



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

**TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE
March 20, 2013**

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**Senate Bill 1068 - AN ACT CONCERNING CARE COORDINATION FOR CHRONIC
DISEASE.**

The Department of Public Health (DPH) opposes Senate Bill 1068.

DPH would like to thank the Committee for acknowledging the importance of chronic disease. Seven out of the top ten causes of death in Connecticut are due to chronic disease.¹ It is well established that deaths and disability from chronic disease could be substantially reduced through widespread adoption of proven preventive interventions. The bill proposes that DPH, in consultation with the Comptroller, representatives of hospitals and other healthcare facilities and local and regional health departments, develop a plan to reduce the incidence of chronic disease and improve care coordination. Additionally, development of healthcare facility specific plans to reduce the effects of the most prevalent chronic diseases would be required. The bill further mandates that a comprehensive annual report be submitted.

DPH engages in chronic disease prevention and control work, in large part through funding from the federal Centers for Disease Control and Prevention (CDC). Currently there are CDC-funded programs related to asthma, cancer, diabetes, cardiovascular disease, and tobacco prevention. In addition, CDC funds are supporting the development of a state-wide chronic disease plan and activities to enhance chronic disease prevention and control at the local level. Due to the nature of these funds, assigned staff are required to perform work on particular activities to meet objectives outlined in the respective federal funding agreement. Products of that work include establishing the burden of chronic diseases and their risk factors and making information available to the public (e.g., through burden reports and fact sheets).

Although the intent of the bill is in broad alignment with DPH's chronic disease goals, new staff and infrastructure would be required to meet the bill's requirements. Additional staff would be necessary to perform coordination activities involving hospitals, other healthcare facilities and local health departments. Similarly, current agency staffing resources are not sufficient to monitor and/or enforce the facility-specific reporting that would be required to meet provisions outlined in subsection (b). Additionally, DPH would need to acquire additional expertise in patient care coordination, which is currently not a primary function of the department's existing chronic disease programs.

Should this bill move forward its mandates cannot be accomplished within available resources. DPH can assist in providing support to statewide chronic disease initiatives through its existing targeted efforts, and will continue to update and publish chronic disease burden reports on DPH's website.

Thank you for your consideration of the Department's views on this bill.

¹ Connecticut Department of Public Health. Vital Statistics Mortality Files, 2007-2009.

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