

Chapter 449

(House Bill 1235)

AN ACT concerning

Community Integrated Medical Home Program ~~and Patient Centered Medical Home Program~~

FOR the purpose of establishing the Community Integrated Medical Home Program; establishing the mission of the Community Integrated Medical Home Program; ~~requiring the Community Integrated Medical Home Program to take certain actions to carry out its mission; requiring the Community Integrated Medical Home Program to be administered jointly by the Maryland Health Care Commission and the Department of Health and Mental Hygiene; providing that the Commission and the Department shall have primary responsibility for certain elements of the Community Integrated Medical Home Program; requiring the Department to identify and certify entities that provide certain services and supports;~~ establishing the Community Integrated Medical Home Program advisory body; requiring the advisory body to ~~provide~~ make certain ~~advice~~ recommendations; requiring the advisory body to include certain stakeholders; requiring the Commission and the Secretary of Health and Mental Hygiene to appoint the members of the advisory body and determine the frequency and location of its meetings; ~~establishing the Patient Centered Medical Home Program; requiring the Patient Centered Medical Home Program to promote development of patient centered medical homes, require certain entities to meet certain standards, and be administered by the Commission, in consultation with the Department; requiring the Commission, in consultation with the Department, to establish certain requirements, certain metrics, a certain methodology, and certain goals; authorizing the Commission, in consultation with the Department, to require a carrier to implement a certain program; requiring a carrier and a managed care organization to participate in the Patient Centered Medical Home Program, under certain circumstances; prohibiting a group model health maintenance organization from being required to participate in the Patient Centered Medical Home Program; authorizing certain payors to participate in the Patient Centered Medical Home Program; requiring the Commission, in consultation with the Department, to adopt regulations for certain certification; requiring certification to meet certain requirements; requiring the Commission, in consultation with the Department, to establish a certain accreditation program; authorizing the Commission to establish and collect certain fees; requiring the Commission to pay certain funds into the Maryland Health Care Commission Fund; requiring a carrier that is participating in a certain program or that has been authorized by the Commission to implement a certain program to pay for coordination of certain services; extending the termination date of certain provisions of law relating to~~

~~the Maryland Patient Centered Medical Home Program; establishing the intent of the General Assembly that the Commission discontinue a certain program before a certain date, under certain circumstances; requiring the Department, in consultation with the Commission, to develop a certain model and submit a report on the model recommendations of the advisory body and the development of the Community Integrated Medical Home Program to the Governor and certain legislative committees; defining certain terms; and generally relating to the Community Integrated Medical Home Program and the Patient Centered Medical Home Program.~~

BY adding to

Article – Health – General

Section 19-1B-01 through ~~19-1B-06~~ 19-1B-03 to be under the new subtitle

“Subtitle 19-1B. Community Integrated Medical Home Program”

Annotated Code of Maryland

(2009 Replacement Volume and 2013 Supplement)

~~BY repealing and reenacting, without amendments,~~

~~Article – Insurance~~

~~Section 15-1801~~

~~Annotated Code of Maryland~~

~~(2011 Replacement Volume and 2013 Supplement)~~

~~BY repealing and reenacting, with amendments,~~

~~Article – Insurance~~

~~Section 15-1802~~

~~Annotated Code of Maryland~~

~~(2011 Replacement Volume and 2013 Supplement)~~

~~BY repealing and reenacting, with amendments,~~

~~Chapter 5 of the Acts of the General Assembly of 2010~~

~~Section 3~~

~~BY repealing and reenacting, with amendments,~~

~~Chapter 6 of the Acts of the General Assembly of 2010~~

~~Section 3~~

Preamble

WHEREAS, Health care costs continue to increase, making it more difficult for individuals, families, and businesses to afford health insurance; and

WHEREAS, The increase in health care costs is, in part, attributable to inadequate coordination of care among health care providers, difficulties accessing primary care, and a lack of engagement among patients, their primary care providers, and community-based resources; and

WHEREAS, Patient centered medical homes enhance care coordination and promote high quality, cost-effective care by engaging patients and their primary care providers; and

~~WHEREAS, Patient centered medical homes have been shown to be most effective in improving quality and lowering costs when they can access community based resources for their patients; and~~

~~WHEREAS, The standards for qualifying a primary care practice as a patient centered medical home, the quality measures that primary care practices must gather and report to demonstrate quality care, and the payment methodologies used to reimburse patient centered medical homes are inconsistent across payors, and that inconsistency presents a major barrier to developing effective patient centered medical homes; and~~

WHEREAS, The State has gained experience through the Maryland Patient Centered Medical Home Program and through patient centered medical home programs established by insurance carriers, Medicaid managed care organizations, and self-insured employers; and

WHEREAS, The community integrated medical home model moves away from a medical model for improving health to a personalized, team-based approach in the primary care practice that is integrated with an enhanced community health infrastructure; and

~~WHEREAS, It is desirable to have an ongoing process by which the effectiveness of the community integrated medical homes model can be evaluated; and~~

WHEREAS, Establishing ~~and promoting~~ the Community Integrated Medical Home Program in Maryland that brings together patient centered medical home programs and community-based services and supports will achieve higher quality health care for Maryland residents and help slow the continuing escalation of health care costs; and

WHEREAS, Better integration of community-based care and hospital care is essential for Maryland to meet the new requirements under the Maryland hospital payment system; and

WHEREAS, The Community Integrated Medical Home Program has been developed with the ~~broad~~ support of payors, health care providers, patients, and community organizations; and

WHEREAS, The Department of Health and Mental Hygiene seeks to obtain a federal Centers for Medicare and Medicaid Services State Innovation Model grant to implement a Community Integrated Medical Home Program; now, therefore,

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

SUBTITLE 19–1B. COMMUNITY INTEGRATED MEDICAL HOME PROGRAM.

19–1B–01.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) “ADVISORY BODY” MEANS THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM ADVISORY BODY.

(C) “CARRIER” HAS THE MEANING STATED IN § 15–1801 OF THE INSURANCE ARTICLE.

(D) “COMMISSION” MEANS THE MARYLAND HEALTH CARE COMMISSION.

(E) “COMMUNITY INTEGRATED MEDICAL HOME” MEANS A CERTIFIED PARTICIPATING PATIENT CENTERED MEDICAL HOME INTEGRATED WITH COMMUNITY–BASED SERVICES AND SUPPORTS PROVIDED BY CERTIFIED ENTITIES TO ADDRESS SOCIAL AS WELL AS MEDICAL DETERMINANTS OF HEALTH.

~~(F) “GROUP MODEL HEALTH MAINTENANCE ORGANIZATION” HAS THE MEANING STATED IN § 19–713.6 OF THIS TITLE.~~

~~(G) “HEALTH BENEFIT PLAN” HAS THE MEANING STATED IN § 15–1801 OF THE INSURANCE ARTICLE.~~

~~(H)~~ (F) “MANAGED CARE ORGANIZATION” HAS THE MEANING STATED IN § 15–101 OF THIS ARTICLE.

~~(I)~~ (G) “PATIENT CENTERED MEDICAL HOME” ~~MEANS A PRIMARY CARE PRACTICE ORGANIZED TO PROVIDE A 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 HAS THE MEANING STATED IN § 19-1A-01 OF THIS TITLE.~~

~~(J) "PRIMARY CARE PRACTICE" MEANS A PRACTICE OR FEDERALLY QUALIFIED HEALTH CENTER ORGANIZED BY OR INCLUDING PEDIATRICIANS, GENERAL INTERNAL MEDICINE PHYSICIANS, FAMILY MEDICINE PHYSICIANS, OR NURSE PRACTITIONERS.~~

~~(K) (1) "PROMINENT CARRIER" MEANS A CARRIER REPORTING AT LEAST \$90,000,000 IN WRITTEN PREMIUMS FOR HEALTH BENEFIT PLANS IN THE STATE IN THE MOST RECENT MARYLAND HEALTH BENEFIT PLAN REPORT SUBMITTED TO THE INSURANCE COMMISSIONER AS REQUIRED UNDER § 15-605 OF THE INSURANCE ARTICLE.~~

~~(2) "PROMINENT CARRIER" DOES NOT INCLUDE A GROUP MODEL HEALTH MAINTENANCE ORGANIZATION.~~

~~(L) "QUALIFYING INDIVIDUAL" MEANS:~~

~~(1) AN INDIVIDUAL COVERED UNDER A HEALTH BENEFIT PLAN ISSUED BY A CARRIER;~~

~~(2) A MEMBER OF A MANAGED CARE ORGANIZATION; OR~~

~~(3) AN INDIVIDUAL COVERED UNDER A HEALTH PLAN ISSUED BY ANOTHER PAYOR, SUCH AS A SELF-INSURED EMPLOYER, MEDICARE, OR TRICARE.~~

~~(M) "SINGLE CARRIER PATIENT CENTERED MEDICAL HOME PROGRAM" HAS THE MEANING STATED IN § 15-1801 OF THE INSURANCE ARTICLE.~~

19-1B-02.

(A) THERE IS A COMMUNITY INTEGRATED MEDICAL HOME PROGRAM.

(B) THE MISSION OF THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM IS TO:

(1) KEEP MARYLAND FAMILIES HEALTHY THROUGH THE USE OF INNOVATIVE MAPPING TOOLS THAT ALLOW BETTER TARGETING OF RESOURCES TO THOSE IN NEED;

(2) COORDINATE COMPREHENSIVE SERVICES PROVIDED BY A PARTICIPATING PATIENT CENTERED MEDICAL HOME WITH PUBLIC HEALTH RESOURCES IN LOCAL COMMUNITIES ACROSS THE STATE; AND

(3) PROVIDE COMPLEMENTARY SUPPORT FOR QUALIFIED INDIVIDUALS BETWEEN OFFICE VISITS.

~~(C) TO CARRY OUT ITS MISSION, THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM SHALL:~~

~~(1) MONITOR THE PERFORMANCE OF:~~

~~(I) CERTIFIED ENTITIES THAT PROVIDE COMMUNITY-BASED SERVICES AND SUPPORTS, INTEGRATED WITH CERTIFIED PATIENT-CENTERED MEDICAL HOMES, TO QUALIFYING INDIVIDUALS;~~

~~(II) CERTIFIED PATIENT-CENTERED MEDICAL HOMES; AND~~

~~(III) ACCREDITED CARRIERS, MANAGED CARE ORGANIZATIONS, AND OTHER PAYORS PARTICIPATING IN THE PATIENT-CENTERED MEDICAL HOME PROGRAM; AND~~

~~(2) PROMOTE CONTINUOUS HEALTH CARE QUALITY IMPROVEMENT.~~

~~(D)~~ (1) THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM SHALL BE ADMINISTERED JOINTLY BY THE COMMISSION AND THE DEPARTMENT.

~~(2) THE COMMISSION SHALL HAVE PRIMARY RESPONSIBILITY FOR OVERSEEING THE PATIENT-CENTERED MEDICAL HOME PROGRAM ELEMENTS OF THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM.~~

~~(3) THE DEPARTMENT SHALL HAVE PRIMARY RESPONSIBILITY FOR OVERSEEING THE INTEGRATED COMMUNITY-BASED SERVICE AND SUPPORT ELEMENTS OF THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM.~~

~~(4) THE DEPARTMENT SHALL IDENTIFY AND CERTIFY ENTITIES THAT PROVIDE COMMUNITY BASED SERVICES AND SUPPORTS INTEGRATED WITH PATIENT CENTERED MEDICAL HOMES.~~

19-1B-03.

(A) THERE IS A COMMUNITY INTEGRATED MEDICAL HOME PROGRAM ADVISORY BODY.

~~(B) THE ADVISORY BODY SHALL PROVIDE ONGOING ADVICE TO THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM TO PROMOTE ALIGNMENT AND INTEGRATION OF ALL ASPECTS OF THE PROGRAM. MAKE RECOMMENDATIONS CONCERNING:~~

(1) THE MODEL, STANDARDS, AND SCOPE OF SERVICES FOR THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM;

(2) THE ESSENTIAL ELEMENTS FOR IMPLEMENTING THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM, INCLUDING THOSE NECESSARY TO ATTRACT PATIENT CENTERED MEDICAL HOMES, CARRIERS, MANAGED CARE ORGANIZATIONS, AND OTHER PAYORS TO PARTICIPATE IN THE PROGRAM;

(3) THE EXTENT AND NATURE OF THE RELATIONSHIP BETWEEN THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM AND PATIENT CENTERED MEDICAL HOMES, CARRIERS, MANAGED CARE ORGANIZATIONS, AND OTHER PAYORS; AND

(4) HOW THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM CAN BE FINANCIALLY SELF-SUSTAINING.

(C) THE ADVISORY BODY SHALL INCLUDE INTERESTED STAKEHOLDERS REPRESENTING HEALTH CARE PROVIDER ORGANIZATIONS, CONSUMER ADVOCACY ORGANIZATIONS, HEALTH PROFESSIONAL ASSOCIATIONS, HEALTH OCCUPATIONS BOARDS, CARRIERS, AND MANAGED CARE ORGANIZATIONS.

~~(D)~~ (D) THE COMMISSION AND THE SECRETARY, IN CONSULTATION, SHALL:

(1) APPOINT THE MEMBERS OF THE ADVISORY BODY; AND

(2) DETERMINE THE FREQUENCY AND LOCATION OF MEETINGS OF THE ADVISORY BODY.

~~19-1B-04.~~

~~(A) THERE IS A PATIENT-CENTERED MEDICAL HOME PROGRAM.~~

~~(B) THE PATIENT-CENTERED MEDICAL HOME PROGRAM SHALL:~~

~~(1) PROMOTE DEVELOPMENT OF PATIENT-CENTERED MEDICAL HOMES;~~

~~(2) BE ADMINISTERED BY THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT; AND~~

~~(3) REQUIRE PARTICIPATING CARRIERS, MANAGED CARE ORGANIZATIONS, OTHER PAYORS, AND PATIENT-CENTERED MEDICAL HOMES TO MEET SPECIFIC STANDARDS.~~

~~(C) IN ADMINISTERING THE PATIENT-CENTERED MEDICAL HOME PROGRAM, THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT, SHALL ESTABLISH:~~

~~(1) FOR PARTICIPATING CARRIERS, MANAGED CARE ORGANIZATIONS, AND OTHER PAYORS:~~

~~(i) ACCREDITATION AND ANNUAL REPORTING REQUIREMENTS; AND~~

~~(ii) A CORE SET OF QUALITY AND COST METRICS; AND~~

~~(2) FOR PARTICIPATING PATIENT-CENTERED MEDICAL HOMES:~~

~~(i) A METHODOLOGY FOR PATIENT ATTRIBUTION; AND~~

~~(ii) PRACTICE-IMPROVEMENT GOALS.~~

~~(D) THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT, MAY REQUIRE A CARRIER TO IMPLEMENT A SINGLE CARRIER PATIENT-CENTERED MEDICAL HOME PROGRAM THAT PAYS COST-BASED INCENTIVES AND SHARES MEDICAL INFORMATION WITH A PATIENT-CENTERED MEDICAL HOME IN ACCORDANCE WITH § 15-1802 OF THE INSURANCE ARTICLE.~~

~~(E) (1) A CARRIER AND A MANAGED CARE ORGANIZATION SHALL PARTICIPATE IN THE PATIENT-CENTERED MEDICAL HOME PROGRAM IF THE CARRIER OR MANAGED CARE ORGANIZATION:~~

~~(I) IS A PROMINENT CARRIER;~~

~~(II) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, IS A CARRIER THAT OFFERS QUALIFIED HEALTH PLANS THROUGH THE MARYLAND HEALTH BENEFIT EXCHANGE; OR~~

~~(III) IS A MANAGED CARE ORGANIZATION WITH 5,000 OR MORE MEDICAID ENROLLEES.~~

~~(2) A GROUP MODEL HEALTH MAINTENANCE ORGANIZATION MAY NOT BE REQUIRED TO PARTICIPATE IN THE PATIENT CENTERED MEDICAL HOME PROGRAM.~~

~~(F) OTHER PAYORS, INCLUDING SELF INSURED EMPLOYERS, MEDICARE, AND TRICARE, MAY PARTICIPATE IN THE PATIENT CENTERED MEDICAL HOME PROGRAM AS AUTHORIZED BY THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT.~~

~~19-1B-05.~~

~~(A) THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT, SHALL ADOPT REGULATIONS FOR CERTIFYING PRIMARY CARE PRACTICES AS PATIENT CENTERED MEDICAL HOMES IN THE PATIENT CENTERED MEDICAL HOME PROGRAM.~~

~~(B) CERTIFICATION SHALL:~~

~~(1) FOSTER PARTICIPATION OF PRIMARY CARE PRACTICES IN ADVANCED CARE MODELS, SUCH AS THE COMMUNITY INTEGRATED MEDICAL HOME PROGRAM, THAT CAN LEAD TO IMPROVED PATIENT OUTCOMES AND LOWER TOTAL COSTS OF CARE; AND~~

~~(2) RECOGNIZE ACHIEVEMENT BY A PRIMARY CARE PRACTICE OF COORDINATED, ONGOING, AND COMPREHENSIVE PATIENT CENTERED CARE IN A CULTURALLY AND LINGUISTICALLY SENSITIVE MANNER TO QUALIFYING INDIVIDUALS THROUGH:~~

~~(I) EVIDENCE BASED MEDICINE;~~

~~(II) EXPANDED ACCESS AND COMMUNICATION;~~

~~(III) CARE COORDINATION AND INTEGRATION;~~

~~(IV) CARE QUALITY AND SAFETY; AND~~

~~(V) EXCHANGE OF HEALTH INFORMATION WITH CARRIERS, OTHER PROVIDERS, AND QUALIFYING INDIVIDUALS.~~

~~19-1B-06.~~

~~(A) THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT, SHALL ESTABLISH AN ACCREDITATION PROGRAM FOR CARRIERS, MANAGED CARE ORGANIZATIONS, AND OTHER PAYORS THAT PARTICIPATE IN THE PATIENT CENTERED MEDICAL HOME PROGRAM.~~

~~(B) (1) THE COMMISSION MAY ESTABLISH AND COLLECT FEES FROM PAYORS TO SUPPORT THE ACCREDITATION PROGRAM.~~

~~(2) THE COMMISSION SHALL PAY ALL FUNDS COLLECTED FROM THE FEES INTO THE MARYLAND HEALTH CARE COMMISSION FUND ESTABLISHED UNDER § 19-111 OF THIS TITLE.~~

~~Article—Insurance~~

~~15-1801.~~

- ~~(a) In this subtitle the following words have the meanings indicated.~~
- ~~(b) “Carrier” means:~~
- ~~(1) an insurer that holds a certificate of authority in the State and provides health benefit plans in the State;~~
 - ~~(2) a health maintenance organization that is licensed to operate in the State; or~~
 - ~~(3) a nonprofit health service plan that is licensed to operate in the State.~~
- ~~(c) “Commission” means the Maryland Health Care Commission established under Title 19, Subtitle 1 of the Health—General Article.~~
- ~~(d) “Covered medical services” means the health care services that are included as benefits under a health benefit plan issued by a carrier.~~
- ~~(e) “Health benefit plan” has the meaning stated in § 15-1301 of this title.~~

~~(f) "Qualifying individual" has the meaning stated in § 19-1A-01 of the Health General Article.~~

~~(g) "Patient centered medical home" has the meaning stated in § 19-1A-01 of the Health General Article.~~

~~(h) "Single carrier patient centered medical home program" means a program implemented by a carrier to promote the development of a patient centered medical home.~~

~~15-1802.~~

~~(a) Notwithstanding any other provision of this article or the Health General Article, a carrier that is participating in the Maryland Patient Centered Medical Home Program under Title 19, Subtitle 1A of the Health General Article or a carrier that has been authorized by the Commission to implement a single carrier patient centered medical home program [may]:~~

~~(1) [pay a patient centered medical home for services associated with] SHALL PAY FOR coordination of covered medical services to qualifying individuals;~~

~~(2) MAY pay a patient centered medical home provider a bonus, fee based incentive, bundled fees, or other incentives approved by the Commission; and~~

~~(3) MAY share medical information about a qualifying individual who has elected to participate in the patient centered medical home with the qualifying individual's patient centered medical home and other treating providers rendering health care services to the qualifying individual.~~

~~(b) Except as otherwise provided in this section:~~

~~(1) an insurer or nonprofit health service plan that participates in the Maryland Patient Centered Medical Home Program under Title 19, Subtitle 1A of the Health General Article or that is authorized by the Commission to implement a single carrier patient centered medical home program shall comply with this article; and~~

~~(2) a health maintenance organization that participates in the Maryland Patient Centered Medical Home Program under Title 19, Subtitle 1A of the Health General Article or that is authorized by the Commission to implement a single carrier patient centered medical home program shall comply with this article, where applicable, and Title 19, Subtitle 7 of the Health General Article.~~

SECTION 2. AND BE IT FURTHER ENACTED, That ~~the Laws of Maryland read as follows:~~

~~Chapter 5 of the Acts of 2010~~

~~SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2010. It shall remain effective for a period of [5] 8 years and 6 months and, at the end of December 31, [2015] 2018, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.~~

~~Chapter 6 of the Acts of 2010~~

~~SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2010. It shall remain effective for a period of [5] 8 years and 6 months and, at the end of December 31, [2015] 2018, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.~~

~~SECTION 3. AND BE IT FURTHER ENACTED, That, notwithstanding the extension of the termination date, from December 31, 2015, to December 31, 2018, of the Maryland Patient Centered Medical Home Program under Section 2 of this Act, it is the intent of the General Assembly that the Maryland Health Care Commission discontinue the Program before December 31, 2018, if the Commission determines that the major health insurance carriers and Medicaid managed care organizations have established single carrier patient centered medical home programs that support care management functions, use consistent quality measures, and apply common patient attribution methodologies.~~

~~SECTION 4. AND BE IT FURTHER ENACTED, That:~~

~~(a) The Department of Health and Mental Hygiene, in consultation with the Maryland Health Care Commission, shall develop a model for the community based service and support elements of the Community Integrated Medical Home Program established under Section 1 of this Act.~~

~~(b) The model shall include:~~

~~(1) a process for identifying, and requirements for certifying, entities that provide community based services and supports under the Community Integrated Medical Home Program;~~

~~(2) a process for monitoring the performance of certified entities; and~~

~~(3) a description of how the community based services and supports are integrated with patient centered medical homes to fulfill the mission of the Community Integrated Medical Home Program.~~

~~(e) On or before October 1, 2015, the Department shall submit a report on the model to the Governor and, in accordance with § 2-1246 of the State Government~~

Article, the Senate Finance Committee and the House Health and Government Operations Committee, on the recommendations of the Community Integrated Medical Home Program advisory body established under Section 1 of this Act, and the development of the Community Integrated Medical Home Program based on those recommendations.

SECTION ~~5~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2014.

Approved by the Governor, May 5, 2014.