



House of Representatives

General Assembly

File No. 95

February Session, 2014

Substitute House Bill No. 5386

House of Representatives, March 25, 2014

The Committee on Public Health reported through REP. JOHNSON of the 49th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING CARE COORDINATION FOR CHRONIC DISEASE.

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

1 Section 1. (NEW) (*Effective October 1, 2014*) (a) The Commissioner of
2 Public Health, in consultation with the Comptroller and
3 representatives of hospitals and other health care facilities and local
4 and regional health departments, shall develop a plan: (1) To reduce
5 the incidence of chronic disease, including, but not limited to, chronic
6 cardiovascular disease, cancer, stroke, chronic lung disease, diabetes,
7 arthritis or another chronic metabolic disease and psychiatric illness;
8 (2) to improve chronic disease care coordination in the state; and (3) for
9 each type of health care facility, to reduce the incidence and effects of
10 chronic disease.

11 (b) The commissioner shall, on or before January fifteenth, annually,
12 submit a report in accordance with the provisions of section 11-4a of
13 the general statutes to the joint standing committee of the General
14 Assembly having cognizance of matters relating to public health

15 concerning chronic disease and implementation of the plan described
 16 in subsection (a) of this section. The commissioner shall post such
 17 reports on the Department of Public Health's Internet web site not later
 18 than thirty days after submitting each report. Such report shall include,
 19 but need not be limited to: (1) A description of the chronic diseases
 20 that are most likely to cause a person's death or disability, the
 21 approximate number of persons affected by such chronic diseases and
 22 an assessment of the financial effect of each such disease on the state
 23 and on hospitals and health care facilities; (2) a description and
 24 assessment of programs and actions that have been implemented by
 25 the department, hospitals or health care facilities to improve chronic
 26 disease care coordination and prevent chronic disease; (3) the source
 27 and amounts of funding received by the department to treat persons
 28 with multiple chronic diseases and to treat or reduce the most
 29 prevalent chronic diseases in the state; (4) a description of chronic
 30 disease care coordination among the department, hospitals and health
 31 care facilities, and among health care facilities, to prevent and treat
 32 chronic disease; (5) detailed recommendations concerning actions to be
 33 taken by hospitals and health care facilities to reduce the effects of the
 34 most prevalent chronic diseases, including recommendations
 35 concerning: (A) Ways to reduce hospital readmission rates, (B)
 36 transitional care plans, and (C) drug therapy monitoring; (6)
 37 identification of anticipated results from a hospital or health care
 38 facility's implementation of the recommendations described in
 39 subdivision (5) of this subsection; (7) identification of goals for
 40 coordinating care and reducing the incidence of persons having
 41 multiple chronic diseases; and (8) an estimate of costs and other
 42 resources necessary to implement the recommendations described in
 43 subdivision (5) of this subsection.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2014</i>	New section

Statement of Legislative Commissioners:

Throughout the bill, the phrase "chronic care coordination" was changed to "chronic disease care coordination", for clarity and internal consistency; in section 1(b), "plans" was changed to "plan", for accuracy; in section 1(b)(2), the phrase "department or hospitals and health care facilities" was changed to "department, hospitals or health care facilities", for clarity and "disease" was changed to "chronic disease", for consistency; in section 1(b)(4), the phrase "between the department and hospitals and health care facilities" was changed to "among the department, hospitals and health care facilities", for clarity; and in sections 1(b)(3) and (7), the phrase "chronic conditions" was changed to "chronic diseases", for internal consistency.

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note**State Impact:** None**Municipal Impact:** None**Explanation**

There is no cost to the Department of Public Health to develop a plan related to chronic diseases in consultation with the Office of the State Comptroller (OSC) and other entities. OSC is currently studying chronic disease management and care coordination as part of the State Innovation Model (SIM). SIM is a federal initiative that includes studying, among other things, the use of patient-centered medical homes and accountable care organizations. Reviewing and making recommendations concerning quality of care and care coordination and the impact on costs are all components of SIM.

The Out Years**State Impact:** None**Municipal Impact:** None

OLR Bill Analysis

sHB 5386

AN ACT CONCERNING CARE COORDINATION FOR CHRONIC DISEASE.

SUMMARY:

This bill requires the public health (DPH) commissioner to develop a plan to (1) reduce the incidence of chronic disease; (2) improve chronic disease care coordination in the state; and (3) for each type of health care facility, reduce the incidence and effects of chronic disease. She must do so in consultation with the comptroller and representatives of hospitals, other health care facilities, and local and regional health departments. The plan must address cardiovascular disease, cancer, stroke, lung disease, diabetes, arthritis or another metabolic disease, and psychiatric illness.

The bill also requires the commissioner to report annually on chronic diseases and the plan's implementation. The report must include several matters, such as detailed recommendations for what hospitals and health care facilities can do to reduce the effects of the most prevalent chronic diseases and estimated costs for implementing the recommendations.

EFFECTIVE DATE: October 1, 2014

REPORTING REQUIREMENT

The bill requires the DPH commissioner, by January 15 each year, to report to the Public Health Committee on chronic disease and implementing the plan described above. She must post the reports on the department's website within 30 days after she submits them. The reports must include:

1. a description of the chronic diseases most likely to cause death

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- or disability, the approximate number of people affected by them, and an assessment of each such disease's financial effect on the state, hospitals, and health care facilities;
2. a description and assessment of programs and actions that DPH, hospitals, and health care facilities implement to improve chronic disease care coordination and prevent disease;
 3. the source and amount of funding DPH receives to treat people with multiple chronic diseases and to treat or reduce the most prevalent chronic diseases in the state;
 4. a description of chronic disease care coordination between DPH and hospitals and health care facilities, and among health care facilities, to prevent and treat chronic disease;
 5. detailed recommendations on what hospitals and health care facilities can do to reduce the effects of the most prevalent chronic diseases, including (a) ways to reduce hospital readmission rates, (b) transitional care plans, and (c) drug therapy monitoring;
 6. anticipated results from any hospital or health care facility that implements the recommendations;
 7. goals for coordinating care and reducing cases of multiple chronic conditions; and
 8. estimated costs and other resources needed to implement the recommendations.

BACKGROUND

Chronic Disease

According to the U.S. Department of Health and Human Services, chronic diseases are conditions lasting at least a year that require ongoing medical attention, limit activities of daily living, or both.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 26 Nay 0 (03/10/2014)