AN ACT CONCERNING CARE COORDINATION FOR CHRONIC DISEASE.

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

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

(b) The commissioner shall, on or before January fifteenth, annually, submit a report in accordance with the provisions of section 11-4a of the general statutes to the joint standing committee of the General Assembly having cognizance of matters relating to public health concerning chronic disease and implementation of the plans described in subsection (a) of this section. The commissioner shall post such
reports on the Department of Public Health's Internet web site not later
than thirty days after submitting each report. Such report shall include,
but need not be limited to: (1) A description of the chronic diseases
that are most likely to cause a person's death or disability, the
approximate number of persons affected by such chronic diseases and
an assessment of the financial effect of each such disease on the state
and on hospitals and health care facilities; (2) a description and
assessment of programs and actions that have been implemented by
the department or hospitals and health care facilities to improve
chronic care coordination and prevent disease; (3) the source and
amounts of funding received by the department to treat persons with
multiple chronic conditions and to treat or reduce the most prevalent
chronic diseases in the state; (4) a description of chronic care
coordination between the department and hospitals and health care
facilities and among health care facilities to prevent and treat chronic
disease; (5) detailed recommendations concerning actions to be taken
by hospitals and health care facilities to reduce the effects of the most
prevalent chronic diseases, including recommendations concerning:
(A) Ways to reduce hospital readmission rates, (B) transitional care
plans, and (C) drug therapy monitoring; (6) identification of
anticipated results from a hospital or health care facility's
implementation of the recommendations described in subdivision (5)
of this subsection; (7) identification of goals for coordinating care and
reducing the incidence of persons having multiple chronic conditions;
and (8) an estimate of costs and other resources necessary to
implement the recommendations described in subdivision (5) of this
subsection.

This act shall take effect as follows and shall amend the following
sections:

| Section 1  | October 1, 2014  | New section |

**Statement of Purpose:**
To reduce the incidence of chronic disease in the state and improve
chronic care coordination.
[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.]