



General Assembly

January Session, 2007

**Raised Bill No. 6976**

LCO No. 3499

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Referred to Committee on Public Health

Introduced by:  
(PH)

**AN ACT CONCERNING CHRONIC CARE MANAGEMENT.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2007*) As used in sections 1 to 5,  
2 inclusive, of this act:

3 (1) "Chronic care" means health care services provided by a health  
4 care provider for an established clinical condition that is expected to  
5 last for at least one year and requires ongoing clinical management in  
6 order to restore the individual to the highest level of function,  
7 minimize the negative effects of the clinical condition and prevent  
8 complications related to chronic conditions such as diabetes,  
9 hypertension, cardiovascular disease, cancer, asthma, pulmonary  
10 disease, substance abuse, mental illness, spinal cord injury and  
11 hyperlipidemia.

12 (2) "Chronic care management" means a system of coordinated  
13 health care interventions and communications for individuals with  
14 chronic conditions, including significant patient self-care efforts,  
15 systemic supports for the health care provider and patient relationship,  
16 and a plan of care emphasizing prevention of complications utilizing

17 evidence-based practice guidelines, patient empowerment strategies  
18 and evaluation of clinical, humanistic and economic outcomes on an  
19 ongoing basis with the goal of improving overall health.

20 (3) "Health care provider" means any person, corporation, limited  
21 liability company, facility or institution operated, owned or licensed by  
22 this state to provide health care services, or an officer, employee or  
23 agent thereof acting in the course and scope of employment.

24 (4) "Health risk assessment" means screening by a health care  
25 provider for the purpose of assessing an individual's health, including  
26 tests or physical examinations and a survey or other tool used to  
27 gather information about an individual's health, medical history and  
28 health risk factors during a health screening.

29 Sec. 2. (NEW) (*Effective October 1, 2007*) (a) Not later than January 1,  
30 2009, the Commissioner of Public Health, in coordination with the  
31 Secretary of the Office of Policy and Management, shall develop a five-  
32 year strategic plan for a state-wide system of chronic care  
33 management.

34 (b) (1) The strategic plan shall include:

35 (A) A description of the chronic care management system,  
36 including, but not limited to, chronic care infrastructure, patient self-  
37 management programs, community initiatives, and health system and  
38 information technology, which technology may be used uniformly  
39 state-wide by private insurers, third party administrators and public  
40 programs;

41 (B) A description of prevention programs and ways to integrate  
42 such programs into communities, with chronic care management;

43 (C) Reimbursement systems aligned with the goal of managing the  
44 care of individuals with or at risk for chronic conditions in order to  
45 improve outcomes and the quality of care;

46 (D) The involvement of public and private groups, health care  
47 providers, insurers, third-party administrators, associations and firms  
48 to facilitate and assure the sustainability of a new system of chronic  
49 care;

50 (E) The involvement of community and consumer groups to  
51 facilitate and assure the sustainability of health care services  
52 supporting healthy behaviors and good patient self-management for  
53 the prevention and management of chronic conditions;

54 (F) Alignment of any information technology needs with other  
55 health care information technology initiatives;

56 (G) The use and development of outcome measures and reporting  
57 requirements, aligned with existing outcome measures within the  
58 Departments of Public Health and Social Services, to assess and  
59 evaluate the system of chronic care;

60 (H) Target timelines for inclusion of specific chronic conditions in  
61 the chronic care infrastructure and for state-wide implementation of  
62 the chronic care management plan;

63 (I) Identification of resource needs for implementation and  
64 sustainment of, the chronic care management system and strategies to  
65 meet those needs; and

66 (J) A strategy for ensuring state-wide participation in the chronic  
67 care management plan no later than January 1, 2010, by insurers, third-  
68 party administrators, health care providers, hospitals and other  
69 professionals and consumers, including, but not limited to, common  
70 outcome measures, best practices and protocols, data reporting  
71 requirements, payment methodologies and other standards.

72 (2) The Commissioner of Public Health shall review the five-year  
73 strategic plan for chronic care management biennially, and amend the  
74 plan as necessary to reflect changes in state-wide priorities.

75 (c) (1) On December 31, 2009, and annually thereafter, the  
76 Commissioner of Public Health shall report, in accordance with the  
77 provisions of section 11-4a of the general statutes, on the status of  
78 implementation of the chronic care management plan to the joint  
79 standing committees of the General Assembly having cognizance of  
80 matters relating to public health, human services, insurance and  
81 appropriations. The report shall include the number of insurers, health  
82 care providers and patients currently participating in the chronic care  
83 management plan; the progress for achieving state-wide participation  
84 in the plan; the status of the individual components of the plan  
85 described in subdivision (1) of subsection (b) of this section; annual  
86 expenditures and savings associated with the plan; the results of health  
87 care provider and patient satisfaction surveys; the progress toward  
88 creation and implementation of privacy and security protocols; any  
89 amendments to the plan as a result of the biennial review undertaken  
90 pursuant to subdivision (2) of subsection (b) of this section; and such  
91 other information as requested by the committees.

92 (2) If state-wide participation in the chronic care management plan  
93 is not achieved by January 1, 2012, the Commissioner of Public Health,  
94 in coordination with the Secretary of the Office of Policy and  
95 Management, shall evaluate the chronic care management plan and  
96 report any recommendations for changes to the plan to ensure state-  
97 wide participation by health insurers, third-party administrators and  
98 health care providers to the joint standing committees of the General  
99 Assembly having cognizance of matters relating to public health,  
100 human services, insurance and appropriations, in accordance with  
101 section 11-4a of the general statutes.

102 Sec. 3. (NEW) (*Effective from passage*) (a) There is established a  
103 Chronic Care Management Advisory Committee. The committee shall  
104 consist of the Commissioners of Public Health, Health Care Access and  
105 Human Services and the Insurance Commissioner and nine members  
106 appointed as follows: One by the Governor; two each by the president  
107 pro tempore of the Senate and the speaker of the House of

108 Representatives; one each by the majority leaders of the Senate and the  
109 House of Representatives; one each by the minority leaders of the  
110 Senate and the House of Representatives. Members shall serve for a  
111 term of five years commencing on October first. No member may serve  
112 for more than two consecutive five-year terms. All initial appointments  
113 to the committee shall be made by October 1, 2007. Any vacancy shall  
114 be filled by the appointing authority.

115 (b) The Commissioner of Public Health shall serve as the  
116 chairperson of the committee and shall schedule the first meeting of  
117 the committee, which shall be held no later than December 1, 2007.

118 (c) The committee shall (1) advise the Commissioner of Public  
119 Health and the Secretary of the Office of Policy and Management on  
120 the development and implementation of the five-year strategic plan for  
121 a state-wide system of chronic care management, as described in  
122 section 2 of this act, (2) engage a broad range of health care providers,  
123 health insurance plans, professional organizations, community and  
124 nonprofit groups, consumers, businesses, school districts, and state  
125 and local government in developing and implementing the five-year  
126 strategic plan, and (3) assist in developing health care provider and  
127 patient satisfaction surveys for the purpose of evaluating the five-year  
128 strategic plan.

129 Sec. 4. (NEW) (*Effective October 1, 2007*) (a) Upon completion of the  
130 five-year strategic plan for chronic care management, in accordance  
131 with section 2 of this act, the Secretary of the Office of Policy and  
132 Management, or a designee, shall create a chronic care management  
133 program as provided for in this section, which shall be administered or  
134 provided by a private entity for individuals with one or more chronic  
135 conditions who are enrolled in the state Medicaid plan, the HUSKY  
136 Plan, Part A or Part B or the state-administered general assistance  
137 program. The program shall not include individuals who are also  
138 eligible for Medicare, who are enrolled in the Choices for Care  
139 Medicaid Section 1115 waiver or who are in an institution for mental

140 disease, as defined in 42 CFR Section 435.1010.

141 (b) The chronic care management program shall include a broad  
142 range of chronic conditions and shall be designed to include:

143 (1) A method involving health care providers in identifying eligible  
144 patients, an enrollment process that provides incentives and strategies  
145 for maximum patient participation and a standard health risk  
146 assessment for each individual;

147 (2) The process for coordinating care among health care providers;

148 (3) Methods for increasing communications among health care  
149 providers and patients, including patient education, self-management  
150 and follow-up plans;

151 (4) The educational, wellness and clinical management protocols  
152 and tools used by the private entity responsible for administering the  
153 chronic care management program established under this section,  
154 including management guideline materials for health care providers to  
155 assist in patient-specific recommendations;

156 (5) Process and outcome measures to provide performance feedback  
157 for health care providers and information on the quality of care,  
158 including patient satisfaction and health status outcomes;

159 (6) Payment methodologies to align reimbursements and create  
160 financial incentives and rewards for health care providers to establish  
161 management systems for chronic conditions, to improve health  
162 outcomes and to improve the quality of care, including case  
163 management fees, pay for performance, payment for technical support  
164 and data entry associated with patient registries, the cost of staff  
165 coordination within a medical practice and any reduction in a health  
166 care provider's productivity;

167 (7) A payment structure for the private entity responsible for  
168 administering the chronic care management program that would

169 reduce or jeopardize fees if the private entity is unsuccessful in  
170 reducing costs to the state;

171 (8) A requirement that the private entity responsible for  
172 administering the chronic care management program share data on  
173 enrollees, to the extent allowable under federal law, with the Secretary  
174 of the Office of Policy and Management for purposes of developing  
175 health care reform initiatives;

176 (9) A method for the private entity responsible for administering the  
177 chronic care management program to participate closely in the five-  
178 year strategic plan for chronic care management and other health care  
179 reform initiatives; and

180 (10) Pharmacy cost control initiatives, including participation in the  
181 preferred drug lists for use in the Medicaid, state-administered general  
182 assistance and ConnPACE programs.

183 (d) The Secretary of the Office of Policy and Management shall issue  
184 a request for proposals for the chronic care management program  
185 authorized under this section and shall review the request for  
186 proposals with the Commissioner of Public Health prior to issuance.  
187 Any contract under this section may allow the entity to subcontract  
188 some services to other entities, provided it is cost-effective, efficient or  
189 in the best interest of the individuals enrolled in the program.

190 (e) The Secretary of the Office of Policy and Management shall  
191 ensure that the chronic care management program is modified over  
192 time for consistency with the five-year strategic plan for chronic care  
193 management described in section 2 of this act.

194 Sec. 5. (NEW) (*Effective October 1, 2007*) Upon completion of the five-  
195 year strategic plan for chronic disease management, in accordance  
196 with section 2 of this act, the Commissioner of Social Services shall  
197 ensure that payment methodologies under the state Medicaid plan,  
198 Medicaid waiver programs and the HUSKY Plan, Part A and Part B are

199 consistent with payment methodologies recommended in the five-year  
200 strategic plan. The commissioner shall periodically analyze and report,  
201 in accordance with section 11-4a of the general statutes, to the joint  
202 standing committees of the General Assembly having cognizance of  
203 matters relating to social services and public health concerning any  
204 recommended waivers or wavier modifications necessary to fully  
205 implement the five-year strategic plan within the Department of Social  
206 Services.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2007</i>	New section
Sec. 2	<i>October 1, 2007</i>	New section
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>October 1, 2007</i>	New section
Sec. 5	<i>October 1, 2007</i>	New section

**Statement of Purpose:**

To establish a state-wide plan for chronic disease management.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*