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## **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.

\*House Amendment "A" requires that:

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)