



General Assembly

January Session, 2007

**Amendment**

LCO No. 9222

**\*HB0615809222HRO\***

Offered by:

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To: Subst. House Bill No. 6158

File No. 246

Cal. No. 225

**"AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR CHILDREN."**

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1 After the last section, add the following and renumber sections and  
2 internal references accordingly:

3 "Sec. 501. (NEW) (*Effective October 1, 2007*) As used in sections 501 to  
4 505, inclusive, of this act:

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

13 hyperlipidemia.

14 (2) "Chronic care management" means a system of coordinated  
15 health care interventions and communications for individuals with  
16 chronic conditions, including significant patient self-care efforts,  
17 systemic supports for the health care provider and patient relationship,  
18 and a plan of care emphasizing prevention of complications utilizing  
19 evidence-based practice guidelines, patient empowerment strategies  
20 and evaluation of clinical, humanistic and economic outcomes on an  
21 ongoing basis with the goal of improving overall health.

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

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

31 Sec. 502. (NEW) (*Effective October 1, 2007*) (a) Not later than January  
32 1, 2009, the Commissioner of Public Health, in coordination with the  
33 Secretary of the Office of Policy and Management, shall develop a five-  
34 year strategic plan for a state-wide system of chronic care  
35 management.

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

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

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

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

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

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

56 (F) Alignment of any information technology needs with other  
57 health care information technology initiatives;

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

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

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

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

73 requirements, payment methodologies and other standards.

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

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

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

104 Sec. 503. (NEW) (*Effective from passage*) (a) There is established a

105 Chronic Care Management Advisory Committee. The committee shall  
106 consist of the Commissioners of Public Health, Health Care Access and  
107 Human Services and the Insurance Commissioner and nine members  
108 appointed as follows: One by the Governor; two each by the president  
109 pro tempore of the Senate and the speaker of the House of  
110 Representatives; one each by the majority leaders of the Senate and the  
111 House of Representatives; one each by the minority leaders of the  
112 Senate and the House of Representatives. Members shall serve for a  
113 term of five years commencing on October first. No member may serve  
114 for more than two consecutive five-year terms. All initial appointments  
115 to the committee shall be made by October 1, 2007. Any vacancy shall  
116 be filled by the appointing authority.

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

120 (c) The committee shall (1) advise the Commissioner of Public  
121 Health and the Secretary of the Office of Policy and Management on  
122 the development and implementation of the five-year strategic plan for  
123 a state-wide system of chronic care management, as described in  
124 section 502 of this act, (2) engage a broad range of health care  
125 providers, health insurance plans, professional organizations,  
126 community and nonprofit groups, consumers, businesses, school  
127 districts, and state and local government in developing and  
128 implementing the five-year strategic plan, and (3) assist in developing  
129 health care provider and patient satisfaction surveys for the purpose of  
130 evaluating the five-year strategic plan.

131 Sec. 504. (NEW) (*Effective October 1, 2007*) (a) Upon completion of  
132 the five-year strategic plan for chronic care management, in accordance  
133 with section 502 of this act, the Secretary of the Office of Policy and  
134 Management, or a designee, shall create a chronic care management  
135 program as provided for in this section, which shall be administered or  
136 provided by a private entity for individuals with one or more chronic  
137 conditions who are enrolled in the state Medicaid plan, the HUSKY

138 Plan, Part A or Part B or the state-administered general assistance  
139 program. The program shall not include individuals who are also  
140 eligible for Medicare, who are enrolled in the Choices for Care  
141 Medicaid Section 1115 waiver or who are in an institution for mental  
142 disease, as defined in 42 CFR Section 435.1010.

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

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

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

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

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

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

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

168 care provider's productivity;

169 (7) A payment structure for the private entity responsible for  
170 administering the chronic care management program that would  
171 reduce or jeopardize fees if the private entity is unsuccessful in  
172 reducing costs to the state;

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

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

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

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

192 (e) The Secretary of the Office of Policy and Management shall  
193 ensure that the chronic care management program is modified over  
194 time for consistency with the five-year strategic plan for chronic care  
195 management described in section 502 of this act.

196 Sec. 505. (NEW) (*Effective October 1, 2007*) Upon completion of the  
197 five-year strategic plan for chronic disease management, in accordance

198 with section 502 of this act, the Commissioner of Social Services shall  
199 ensure that payment methodologies under the state Medicaid plan,  
200 Medicaid waiver programs and the HUSKY Plan, Part A and Part B are  
201 consistent with payment methodologies recommended in the five-year  
202 strategic plan. The commissioner shall periodically analyze and report,  
203 in accordance with section 11-4a of the general statutes, to the joint  
204 standing committees of the General Assembly having cognizance of  
205 matters relating to social services and public health concerning any  
206 recommended waivers or wavier modifications necessary to fully  
207 implement the five-year strategic plan within the Department of Social  
208 Services."