

111TH CONGRESS
1ST SESSION

S. 1303

To authorize the Secretary of Health and Human Services to establish a women's medical home demonstration project.

IN THE SENATE OF THE UNITED STATES

JUNE 18, 2009

Mr. MENENDEZ introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To authorize the Secretary of Health and Human Services to establish a women's medical home demonstration project.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Women’s Medical
5 Home Demonstration Act”.

6 **SEC. 2. WOMEN’S MEDICAL HOME DEMONSTRATION**
7 **PROJECT.**

8 (a) **DEFINITIONS.**—In this Act:

1 (1) ADVISORY COUNCIL.—The term “Advisory
2 Council” means the advisory council established
3 under subsection (c).

4 (2) CHIP.—The term “CHIP” means the
5 State Children’s Health Insurance Program estab-
6 lished under title XXI of the Social Security Act (42
7 U.S.C. 1397aa et seq.).

8 (3) ELIGIBLE INDIVIDUALS.—

9 (A) IN GENERAL.—The term “eligible indi-
10 vidual” means a woman who is receiving assist-
11 ance under Medicaid or CHIP.

12 (B) PRIORITY FOR CERTAIN WOMEN.—In
13 enrolling eligible individuals in a demonstration
14 project conducted under this section, the eligible
15 entity conducting the project shall give special
16 consideration to enrolling eligible individuals re-
17 ceiving services described in any of clauses (i)
18 through (ix) of paragraph (8)(G).

19 (4) ELIGIBLE ENTITY.—The term “eligible enti-
20 ty” means a State, an entity or organization receiv-
21 ing payments under Medicaid or CHIP, an entity or
22 organization that is receiving assistance under sec-
23 tion 330 of the Public Health Service Act (42
24 U.S.C. 254b), a federally qualified health center (as
25 defined in subsection (l)(2)(C) of section 1905 of the

1 Social Security Act (42 U.S.C. 1396d), a rural
2 health clinic (as defined in subsection (l)(1) of such
3 section), or an entity that receives assistance under
4 title X or XX of the Public Health Service Act (42
5 U.S.C. 300 et seq., 300z et seq.), that submits an
6 approved application to the Secretary to conduct a
7 demonstration project under this section.

8 (5) MEDICAID.—The term “Medicaid” means
9 the Federal and State program for medical assist-
10 ance established under title XIX of the Social Secu-
11 rity Act (42 U.S.C. 1396 et seq.).

12 (6) PRINCIPAL WOMEN’S HEALTH PROVIDER.—
13 The term “principal women’s health provider”
14 means:

15 (A) A physician (as defined in section
16 1861(r)(1) of the Social Security Act (42
17 U.S.C. 1395x(r)(1)) who meets the following re-
18 quirements:

19 (i) The physician is a board certified
20 physician who specializes in women’s
21 health issues, such as obstetrics and gyne-
22 cology, and who provides continuous and
23 comprehensive care for individuals under
24 the physician’s care.

1 (ii) The physician has the staff and
2 resources to manage the comprehensive
3 and coordinated health care of each such
4 individual.

5 (iii) The physician practices in a prac-
6 tice or health center recognized to be a
7 women's medical home.

8 (iv) Such other requirements as are
9 defined by the Secretary in consultation
10 with the Advisory Council.

11 (B) An advance practice nurse, including a
12 certified nurse-midwife (CNM) or certified mid-
13 wife (CM) certified by the American Midwifery
14 Certification Board, or physician assistant, who
15 meets the following requirements:

16 (i) The advance practice nurse or phy-
17 sician assistant specializes in women's
18 health issues, such as obstetrics and gyne-
19 cology, and provides continuous and com-
20 prehensive care for patients.

21 (ii) The advance practice nurse or
22 physician assistant has the staff and re-
23 sources to manage the comprehensive and
24 coordinated health care of each such indi-
25 vidual.

1 (iii) The advance practice nurse or
2 physician assistant practices in a practice
3 or health center recognized to be a wom-
4 en’s medical home.

5 (iv) Such other requirements as are
6 defined by the Secretary in consultation
7 with the Advisory Council.

8 (7) SECRETARY.—The term “Secretary” means
9 the Secretary of Health and Human Services.

10 (8) WOMEN’S MEDICAL HOME.—The term
11 “women’s medical home” means a physician-led
12 practice, or advanced practice nurse-directed prac-
13 tice in those States in which independent practice is
14 included in the scope of practice of licensed ad-
15 vanced practice nurses, that uses practice innova-
16 tions to improve the management and coordination
17 of women’s health care and that meets the following
18 standards:

19 (A) The practice, health center, or clinic is
20 able to provide or coordinate a continuum of
21 care for women across their life spans, includ-
22 ing wellness care, preconception care, prenatal
23 care, family planning, medical care, mental and
24 behavioral health care, screening, and followup
25 care for health needs later in life.

1 (B) The practice, health center, or clinic
2 applies standards for access to care and com-
3 munication with eligible individuals partici-
4 pating in the demonstration project established
5 under this section, including direct and ongoing
6 access to the principal women’s health provider
7 who accepts responsibility for providing contin-
8 uous care, including coordination for com-
9 prehensive health care to the whole person, in
10 collaboration with teams of other health profes-
11 sionals, including other nurses, primary care
12 and specialist physicians, and mental health
13 professionals, as needed and appropriate. Care
14 is patient and family centered, culturally and
15 linguistically appropriate, structured to ensure
16 women receive complete and accurate health in-
17 formation to make their own health care deci-
18 sions, and structured to assure confidentiality
19 so that teens and women may seek needed care
20 in a timely way.

21 (C) The practice, health center, or clinic
22 has readily accessible, clinically useful informa-
23 tion on eligible individuals participating in the
24 demonstration project established under this

1 section that enables the practice to treat such
2 individuals comprehensively and systematically.

3 (D) The practice, health center, or clinic
4 maintains continuous relationships with eligible
5 individuals participating in the demonstration
6 project established under this section by imple-
7 menting evidence-based guidelines and applying
8 them to the identified needs of such individuals
9 over time and with the intensity needed by such
10 individuals.

11 (E) The practice, health center, or clinic
12 provides ongoing assistance and encouragement
13 in patient management. The practice—

14 (i) collaborates with eligible individ-
15 uals participating in the demonstration
16 project established under this section to
17 pursue their goals for optimal achievable
18 health; and

19 (ii) assesses patient-specific barriers
20 to communication and conducts activities
21 to support patient self-management.

22 (F) The practice, health center, or clinic
23 has in place the resources and processes nec-
24 essary to achieve improvements in the manage-
25 ment and coordination of care for eligible indi-

1 viduals participating in the demonstration
2 project established under this section, includ-
3 ing—

4 (i) providing training programs for
5 personnel involved in the coordination of
6 care; and

7 (ii) utilizing information technology to
8 support optimal patient care, performance
9 measurement, patient education, and en-
10 hanced communication.

11 (G) The practice, health center, or clinic is
12 able to provide 1 or more of the following serv-
13 ices:

14 (i) Treats women who are deemed at
15 risk for premature birth.

16 (ii) Provides services related to pre-
17 vention of cervical cancer by immunization,
18 periodic cervical cytology and early treat-
19 ment of precursor lesions.

20 (iii) Provides and coordinates care for
21 women with breast or gynecologic cancer.

22 (iv) Provides and coordinates services
23 for women experiencing menopause,
24 perimenopause and related issues such as

1 osteoporosis, fracture prevention, and men-
2 tal health concerns.

3 (v) Provides family planning care.

4 (vi) Provides and coordinates
5 postpartum health services, including care
6 for women experiencing perinatal depres-
7 sion.

8 (vii) Provides and coordinates care for
9 women who are members of a minority
10 population that experiences health dispari-
11 ties.

12 (viii) Provides and coordinates care
13 for chronic conditions.

14 (ix) Any other services specified by
15 the Secretary, in consultation with the Ad-
16 visory Council.

17 (H) The practice, health center, or clinic
18 monitors its clinical process and performance
19 (including process and outcome measures) and
20 provides information in a form and manner
21 specified by the Secretary and Advisory Council
22 with respect to such process and performance.

23 (I) The practice, health center, or clinic
24 meets the requirements imposed on a covered
25 entity for purposes of applying part C of title

1 XI of the Public Health Service Act (42 U.S.C.
2 300b–1 et seq.) and all regulatory provisions
3 promulgated there under, including regulations
4 (relating to privacy) adopted pursuant to the
5 authority of the Secretary under section 264(c)
6 of the Health Insurance Portability and Ac-
7 countability Act of 1996 (42 U.S.C. 1320d–2
8 note).

9 (b) ESTABLISHMENT.—

10 (1) IN GENERAL.—Not later than 2 years after
11 the date of enactment of this Act, the Secretary
12 shall establish a women’s medical home demonstra-
13 tion project (in this section referred to as the
14 “project”) to—

15 (A) guide the redesign of the health care
16 delivery system for women to provide targeted,
17 accessible, continuous, coordinated, confidential,
18 and comprehensive care to eligible individuals
19 with a particular focus on—

20 (i) coordinating and improving care of
21 women who are deemed at risk for pre-
22 mature birth;

23 (ii) preventing cervical cancer by im-
24 munization, periodic cervical cytology and
25 early treatment of precursor lesions;

1 (iii) coordinating and improving care
2 of women with breast or gynecologic can-
3 cer;

4 (iv) coordinating and improving care
5 for women experiencing menopause,
6 perimenopause and related issues such as
7 osteoporosis, fracture prevention and men-
8 tal health concerns;

9 (v) providing and improving care in
10 family planning services;

11 (vi) providing and coordinating care
12 for women postpartum, including those
13 deemed to be at risk for perinatal depres-
14 sion;

15 (vii) providing, coordinating, and im-
16 proving care of women who are members
17 of a minority population that experiences
18 health disparities;

19 (viii) providing and coordinating care
20 for individuals with chronic conditions; and

21 (ix) providing any other services speci-
22 fied by the Secretary, in consultation with
23 the Advisory Council.

24 (B) provide principal care management
25 payments, performance-based bonus payments,

1 incentive payments for additional operations
2 costs, and any other services, specified by the
3 Secretary in consultation with the Advisory
4 Council, to providers participating in a women's
5 medical home under the project.

6 (2) NATURE AND SCOPE OF PROJECT.—

7 (A) DURATION; SCOPE.—The project shall
8 be conducted for a 3-year period and shall in-
9 clude a nationally representative sample of phy-
10 sicians, advance practice nurses, and physician
11 assistants who specialize in women's health and
12 who serve urban, rural, and underserved areas
13 in a total of no more than 8 States.

14 (B) ENCOURAGING PARTICIPATION OF
15 SMALL PHYSICIAN PRACTICES.—The project
16 shall be designed to include the participation of
17 physicians in practices with fewer than 4 full-
18 time equivalent physicians, as well as physicians
19 in larger practices, particularly in rural and un-
20 derserved areas.

21 (3) PROJECT GOALS.—The project shall be de-
22 signed in order to determine whether and to what
23 extent women's medical homes accomplish the fol-
24 lowing, with special consideration given to the serv-

1 ices and outcomes described in clauses (i) through
2 (ix) of paragraph (1)(A):

3 (A) Increase—

4 (i) cost efficiencies of health care de-
5 livery;

6 (ii) access to appropriate health care
7 services;

8 (iii) patient satisfaction;

9 (iv) communication among providers,
10 hospitals, and other health care providers;
11 and

12 (v) the quality of health care services
13 provided, as based on measures of quality
14 the Secretary, in consultation with the Ad-
15 visory Council, has specified.

16 (B) Decrease—

17 (i) inappropriate emergency room uti-
18 lization;

19 (ii) avoidable hospitalizations;

20 (iii) duplication of health care services
21 provided; and

22 (iv) health disparities.

23 (C) Provide appropriate referrals to multi-
24 disciplinary services.

1 (4) SERVICES PERFORMED.—A principal pro-
2 vider operating within a women’s medical home shall
3 perform or provide for the performance of services—

4 (A) described in subsection (a)(8)(G); and

5 (B) any additional services specified by
6 Secretary in consultation with the Advisory
7 Council.

8 (5) ELIGIBLE INDIVIDUAL AND ELIGIBLE ENTI-
9 TY PARTICIPATION.—

10 (A) ELIGIBLE INDIVIDUALS.—The Sec-
11 retary shall establish a process under which—

12 (i) an eligible individual may elect to
13 participate in a women’s medical home
14 under the project; and

15 (ii) no cost sharing shall be imposed
16 with respect to any service required under
17 paragraph (4) to be provided to the indi-
18 vidual under the project.

19 (B) ASSURANCE OF PARTICIPATION OF EL-
20 IGIBLE ENTITIES THAT ARE NOT PARTICI-
21 PATING PROVIDERS OR ARE IN STATES WITH
22 MANAGED CARE.—The Secretary shall establish
23 a process to ensure that eligible entities that
24 are not participating providers under the State
25 Medicaid or CHIP program, or, in the case of

1 a State that contracts with a private entity to
2 manage parts of the State Medicaid or CHIP
3 program, do not participate with that entity,
4 are able to participate in the project.

5 (6) STANDARD SETTING PROCESS.—The Sec-
6 retary shall, in consultation with the Advisory Coun-
7 cil—

8 (A) specify standards for practices, health
9 centers, and clinics to qualify for certification
10 as women’s medical homes, including standards
11 described in subsection (a)(8)(B);

12 (B) specify characteristics of principal
13 women’s health providers consistent with sub-
14 section (a)(6);

15 (C) specify services a principal physician,
16 principal advance practice nurse, or principal
17 physician assistant operating within a women’s
18 medical home shall perform or provide for the
19 performance of;

20 (D) develop a women’s medical home reim-
21 bursement methodology which shall include at a
22 minimum—

23 (i) recognition of the value of physi-
24 cian and clinical staff work associated with
25 patient care that falls outside the face-to-

1 face visit, such as the time and effort
2 spent on educating family caregivers and
3 arranging appropriate followup services
4 with other health care professionals, such
5 as nurse educators;

6 (ii) services associated with coordina-
7 tion of care both within a given practice
8 and between consultants, ancillary pro-
9 viders, and community resources;

10 (iii) recognition of expenses that the
11 women's medical home practices will incur
12 to acquire and utilize health information
13 technology, such as clinical decision sup-
14 port tools, patient registries, or electronic
15 medical records;

16 (iv) reimbursement for separately
17 identifiable e-mail and telephonic consulta-
18 tions, either as separately billable services
19 or as part of a global management fee;

20 (v) recognition of the value of provider
21 work associated with remote monitoring of
22 clinical data using technology;

23 (vi) allowance for separate fee-for-
24 service payments for face-to-face visits;

1 (vii) recognition of case mix dif-
2 ferences in the patient population being
3 treated within the practice;

4 (viii) recognition and sharing of sav-
5 ings with respect to reductions in the oc-
6 currence of health and pregnancy com-
7 plications, hospitalization rates, medical er-
8 rors, adverse drug reactions, and other oc-
9 currences, as defined by the Advisory
10 Council;

11 (ix) allowance for additional payments
12 for achieving measurable and continuous
13 quality improvements, including under a
14 process established by the Secretary for
15 paying a performance-based bonus to wom-
16 en's medical homes which meet or achieve
17 substantial improvements in performance
18 (as specified under clinical, patient satis-
19 faction, and efficiency benchmarks estab-
20 lished by the Secretary in consultation with
21 the Advisory Council);

22 (x) recognition of the existing pay-
23 ment methodology for federally qualified
24 health centers when determining the most
25 appropriate mechanism for providing

1 bonus payments for women’s medical home
2 services delivered at such centers; and

3 (xi) such other methods as the Sec-
4 retary, in consultation with the Advisory
5 Council, finds appropriate;

6 (E) develop appropriate risk-adjustment
7 mechanisms to account for varying costs of
8 women’s medical homes based upon characteris-
9 tics of the eligible individuals participating in
10 the project;

11 (F) select the outcomes and quality meas-
12 ures and level of improvements required to
13 qualify for performance-based bonus payments,
14 with special consideration such payments re-
15 lated to services and outcomes described in
16 clauses (i) through (ix) of paragraph (1)(A);
17 and

18 (G) evaluate the project in accordance with
19 subsection (d).

20 (7) PLANNING OR IMPLEMENTATION GRANTS.—

21 The Secretary may award planning or implementa-
22 tion grants to eligible entities desiring or selected to
23 participate in the project.

24 (8) ONGOING OVERSIGHT AND PERFORMANCE
25 ASSESSMENT.—The Secretary shall establish proce-

1 dures to ensure that practices, health centers, and
2 clinics participating as women’s medical homes
3 under the project, and the physicians, advance prac-
4 tice nurses, and physician assistants providing serv-
5 ices at such practices, centers, and clinics, have ac-
6 cess to confidential feedback and benchmarking re-
7 ports as a function of the practice’s, health center’s,
8 or clinic’s monitoring of its clinical process and per-
9 formance (including process and outcome measures).

10 (9) TECHNICAL ASSISTANCE.—The Secretary
11 shall establish mechanisms to provide technical as-
12 sistance to practices, health centers, and clinics par-
13 ticipating as women’s medical homes under the
14 project.

15 (10) PAYMENTS TO STATES.—The Secretary
16 shall pay each State participating in the project an
17 amount equal to 100 percent of the amounts ex-
18 pended by the State for services provided to an eligi-
19 ble individual under the project, including adminis-
20 trative expenses.

21 (c) ADVISORY COUNCIL.—

22 (1) ESTABLISHMENT.—Not later than 60 days
23 after the date of enactment of this Act, the Sec-
24 retary shall establish a Women’s Medical Home Ad-
25 visory Council.

1 (2) TERMS OF MEMBERS.—

2 (A) IN GENERAL.—Each appointed mem-
3 ber of the Advisory Council shall hold office for
4 the duration of the project.

5 (B) VACANCIES.—The Secretary shall fill
6 any vacancy in the membership of the Advisory
7 Council in the same manner as the original ap-
8 pointment. The vacancy shall not affect the
9 power of the remaining members to execute the
10 duties of the Advisory Council.

11 (3) COMPOSITION.—Membership in the Advi-
12 sory Council shall include—

13 (A) one representative from the Agency for
14 Healthcare Research and Quality;

15 (B) one representative from the Health
16 Resources and Services Administration;

17 (C) one representative from the Office of
18 Women’s Health of the Department of Health
19 and Human Services;

20 (D) one representative from the Centers
21 for Medicare & Medicaid Services;

22 (E) representatives from other appropriate
23 Federal agencies;

1 (F) four physicians who specialize in wom-
2 en's health care, including 3 of which are
3 board-certified in obstetrics and gynecology;

4 (G) one certified nurse midwife;

5 (H) one advanced practice nurse;

6 (I) one physician assistant;

7 (J) one mental health professional;

8 (K) one individual with expertise in coding
9 and reimbursement-related issues;

10 (L) one individual with expertise in quality
11 improvement efforts; and

12 (M) one consumer representative.

13 (4) APPLICATION OF FACCA.—The Federal Advi-
14 sory Committee Act (5 U.S.C. App.) shall apply to
15 the Advisory Council except that, for purposes of
16 section 14 of that Act, the Advisory Council shall
17 terminate 6 years after the date of the Secretary es-
18 tablishes the Council.

19 (5) WORKING GROUPS.—The Secretary may
20 convene additional working groups to report to the
21 Advisory Committee in order to assist with fulfill-
22 ment of its duties.

23 (6) DUTIES.—It shall be the duty of the Advi-
24 sory Council to assist the Secretary in carrying out
25 the Secretary's duties under this section.

1 (d) EVALUATIONS AND PROJECT REPORTS.—

2 (1) ANNUAL INTERIM EVALUATIONS AND RE-
3 PORTS.—For each year of the project, the Secretary,
4 in consultation with the Advisory Council, shall pro-
5 vide for an interim evaluation of the project and
6 shall submit to Congress reports on the results of
7 such evaluations.

8 (2) FINAL EVALUATION AND REPORT.—The
9 Secretary, in consultation with the Advisory Council,
10 shall provide for a final evaluation of the project and
11 shall submit to Congress, not later than 1 year after
12 completion of the project, a final report on the
13 project based on the results of such evaluation. The
14 final report required under this paragraph shall in-
15 clude—

16 (A) an assessment of quality improvements
17 and clinical outcomes as a result of the project;

18 (B) an assessment of patient and provider
19 satisfaction;

20 (C) an assessment of which women, based
21 on demographic factors, such as age, race, sex-
22 ual orientation, disability, ethnicity, and socio-
23 economic status, benefit the most from partici-
24 pating in a women’s medical home;

1 (D) estimates of cost savings to Medicaid,
2 CHIP, and other Federal programs resulting
3 from the project; and

4 (E) recommendations for such legislation
5 and administrative action as the Secretary de-
6 termines to be appropriate.

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