

## **House of Representatives**

File No. 699

## General Assembly

February Session, 2014

(Reprint of File No. 95)

Substitute House Bill No. 5386 As Amended by House Amendment Schedule "A"

Approved by the Legislative Commissioner April 28, 2014

# 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 Lieutenant Governor, or the
- 3 Lieutenant Governor's designee, and local and regional health
- 4 departments, shall, within available resources, develop a plan that is
- 5 consistent with the Department of Public Health's Healthy Connecticut
- 6 2020 health improvement plan and the state healthcare innovation
- 7 plan developed pursuant to the State Innovation Model Initiative by
- 8 the Centers for Medicare and Medicaid Services Innovation Center.
- 9 The commissioner shall develop and implement such plan to: (1)
- 10 Reduce the incidence of chronic disease, including, but not limited to,
- 11 chronic cardiovascular disease, cancer, lupus, stroke, chronic lung
- 12 disease, diabetes, arthritis or another chronic metabolic disease and the
- 13 effects of behavioral health disorders; (2) improve chronic disease care
- 14 coordination in the state; and (3) reduce the incidence and effects of
- 15 chronic disease and improve outcomes for conditions associated with

16 chronic disease in the state.

17 (b) The commissioner shall, on or before January 15, 2015, and 18 biennially thereafter, submit a report, in consultation with the 19 Lieutenant Governor or the Lieutenant Governor's designee, in 20 accordance with the provisions of section 11-4a of the general statutes 21 to the joint standing committee of the General Assembly having 22 cognizance of matters relating to public health concerning chronic 23 disease and implementation of the plan described in subsection (a) of 24 this section. The commissioner shall post each report on the 25 Department of Public Health's Internet web site not later than thirty 26 day after submitting such report. Each report shall include, but need 27 not be limited to: (1) A description of the chronic diseases that are most 28 likely to cause a person's death or disability, the approximate number 29 of persons affected by such chronic diseases and an assessment of the 30 financial effects of each such disease on the state and on hospitals and 31 health care facilities; (2) a description and assessment of programs and 32 actions that have been implemented by the department and health care 33 providers to improve chronic disease care coordination and prevent 34 chronic disease; (3) the sources and amounts of funding received by 35 the department to treat persons with multiple chronic diseases and to 36 treat or reduce the most prevalent chronic diseases in the state; (4) a 37 description of chronic disease care coordination between the 38 department and health care providers, to prevent and treat chronic 39 disease; and (5) recommendations concerning actions that health care 40 providers and persons with chronic disease may take to reduce the 41 incidence and effects of chronic disease.

This act sha sections:	ll take effect as follows	and shall amend the following
Section 1	October 1, 2014	New section

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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

The bill requires the Department of Public Health to develop a plan in consultation with the Lieutenant Governor and local and regional health departments and does not result in a fiscal impact.

House "A" struck the language of the underlying bill and replaced it with language that does not result in a fiscal impact.

The Out Years

State Impact: None

**Municipal Impact:** None

## OLR Bill Analysis sHB 5386 (as amended by House "A")\*

## AN ACT CONCERNING CARE COORDINATION FOR CHRONIC DISEASE.

### **SUMMARY:**

This bill requires the public health (DPH) commissioner to develop and implement a plan to (1) reduce the incidence of chronic disease; (2) improve chronic disease care coordination in the state; (3) reduce the incidence and effects of chronic disease, and (4) improve outcomes for conditions associated with chronic disease. She must develop the plan (1) within available resources and (2) in consultation with the lieutenant governor or her designee and local and regional health departments.

The plan must address cardiovascular disease, cancer, lupus, stroke, chronic lung disease, diabetes, arthritis or another metabolic disease, and the effects of behavioral health disorders. It must be consistent with the (1) DPH's Healthy Connecticut 2020 health improvement plan and (2) state healthcare innovation plan developed under the State Innovation Model Initiative by the Centers for Medicare and Medicaid Services Innovation Center.

The bill also requires the commissioner to report biennially on chronic diseases and the plan's implementation. The report must include several matters, such as a description of the diseases most likely to cause death or disability and recommendations for what health care providers and patients can do to reduce the incidence and effects of chronic diseases.

\*<u>House Amendment "A"</u> requires that:

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- 1. the commissioner develop the plan within available resources,
- 2. she develop the plan in consultation with the lieutenant governor or her designee rather than the comptroller and representatives of hospitals and other health care facilities,
- 3. the plan be consistent with the 2020 plan and healthcare innovation plan,
- 4. the plan address lupus, and
- 5. the commissioner to consult with the lieutenant governor or her designee in making the report.

The amendment eliminates most references to health care facilities in the bill; narrows the scope of the report and requires that it be submitted biennially, rather than annually; and makes minor changes

EFFECTIVE DATE: October 1, 2014

## REPORTING REQUIREMENT

The bill requires the DPH commissioner, by January 15, 2015 and biennially thereafter, to report to the Public Health Committee on chronic disease and implementing the plan described above. She must do so in consultation with the lieutenant governor or her designee. The commissioner 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 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 and health care providers have implemented 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 care coordination between DPH and health care providers to prevent and treat chronic disease;
- 5. recommendations on actions health care providers and people with chronic diseases can take to reduce the incidence of effects of these diseases.

### **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)