

The Senate Health and Human Services Committee offered the following substitute to SR 664:

#### A RESOLUTION

1 Acknowledging the importance of a comprehensive approach to providing patient centered  
2 care and creating the Senate Study Committee on the Patient Centered Medical Home; and  
3 for other purposes.

4 WHEREAS, medical homes will provide patient centered care that is accessible, continuous,  
5 and coordinated with a focus on maintaining a healthy lifestyle for patients with preventive  
6 and ongoing health services; and

7 WHEREAS, the primary care provided at medical homes would be respectful of, and  
8 responsive to, individual patient preferences, needs, and values; and

9 WHEREAS, physicians practicing in medical homes would target eligible individuals for  
10 program participation and be responsible for providing safe and secure technology to  
11 promote patient access to personal health information, developing a health assessment tool  
12 for the targeted individuals, and providing training for personnel involved in the coordination  
13 of care; and

14 WHEREAS, personal physicians in medical homes would be eligible for case management  
15 fees and incentive payments for providing "medical home" services; and

16 WHEREAS, personal physicians who provide first contact and continuous care for their  
17 patients shall be board certified and must have a staff and the resources to manage the  
18 comprehensive and coordinated care of each of their patients; and

19 WHEREAS, participating physicians may be specialists or subspecialists for patients  
20 requiring ongoing care for specific conditions, multiple chronic conditions, or for those with  
21 a prolonged illness; and

22 WHEREAS, personal physicians would be responsible for providing ongoing support,  
23 oversight, and guidance to implement an integrated, coherent, cross-discipline plan of care  
24 developed in partnership with patients and any of their other medical providers; and

25 WHEREAS, physicians in medical homes would be required to use evidence based medicine  
26 and clinical decision support tools to guide their decision making to patient-specific  
27 symptoms; and

28 WHEREAS, the use of health information technology would be required of physicians in  
29 medical homes, and patients would be encouraged to engage in management of their own  
30 health through education and support systems; and

31 WHEREAS, the evaluation of the patient centered medical home would be based on patient  
32 satisfaction, provider satisfaction, clinical process and outcome measures, program costs and  
33 savings, and economic impact on health care providers; and

34 WHEREAS, evaluation would be on the extent to which the medical home coordinated  
35 health care services, provided safe and high-quality care, encouraged long-term patient and  
36 provider relationships, engaged and educated consumers, and encouraged innovation in  
37 payment methodologies.

38 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE that there is created the Senate  
39 Study Committee on the Patient Centered Medical Home to be composed of seven members  
40 to be appointed by the President of the Senate. Three shall be members of the Senate and  
41 four shall be members of the public who shall include one member of the Georgia Academy  
42 of Family Physicians, one member from the Georgia Chapter of the American Academy of  
43 Pediatrics, one member from the Georgia Chapter of the American College of Physicians,  
44 and one member from the Georgia Osteopathic Medical Association. The President of the  
45 Senate shall designate the Chairperson of the Senate Health and Human Services Committee  
46 as chairperson of the committee. The chairperson shall call all meetings of the committee.

47 BE IT FURTHER RESOLVED that the committee shall undertake a study of the conditions,  
48 needs, issues, and problems mentioned above or related thereto and the availability and  
49 affordability of orally administered and intravenously and injected medications used to treat  
50 cancer and recommend any action or legislation which the committee deems necessary or  
51 appropriate. The committee may conduct such meetings at such places and at such times as  
52 it may deem necessary or convenient to enable it to exercise fully and effectively its powers,

53 perform its duties, and accomplish the objectives and purposes of this resolution. The  
54 members of the committee shall receive the allowances provided for in Code Section 28-1-8  
55 of the Official Code of Georgia Annotated. The allowances authorized by this resolution  
56 shall not be received by any member of the committee for more than five days unless  
57 additional days are authorized. The funds necessary to carry out the provisions of this  
58 resolution shall come from the funds appropriated to the Senate. In the event the committee  
59 makes a report of its findings and recommendations, with suggestions for proposed  
60 legislation, if any, such report shall be made on or before December 31, 2009. The  
61 committee shall stand abolished on December 31, 2009.