State Law Fact Sheet: A Summary of State Patient-Centered Medical Home Laws, In Effect May 2016*

Fig. 1. Patient Centered Medical Home Law By Type of PCMH Model

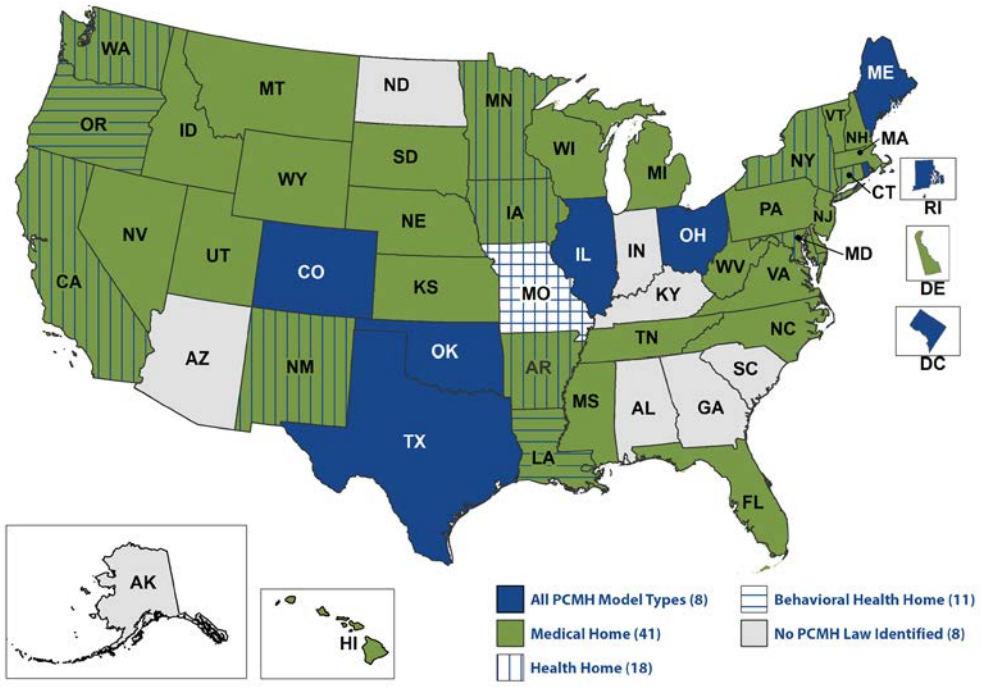
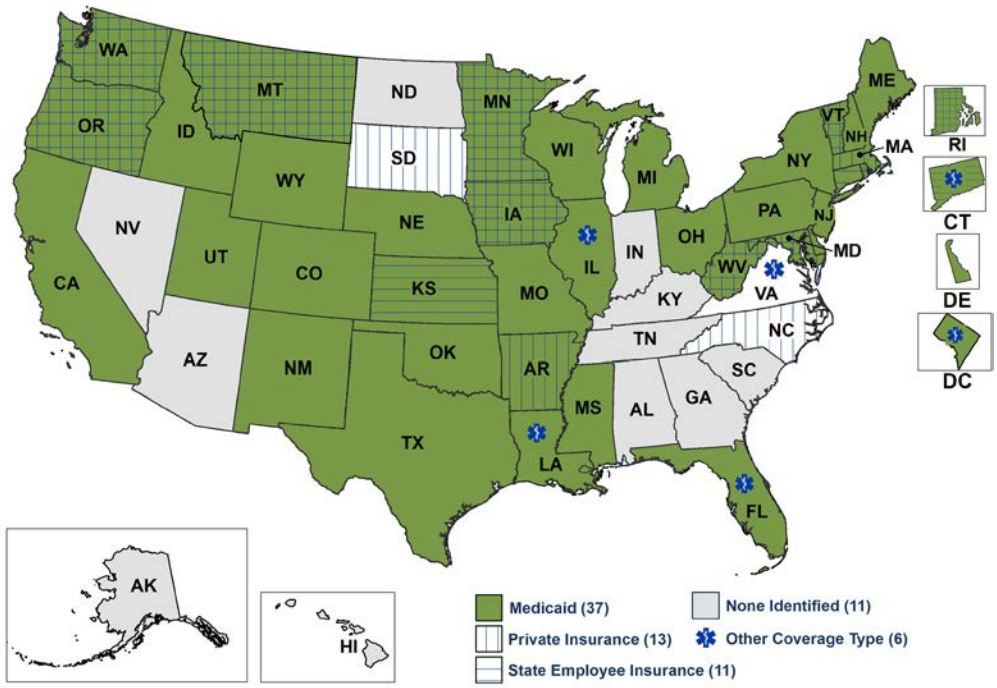


Fig. 2. Patient Centered Medical Home Law By Type of Patient Insurance



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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 patient-centered, culturally appropriate and team-based approach, the PCMH model coordinates patient care across the health system.[4] Originally designed to manage the care of children with chronic illnesses, the PCMH model has been associated with effective chronic disease management, increased patient and provider satisfaction, cost savings, improved quality of care, and increased preventive care.[5, 6, 7, 8]

As use of the model has grown, public and private entities have developed various PCMH model and recognition definitions, metrics, and performance standards. [9, 10, 11, 12] Common terms used to describe application of the model by health care practices and providers vary depending on patient population, payers, and scope of services.[9, 10, 11, 12] The term medical home is used to describe practices that work with public and private payers to treat all patient populations. Practices identified as "health homes" or "behavioral health homes" work exclusively with Medicaid patients suffering from chronic or behavioral health issues and mental health conditions. In addition to offering comprehensive primary care services, health homes also coordinate inpatient to outpatient care. Both medical and health homes may directly offer and coordinate behavioral health services for their patients.[9, 10, 13, 14]

Organizations including the National Committee on Quality Assurance, Center for Medical Home Improvement, Accreditation Association for Ambulatory Health Care, TransforMed, BlueCross BlueShield, Utilization Review Accreditation Committee, the Joint Commission and several US states have created PCMH performance standards and recognition programs.[10,12,15,16,17,18,19,20] These various standards cover patient-centered access, team-based care, evidence-based care, population health management, care planning, and quality measurement and improvement among other aspects of health care delivery. PCMH providers and practices have adopted and modified these various standards based on the specific needs of their health care environments.[10, 15, 16, 17]

In addition to the use of defined standards, the inclusion of multi-stakeholder alliances has been recognized as an important component of local PCMH implementation and evaluation.[20, 21, 22] These alliances - also called councils, committees, coalitions, and collaboratives - include local payers, providers, consumers, health and social services agencies, and other stakeholders from across the health care system. Evidence suggests multi-stakeholder alliances can collectively identify the unique needs of their patient populations, align payers and payment models, improve information sharing across the health care system, and provide PCMH practices and communities with technical assistance, tools, and other resources.[20, 21, 22, 23]

State Initiatives

States have used their regulatory authority to convene stakeholders and enact laws that increase the use of PCMH models locally. In 2013, the Montana Patient-Centered Medical Home Act became law.[24] Under the Act, the state's commissioner of health, in consultation with the state PCMH Stakeholder Council, is provided the rule-making authority to set state PCMH program standards.[25] Following the Act's passage, the state promulgated regulations creating PCMH practice performance metrics, annual reporting and evaluation criteria, and stakeholder council membership and duty requirements.[26, 27, 28] The stakeholder council must be consulted on all consequential decisions regarding the state's PCMH program. It includes 15 members representing the state's public health agencies, health plans, government health plans, and primary care providers.

Since the passage of Montana's PCMH Act, the collection of performance data and the implementation of council recommendations have provided baseline measures for quality improvement.[29] In 2015, the Montana PCMH Program reported blood pressure control rates were 16.4% above the national average (65.3% v. 48.9%[ii]). In 2014, the Council's recommendations led to the revision of administrative rules adding screening for clinical depression and follow-up planning for individuals aged 12 years and older. Subsequently, in 2015 Montana's PCMH Program reported depression screening rates were 46.9% higher than the national average (77.4% v. 30.5%[iii]).

In addition to Montana, Oregon, Nebraska, New Jersey, and Pennsylvania have also used state law to implement their PCMH councils' recommendations and to publish local PCMH practice performance data publicly in statewide annual reports.[30, 31, 32, 33] As of 2010, 28 states and the District of Columbia had laws recognizing the PCMH model.[34] By 2013, 35 states and the District of Columbia had enacted PCMH legislation[35] and as of 2016, 7 additional states had enacted PCMH laws.[36] The scope and features of PCMH laws also vary greatly across states, covering a wide range of patient populations, payers, recognition standards, and reimbursement models.[35] This state law fact sheet summarizes select PCMH elements commonly found in state law with a focus on which states establish PCMH advisory councils and evaluate the model's implementation through law.

ii: As reported in the Office of the Montana State Auditor Commissioner of Securities & Insurance. Montana Patient-Centered Medical Home Program 2016 Public Report citing the National Health and Nutrition Examination Survey's 2009-2012 national average for blood pressure control.

iii: As reported in the Office of the Montana State Auditor Commissioner of Securities & Insurance. Montana Patient-Centered Medical Home Program 2016 Public Report citing CMS benchmarks for measures of national depression screen rates included in the performance year 2015 quality and resource use reports.

Data Collection and Methods

Using the policy surveillance research method developed by the Center for Public Health Law Research at Temple University,[37] we systematically collected, reviewed, and redundantly coded the body of PCMH law for each state (statutes and regulations) in the 50 states and District of Columbia (collectively referred to as "states") in effect on May 1, 2016. The team used the Westlaw search engine (Thomson Reuters, Eagan, Minnesota) to identify all relevant PCMH laws. Findings were cross-referenced with Internet legislative and administrative code sites for each state. Search terms included: "'medical home' or 'health home' or (centered /s home) or (patient /s centered) or (person /s centered) and (board or commission or advisory or group or advising or committee or association or stakeholder or body or council or task force or collaborative), 'Patient Centered Medical Home,' 'medical home,' and 'health home.'"

Forty-nine percent of the records were redundantly coded and all divergences were resolved and recoded to the agreed upon response. A supervisor also performed quality control by downloading all coding data into Microsoft Excel and examining the data for any missing answers, incorrect citations, or other issues. Before conducting a final analysis of the data, any missing responses or incorrect citations were corrected by the researchers.

State Law

Forty-three states (including D.C.) have enacted law recognizing the PCMH model. Nearly all states (41) with a PCMH law recognize the medical home model (Table 1 and Figure 1), with more than half of these (24) recognizing medical homes only. With the exceptions of Minnesota and Missouri, all 18 states that recognize health homes also recognize medical homes. About a quarter of states recognize behavioral health homes explicitly or describe mental and behavioral health services as part of their PCMH program(s) (11). Eight states recognize medical homes, health homes, and behavioral health homes or authorize the provision of mental and behavioral health services as part of their PCMH programs.

The majority of states with PCMH laws (40) specify the insurance type the model applies to (Table 1 and Figure 2), which most commonly includes Medicaid (37), private (13), and state employee health coverage (11). Nine states authorize PCMH coverage for Medicaid, private insurance, and state employee insurance coverage. Six states authorize provision of PCMH services to the uninsured or other populations.

The requirements for advisory council member type, specific council duties, and reporting vary across states.

Table 1: Patient Centered Medical Home Elements Found in State Law, May 2016

Element Identified	# of States	States
PCMH Recognized		
Yes	43	AR, CA, CO, CT, DE, DC, FL, HI, ID, IL, IA, KS, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
PCMH Type		
Medical Home	41	AR, CA, CO, CT, DE, DC, FL, HI, ID, IL, IA, KS, LA, ME, MD, MA, MI, MS, MT, NE, NV, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
Health Home	18	AR, CA, CO, CT, DC, IL, IA, ME, MD, MN, MO, NM, NY, OH, OK, RI, TX, WA
Behavioral Health Home	11	CO, DC, IL, LA, ME, MO, OH, OK, OR, RI, TX
Insurance Type		
Medicaid	37	AR, CA, CO, CT, DE, DC, FL, ID, IL, IA, KS, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NH, NJ, NM, NY, OH, OK, OR, PA, RI, TX, UT, VT, WA, WV, WI, WY
Private	13	AR, IA, MD, MA, MN, MT, NC, OR, RI, SD, VT, WA, WV
State Employee Health Insurance	11	CT, IA, KS, MD, MN, MT, OR, RI, VT, WA, WV
Other	6	CT, DC, FL, IL, LA, VA
Advisory Council		
Yes	21	AR, CA, CT, DC, IA, MD, MA, MN, MT, NE, NV, NY, OH, OK, OR, PA, RI, TX, VT, WA, WV
No	30	AL, AK, AZ, FL, GA, HI, ID, IL, IN, KS, KY, LA, ME, MI, MS, MO, NH, NJ, NM, NC, ND, SC, SD, TN, UT, VA, WI, WY
Reporting to Legislature		
Yes	20	AR, CA, CO, CT, DC, IA, ME, MA, MN, NE, NY, OH, OR, PA, RI, TX, VT, WA, WV, WI
No	31	AL, AK, AZ, DE, FL, GA, HI, ID, IL, IN, KS, KY, LA, MD, MI, MS, MO, MT, NV, NH, NJ, NM, NC, ND, OK, SC, SC, TN, UT, VA, WY

Twenty-one states include provisions establishing advisory councils, of these, 10 establish PCMH specific advisory councils and 11 establish health care innovation councils with broader duties that advise on one or more components of PCMH implementation. Council members most frequently identified in state law include health care professionals (16), state health agency representatives (15), health care consumers (13), and private health insurers (12). Other members include community-based service organizations (10), hospital representatives (8), and behavioral/mental health specialists (5). Of the 16 states that require health care providers to serve on the council(s), 13 authorize non-physician health care providers, 3 require advanced practice registered nurses, such as nurse practitioners, 3 require physicians only, and 2 require pharmacists.

Of the 21 states with PCMH advisory council laws, 17 specify the state's role on the council; the most common is participation on the council (15). Other state roles include appointing members (10), convening members (11), and leading the council (2). Sixteen of the 21 states establishing councils also specified council duties, which most commonly includes advising on the implementation of PCMHs (16), facilitating health innovation broadly (12), developing PCMH payment types (8), certifying standards (8), and designing programs (8). Six of the 8 states that require councils to engage in program design also require a health care provider to serve on the council and 5 of the 8 require the participation of a health care consumer.

Less than half of states (20) require either a state health agency (15) or the advisory council (5) to report to the state legislature on PCMH performance. Required reporting information includes health care cost savings (7), health outcome impacts (6), and PCMH provider performance (6). For more maps and tables of state PCMH laws, please see the Patient Centered Medical Homes Laws dataset page at lawatlas.org.

Implications/Conclusions

Although the majority of states recognized the PCMH model in law in 2016, the specific provisions included across state laws vary with respect to PCMH model type, insurance coverage, legislative reporting requirements, advisory council establishment, membership, and duties. Half of the states that recognize the PCMH model in law established advisory council(s) with participation from members across the health care delivery system. The impact of multi-stakeholder engagement on PCMH implementation is an emerging area of study. Some states are leading the development of local PCMH programs in collaboration with multi-stakeholder alliances. In 2014, the Center for Medicare & Medicaid Innovation (CMMI) studied health innovation plans funded through State Innovation Model Awards. The study evaluated the methods state grantees used to engage health care stakeholders in plans to develop and test new health care delivery and payment system models.[38] Of the 19 state plans studied, 11 included the use of PCMH models. The study concluded that effective health care innovation planning required strong state leadership, partnerships with private, state-based, and other public-sector interests, and meaningful stakeholder engagement from the beginning to ensure adequate time for feedback and plan revisions.

Although evidence suggests that multi-stakeholder alliances can improve health care system coordination and overall quality improvement, their impact may be limited by contextual factors, including changing local insurance markets and policy environments.[39] One study comparing the growth of the PCMH model in communities with and without private foundation support for local stakeholder alliance capacity building found mixed results.[39] Sponsored communities scored better on care coordination measures, but had similar PCMH practice growth rates when compared with a national sample of non-sponsored communities. The study noted that growth of the PCMH practices may have been affected by other factors such as whether the communities were located in states that offered PCMH services through Medicaid programs, have a CMS sponsored PCMH demonstration project underway, or if private payers supported PCMH services.

The findings in this report show the recognition of behavioral health services provision in state health care innovation laws. There is emerging consensus about the importance of behavioral health when addressing public health issues, particularly as evidence shows certain mental health conditions are risk factors for morbidity and mortality from cardiovascular disease.[40, 41, 42, 43, 44, 45] Some states are prioritizing the inclusion of behavioral health care in the PCMH model within their laws by recognizing behavioral health homes, authorizing the provision of mental health services, or by requiring behavioral and mental health specialists to serve on local advisory councils.

Local PCMH practice and program performance reporting and evaluation requirements are also still emerging. Less than half of states recognizing the PCMH model in law require reporting on implementation to the legislature. States implementing the model through CMMI grants and other funding sources may also participate in federally and privately funded evaluations. Local PCMH practice and state program participation in federal, state, and private performance evaluations can provide practice-based evidence that could be used to assess the role of state law in scaling up the PCMH model.

The findings in this report are limited to state statutes and regulations and do not include internal state policies, county or municipal laws, or informal practices used for regulating the PCMH model locally; thus, these findings may not reflect the array of approaches states and other jurisdictions are using to support the adoption of the PCMH health care delivery model. Further study of the role of state law in promoting the spread of the PCMH model and its relation to health care costs, quality, and outcomes is needed to guide health care innovation at state and local levels.

2017 PCMH Legislation

Since May 2016, two additional states (Arkansas, South Carolina) have enacted a law addressing the PCMH model.[46, 47] In addition, several other states have enacted laws or promulgated regulations that amend or repeal provisions analyzed for this report.

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* This document presents a summary of laws in effect on May 1, 2016 and is not intended to promote any particular legislative, regulatory or other action. Learn more about State Law Fact Sheets at www.cdc.gov/dhdsp/pubs/policy_resources.htm.

Table 2: Patient Centered Medical Home Statutory and Regulatory Citations in effect, May 2016

State	Statutory Citations	Regulatory Citations
Alabama	None Identified	None Identified
Alaska	None Identified	None Identified
Arizona	None Identified	None Identified
Arkansas	ARK. CODE ANN. § 20-77-1702 (2015); ARK. CODE ANN. § 20-77-2202 (2013); ARK. CODE ANN. § 20-77-2203 (2013); ARK. CODE ANN. § 20-77-2204 (2013); ARK. CODE ANN. § 20-77-2205 (2013); ARK. CODE ANN. § 20-77-2206 (2013); ARK. CODE ANN. § 20-77-2406 (2013)	None Identified
California	CAL. HEALTH & SAFETY CODE § 124011 (West 2000); CAL. WELF. & INST. CODE § 14127 (West 2014); CAL. WELF. & INST. CODE § 14127.2 (West 2014); CAL. WELF. & INST. CODE § 14127.4 (West 2014); CAL. WELF. & INST. CODE § 14127.5 (West 2014); CAL. WELF. & INST. CODE § 14127.7 (West 2014); CAL. WELF. & INST. CODE § 14132.275 (West 2016); CAL. WELF. & INST. CODE § 14181 (West 2009)	None Identified
Colorado	COLO. REV. STAT. § 25.5-1-103 (2007); COLO. REV. STAT. § 25.5-1-123 (2007); COLO. REV. STAT. § 25.5-6-113 (2012)	None Identified
Connecticut	CONN. GEN. STAT. ANN. § 3-123bbb (West 2011); CONN. GEN. STAT. ANN. § 17b-28 (West 2015); CONN. GEN. STAT. ANN. § 17b-263c (West 2013); CONN. GEN. STAT. ANN. § 19a-45b (West 2011); CONN. GEN. STAT. ANN. § 19a-45c (West 2006); CONN. GEN. STAT. ANN. § 19a-725 (West 2015)	None Identified
Delaware	DEL. CODE ANN. tit. 16, § 2.1 (2016)	None Identified
District of Columbia	D.C. CODE § 31-3171.07 (2012); D.C. CODE § 31-3171.16 (2012)	D.C. MUN. REGS. § 10-A-1106 (2011); D.C. MUN. REGS. § 22-A-2599 (2016)' D.C. MUN. REGS. § 29-6901 (2016)
Florida	FLA. STAT. § 391.016 (2012); FLA. STAT. § 391.029 (2012); FLA. STAT. § 409.966 (2015)	None Identified
Georgia	None Identified	None Identified
Hawaii	HAW. REV. STAT. § 461-11.4 (2015)	None Identified
Idaho	IDAHO CODE § 31-3502 (2014); IDAHO CODE § 31-3503F (2009); IDAHO CODE § 56-252 (2007); IDAHO CODE § 56-253 (2007)	IDAHO ADMIN. CODE r. 441.78.53.249A (2015)
Illinois	210 ILL. COMP. STAT. 49/1-101.6 (2015) (repealed 2016)	ILL. ADMIN. CODE tit. 89, § 140.990 (2006); ILL. ADMIN. CODE tit. 89, § 140.992 (2010)
Indiana	None Identified	None Identified
Iowa	IOWA CODE § 135.157 (2014); IOWA CODE § 135.158 (2013); IOWA CODE § 135.159 (2015); IOWA CODE § 331.397 (2014)	None Identified
Kansas	KAN. STAT. ANN. § 75-7429 (2012)	None Identified
Kentucky	None Identified	None Identified
Louisiana	LA. REV. STAT. ANN. § 39:100.51 (2007); LA. REV. STAT. ANN. § 40:1253.1 (2015); LA. REV. STAT. ANN. § 46:978 (2007); LA. REV. STAT. ANN. § 46:978.1 (2007); LA. REV. STAT. ANN. § 46:978.2 (2007)	None Identified
Maine	ME. REV. STAT. ANN. tit. 24-a, § 4320 (2011)	10-144-101 ME. CODE R. § 91 (Weil 2013); 10-144-101 ME. CODE R. § 92 (Weil 2014)

Table 2: Patient Centered Medical Home Statutory and Regulatory Citations in effect, May 2016

State	Statutory Citations	Regulatory Citations
Maryland	MD. CODE ANN., HEALTH - GEN § 19-143 (West 2014); MD. CODE ANN., HEALTH - GEN § 19-1B-01 (West 2016); MD. CODE ANN., HEALTH - GEN § 19-1B-03 (West 2014)	MD. CODE REGS. 10.09.33.01 (2014); MD. CODE REGS. 10.25.16.02 (2014)
Massachusetts	MASS. GEN. LAWS ANN. ch. 6D, § 1 (West 2014); MASS. GEN. LAWS ANN. ch. 6D, § 2 (West 2012); MASS. GEN. LAWS ANN. ch. 6D, § 4 (West 2012); MASS. GEN. LAWS ANN. ch. 6D, § 5 (West 2012); MASS. GEN. LAWS ANN. ch. 6D, § 7 (West 2012); MASS. GEN. LAWS ANN. ch. 6D, § 14 (West 2012)	None Identified
Michigan	MICH. COMP. LAWS § 400.105d (2014)	None Identified
Minnesota	MINN. STAT. § 62U.02 (2015); MINN. STAT. § 62U.03 (2009); MINN. STAT. § 259.963 (2016); MINN. STAT. § 256KB.0751 (2014); MINN. STAT. § 259KB.0752 (2008)	None Identified
Mississippi	MISS. CODE ANN. § 41-3-61 (2010); MISS. CODE ANN. § 41-3-117 (2015)	None Identified
Missouri	None Identified	MO. CODE REGS. ANN. tit. 9, § 10-5.240 (2012); MO. CODE REGS. ANN. tit. 13, § 70-3.240 (2012)
Montana	MONT. CODE ANN. § 2-18-705 (2013); MONT. CODE ANN. § 33-40-101 (2013); MONT. CODE ANN. § 33-40-103 (2013); MONT. CODE ANN. § 33-40-104 (2013); MONT. CODE ANN. § 33-40-105 (2013); MONT. CODE ANN. § 53-6-113 (2015); MONT. CODE ANN. § 53-6-1311 (2015)	MONT. ADMIN. R. 6.6.4905 (2013); MONT. ADMIN. R. 37.86.5201 (2010)
Nebraska	NEB. REV. STAT. § 68-958 (2009); NEB. REV. STAT. § 68-959 (2012); NEB. REV. STAT. § 68-961 (2009); NEB. REV. STAT. § 81-3139 (2015); NEB. REV. STAT. § 81-3140 (2016)	None Identified
Nevada	NEV. REV. STAT. § 439A.190 (2015); NEV. REV. STAT. § 439A.519 (2015); NEV. REV. STAT. § 439A.521 (2013)	None Identified
New Hampshire	N.H. REV. STAT. ANN. § 126-A:5 (2016)	N.H. CODE ADMIN. R. ANN. HE-M § 510.02 (2013)
New Jersey	N.J. REV. STAT. § 30:4D-8.5 (2012)	N.J. ADMIN. CODE § 8:19-1.1 (2011); N.J. ADMIN. CODE § 10:79A-1.1 (2014); N.J. ADMIN. CODE § 10:79A-1.6 (2014)
New Mexico	N.M. STAT. § 27-2-12.15 (2010)	N.M. CODE R. § 8.310.10.9 (2016)
New York	N.Y. SOC. SERV. LAW § 364-m (McKinney 2009); N.Y. PUB. HEALTH LAW § 2959-a (McKinney 2011)	N.Y. COMP. CODES R & REGS. tit. 10, 1003.2 (2014)
North Carolina	N.C. GEN. STAT. § 58-50-130 (2014)	None Identified
North Dakota	None Identified	None Identified
Ohio	OHIO REV. CODE ANN. § 3701.92 (West 2015); OHIO REV. CODE ANN. § 3701.921 (West 2013); OHIO REV. CODE ANN. § 3701.922 (West 2013); OHIO REV. CODE ANN. § 3701.923 (West 2013); OHIO REV. CODE ANN. § 3701.924 (West 2013); OHIO REV. CODE ANN. § 3701.925 (West 2013); OHIO REV. CODE ANN. § 3701.929 (West 2013)	OHIO ADMIN. CODE 5122-29-33 (2014)
Oklahoma	OKLA. STAT. tit. 63, § 5009.2 (2006)	OKLA. ADMIN. CODE § 317:25-7-2 (2009); OKLA. ADMIN. CODE § 317:25-7-3 (2009); OKLA. ADMIN. CODE § 317:25-9-1 (2011); OKLA. ADMIN. CODE § 317:30-5-250 (2015); Okla. Admin. Code 450:55-1-2 (2015)
Oregon	OR. REV. STAT. § 413.259 (2016); OR. REV. STAT. § 413.260 (2016); OR. REV. STAT. § 414.025 (2015); OR. REV. STAT. § 414.620 (2015); OR. REV. STAT. § 414.655 (2015); OR. REV. STAT. § 414.760 (2015)	None Identified
Pennsylvania	62 PA. CONS. STAT. ANN. § 7002 (2014); 62 PA. CONS. STAT. ANN. § 7003 (2014); 62 PA. CONS. STAT. ANN. § 7004 (2014)	None Identified
Rhode Island	R.I. GEN. LAWS. § 42-14.6-2 (2011); R.I. GEN. LAWS. § 42-14.6-3 (2011); R.I. GEN. LAWS. § 42-14.6-4 (2011); R.I. GEN. LAWS. § 42-14.6-5 (2011); R.I. GEN. LAWS. § 42-14.6-6 (2011)	32-1-2 R.I. CODE R. § 10 (2015); 46-1-13 R.I. CODE R. § 2 (2014)
South Carolina	None Identified	None Identified
South Dakota	None Identified	S.D. Admin. R. 20:06:55:41 (2014)
Tennessee	TENN. CODE ANN. § 63-10-217 (2016)	None Identified
Texas	TEX. GOV'T CODE ANN. § 531.0996 (West 2015); TEX. GOV'T CODE ANN. § 533.001 (West 2015); TEX. GOV'T CODE ANN. § 533.002 (West 2015); TEX. GOV'T CODE ANN. § 533.00253 (West 2016); TEX. GOV'T CODE ANN. § 533.00254 (West 2016); TEX. GOV'T CODE ANN. § 533.00255 (West 2016); TEX. GOV'T CODE ANN. § 536.102 (West 2016)	1 TEX. ADMIN. CODE § 353.2 (2014)
Utah	UTAH CODE ANN. § 26-28-408 (2015)	None Identified
Vermont	VT. STAT. ANN. tit. 18, § 702 (2015); VT. STAT. ANN. tit. 18, § 704 (2012); VT. STAT. ANN. tit. 18, § 706 (2012); VT. STAT. ANN. tit. 18, § 709 (2014)	None Identified
Virginia	None Identified	12 VA. ADMIN. CODE § 5-191-10 (2014); 12 VA. ADMIN. CODE § 5-191-180 (2014); 12 VA. ADMIN. CODE § 5-191-230 (2007); 12 VA. ADMIN. CODE § 5-191-320 (2007)
Washington	WASH. REV. CODE § 41.05.023 (2007); WASH. REV. CODE § 41.05.670 (2011); WASH. REV. CODE § 43.06.155 (2009); WASH. REV. CODE § 43.70.533 (2011); WASH. REV. CODE § 43.71.065 (2012); WASH. REV. CODE § 70.54.420 (2010); WASH. REV. CODE § 74.09.010 (2014)	None Identified
West Virginia	W. VA. CODE § 5-16-3 (2013); W. VA. CODE § 5-16J-2 (2006); W. VA. CODE § 5-16L-2 (2012); W. VA. CODE § 5-16L-7 (2012)	None Identified
Wisconsin	WIS. STAT. § 49.45 (2016)	None Identified
Wyoming	None Identified	8 HLTH RH WYO. CODE R. § 4 (2012); 8 HLTH RH WYO. CODE R. § 5 (2012); 8 HLTH RH WYO. CODE R. § 7 (2012)