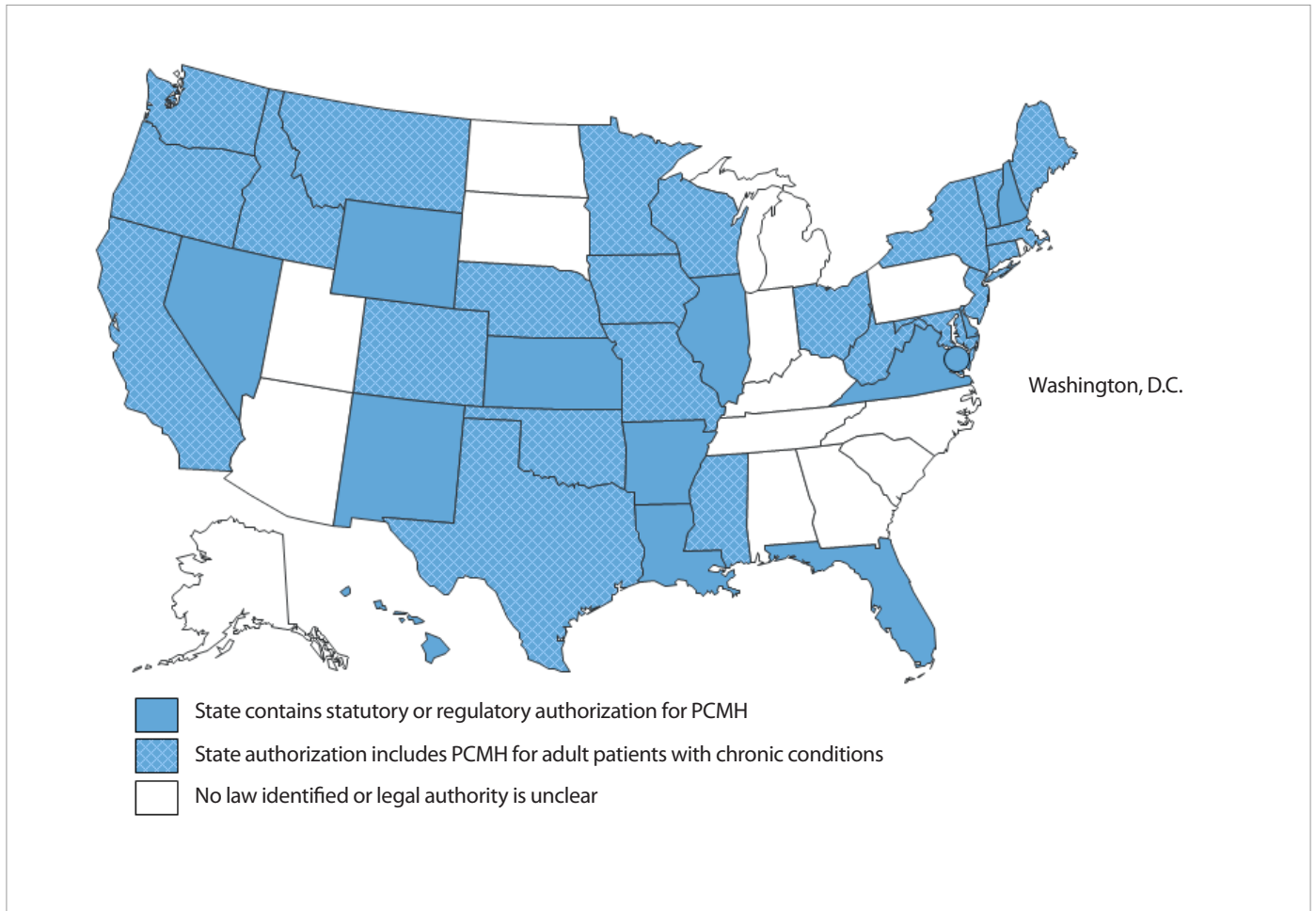


Figure 1: Map of States with Authorization for Patient-Centered Medical Homes, 2013

Table 1. State Patient-Centered Medical Home Statutory and Regulatory Citations in effect, December 2013

State	Statutory Citations	Regulatory Citations
AL	None Identified	None Identified
AK	None Identified	None Identified
AZ	None Identified	None Identified
AR	ARK. CODE ANN. § 20-77-2406 (WEST 2013)	None Identified
CA	CAL HEALTH & SAFETY CODE §§ 124011, 124013 (WEST 2013); CAL WELF. & INST. CODE §§ 14180, 14182, 14182.2, 15904, 15905, 1510.2 (WEST 2013)	CAL. CODE REGS. TIT. 10, § 6410 (WEST 2013)
CO	COLO. REV. STAT. ANN. §§ 10-16-104, 25.5-1-103, 25.5-1-109, 25.5-1-123, 25.5-1-128, 25.5-6-113 (WEST 2013)	None Identified
CT	CONN. GEN. STAT. ANN. §§ 3-123bbb, 17b-28, 17b-263c, 19a-45b, 19a-45c, 19a-725 (WEST 2013)	None Identified
DC	D.C. CODE § 31-3171.16 (WEST 2013)	D.C. MUN. REGS. TIT. 10-A, § 1106; 22-B, § 6103 (WEST 2013)
DE	None Identified	16 DEL. ADMIN. CODE MED 2.1, 2.2 (WEST 2013)
FL	FLA. STAT. ANN. §§ 391.016, 393.0661, 409.91211, 409.966, 411.227 (WEST 2013)	None Identified
GA	None Identified	None Identified
HI	HAW. REV. STAT. § 461-11.4 (WEST 2013)	None Identified
ID	IDAHO CODE §§ 31-3502, 3503F; 56-252 to 255; 56-263 (WEST 2013)	IDAHO ADMIN. CODE R. 16.03.09.399, .413, .560, .564, .565, .570 to .576 (WEST 2013)
IL	20 ILL. COMP. STAT. 415/4d, 215 ILL. COMP. STAT. 106/23, 305 ILL. COMP. STAT. 5/5-30 (WEST 2013)	ILL. ADMIN. CODE TIT. 89, § 140.990 (WEST 2013)
IN	None Identified	None Identified
IA	IOWA CODE ANN. §§ 135.106, .157 to .159; 225D.2; 249J.6 to .7; 249N.2 and .6; 331.397 and .439D (WEST 2013)	IOWA ADMIN. CODE R. 441-25.1(331) and 25.2(331); 441-74.12(249A,85GA,SF446); 441-77.3(249A); 441-77.47(249A); 441-78.33(249A); 441-78.53(249A); 441-79.1(249A); 441-79.3(249A); 441-92.1(249A, 249J); 441-92.8 (249A, 249J); 441-92.9; 641-76.4(135) (WEST 2013)
KS	KAN. STAT. ANN. § 75-7429 (WEST 2013)	None Identified
KY	None Identified	None Identified
LA	LA. REV. STAT. ANN. § 39:100.51; 40:1300.361; 46:978 to 978.2 (WEST 2013)	LA. ADMIN. CODE TIT. 50, §§ 2917, 3101, 3303, 6103, 6303, 6501, 6903; TIT. 67, § 5119 (WEST 2013)
ME	ME. REV. STAT. TIT. 24-A, § 4320-H (WEST 2013)	10-144-101-2 ME. CODE R. § 91; 10-144-101-3 ME. CODE R. § 91; 10-144-101-6 ME. CODE R. § 1 (WEIL 2013)
MD	MD. CODE ANN., HEALTH-GEN. §§ 19-143; 19-1A-01 to 05; 19-2201; 20-1405; MD. CODE ANN., INS. § 15-1802 (WEST 2013)	MD. CODE REGS. 10.09.33.01 to .11; 10.09.62.01; 10.09.65.02; 10.45.01.01; 10.45.07.02 (WEST 2013)
MA	MASS. GEN. LAWS ANN. CH. 6D §§ 1, 5, 14, 15; CH. 12C §§ 1 and 16; CH. 176J § 11 (WEST 2013)	958 MASS. CODE REGS. 5.03 (WEST 2013)
MI	None Identified	None Identified
MN	MINN. STAT. ANN. §§ 62U.02, .03, .04, .15; 144A.471; 144E.28; 256.963; 256.975; 256B.021, .0625, .0751, .0752, .0753, .0757 (WEST 2013)	MINN. R. 4764.0010 to .0070 (2013)
MS	MISS. CONST. § --- (OFFICIAL CLASSIFICATION PENDING, ADDED BY LAWS 2010, CH. 402, § 1); MISS. CODE ANN. §§ 41-3-61; 43-13-117 (WEST 2013)	18-17-1 MISS. CODE R. § 106.02 (WEST 2013)
MO	MO. REV. STAT. § 208.950 (WEST 2013)	MO. CODE REGS ANN. TIT. 9 § 10-5.240; TIT. 13 §§ 70-3.240 and 26.010 (WEST 2013)
MT	MONT. CODE ANN. §§ 2-18-705; 33-40-101 to 105; 53-6-113 (WEST 2013)	MONT. ADMIN. R. 6.6.4901 to .4906; 37.86.5201 to .5202 (WEST 2013)
NE	NEB. REV. STAT. §§ 68-957 to 961 (WEST 2013)	467 NEB. ADMIN. CODE § 1-001; 468 NEB. ADMIN. CODE § 5-001; 469 NEB. ADMIN. CODE § 5-001; 470 NEB. ADMIN. CODE §§ 5-001 to 002; 471 NEB. ADMIN. CODE §§ 4-005, 10-003, 18-008, 33-001 to 003; 477 NEB. ADMIN. CODE § 5-001; 479 NEB. ADMIN. CODE § 5-001 to 002; 482 NEB. ADMIN. CODE §§ 1-002, 2-003, 4-001 to 002 (WEST 2013)

State	Statutory Citations	Regulatory Citations
NV	NEV. REV. STAT. § 439.521 (WEST 2013)	None Identified
NH	N.H. REV. STAT. ANN. §§ 126-A:5; 420-G:4-b (WEST 2013)	N.H. CODE ADMIN. R. ANN. HE-M 510.02 to .04 (WEST 2013)
NJ	N.J. STAT. ANN. §§ 30:4D-8.1, 8.5, 17.33 to .34 (WEST 2013)	N.J. ADMIN. CODE §§ 6A:16-1.3, 1.4, 2.1 to 2.3; 8:19-1.1 (WEST 2013)
NM	N.M. STAT. ANN. § 27-2-12.15 (WEST 2013)	None Identified
NY	N.Y. PUB. HEALTH LAW §§ 2511, 2807-k, 2959, 2959-a, 3072, 3073; N.Y.SOC. SERV. LAW §§ 364-m and 365-l (McKINNEY 2013)	None Identified
NC	None Identified	None Identified
ND	None Identified	None Identified
OH	OHIO REV. CODE ANN. §§ 3701.92, .921 to 929, .94, .941 to .944; 4723.063; 5164.88 and .881 (WEST 2013)	OHIO ADMIN. CODE 3701:40-01 to 02; 5122:25-03; 5122:29-28 and 33; 5160:27-02 and 05; 5160:35-01, 05, 06 (WEST 2013)
OK	OKLA. ADMIN. CODE §§ 310:550-1-2; 317:25-7-2, -7-40, -9-1 (WEST 2013)	None Identified
OR	OR. REV. STAT. ANN. §§ 353.455; 413.225 and .260; 414.018, .025, .620, .625, .653, .655, .760; 442.210 (WEST 2013)	OR. ADMIN. R. 409-037-0030, -055-0000 to -0090; 410-138-0020, -141-0860, -141-3015, -141-3160 to -3180, -146-0020, -147-0362, -165-0020 (WEST 2013)
PA	None Identified	None Identified
RI	R.I. GEN LAWS §§ 40-8-17, -8.4-5, -8.4-19, -8.5-1.1, -8.7-9, -8.12-2; 42-12.3-2, -12.3-5, -14.6-1 to -9 (WEST 2013)	32-1-2 R.I. CODE R. § 9; 39-3 R.I. CODE R. § 0374.10; 39-12 R.I. CODE R. §§ 1300.05, 1305.03 to .04, 1310.04, 1311.01 and .03, 1314.03 and .05; 46-1-13 R.I. CODE R. § 2.0 (WEST 2013)
SC	None Identified	None Identified
SD	None Identified	None Identified
TN	None Identified	None Identified
TX	TEX. FAMILY CODE ANN. § 266.003; TEX. GOV'T. CODE ANN. §§ 531.0996 and .506; 533.002, .00253, .00255, .0029, .061; 536.101 to .103; TEX. HEALTH & S CODE ANN. §§ 12.0115, 161.501; TEX. HUM. RES. CODE ANN. § 32.071 (WEST 2013)	1 TEX. ADMIN. CODE §§ 353.2, 354.1415 and .1417, 370.4; 25 TEX. ADMIN. CODE §§ 37.538, 38.2, 38.4, 61.72, 61.79 (WEST 2013)
UT	UTAH CODE ANN. § 26-18-3 (WEST 2013)	None Identified
VT	Vt. STAT. ANN. TIT. 18, §§ 702 to 706, 9491; tit. 32, § 10301; tit. 33, § 1826 (WEST 2013)	4-5-3 Vt. CODE R. § 10.600; 12-3-217 Vt. CODE R. § 5370 (WEST 2013)
VA	12 VA. ADMIN. CODE § 5-191-10, -180, -230, -320 (WEST 2013)	None Identified
WA	WASH. REV. CODE ANN. §§ 28A.400.275, 41.05.023, 41.05.670 to .680, 43.06.155, 43.70.533, 43.71.065, 43.71.070, 48.150.005, 70.47.100, 70.47.250, 70.54.420, 74.09.010, 74.09.402, 74.09.460, 74.09.470, 74.09.480, 74.09.522, 74.09.5222, 74.09.5229, 74.09.710, 74.09.756 (WEST 2013)	WASH. ADMIN. CODE §§ 182-557-0050, -0200 to -0400 (WEST 2013)
WV	W. VA. CODE ANN. §§ 5-16-3, 16-2J-1 to -9, 16-2L-1 to -4, 16-29H-4 to -9, 33-25G-4 (WEST 2013)	W. VA. CODE R. §§ 126-51-2 AND -7; W. VA. CODE ST. R. T. 151, SERIES 1, ATTACHMENT A and ATTACHMENT B (WEST 2013)
WI	Wis. STAT. §§ 49.45 to .46 (WEST 2013)	None Identified
WY	None Identified	WY RULES and REGULATIONS HLTH RH Ch. 8, §§ 4, 7, 10 (WEST 2013)

Table 2. Patient-Centered Medical Home Elements Found in State Laws, 2013

PCMH Elements Searched	Number of States With Laws Containing Element
Eligibility	
Authorize eligibility of Medicaid and dual eligible patients	33
Authorize the establishment of PCMH for some state funded programs	22
Authorize eligibility of privately insured patients	12
Apply to adults with acute conditions	8
Apply to adults with chronic conditions	24
Care Coordination	
Facilitate care coordination	27
Allow patient access to out of network providers	2
Enhance patient access through open scheduling or expanded hours	14
Electronic Health Data	
Authorize the use of medical or health records (EHR/EMR)	20
Authorize use of health information technology (HIT)	14
Quality Measures	
Establish essential quality and performance standards and measures	25
Authorize providers to provide patients with guidance, education, or information	13
Authorize PCMH to be certified	11
Allow waivers from certification requirements	3
Payment Structures	
Establish or designate a PCMH advisory committee, task force, or group	16
Establish quality of care or performance based payment structures	18
Sanctions	
Enforce compliance through legal sanctions	4

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