



House of Representatives

File No. 744

General Assembly

January Session, 2015

(Reprint of File No. 647)

Substitute House Bill No. 5903
As Amended by House
Amendment Schedule "A"

Approved by the Legislative Commissioner
April 24, 2015

AN ACT CONCERNING A STUDY OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE.

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

1 Section 1. (NEW) (*Effective from passage*) (a) The Commissioner of
2 Public Health shall, in consultation with the Commissioner of Social
3 Services, representatives of the Connecticut Hospital Association and
4 representatives of any other national patient organization with
5 expertise in chronic obstructive pulmonary disease, study chronic
6 obstructive pulmonary disease.

7 (b) Not later than February 1, 2016, the commissioner shall report, in
8 accordance with the provisions of section 11-4a of the general statutes,
9 to the joint standing committee of the General Assembly having
10 cognizance of matters relating to public health concerning the results
11 of the study described in subsection (a) of this section. Such report
12 shall include, but need not be limited to: (1) Hospitalization and rates
13 of hospital readmission within thirty days for persons with chronic
14 obstructive pulmonary disease in the state; (2) a description of current

15 activities by state agencies to promote awareness and education by
 16 health care providers and the general public on chronic obstructive
 17 pulmonary disease, including, but not limited to, (A) the causes of the
 18 disease, (B) the importance of early diagnosis using spirometry testing
 19 and treatment, (C) effective prevention strategies, and (D)
 20 management of the disease; (3) an assessment of the need for
 21 community-based services for persons having the disease; and (4)
 22 recommendations concerning (A) the necessity and feasibility of
 23 conducting a needs assessment with respect to the disease, (B) hosting
 24 an annual summit on the disease, (C) development of a pilot program
 25 to determine best practices and outcomes and to lower hospital
 26 readmission rates for persons with the disease, and (D) identification
 27 of the amount of funding and potential funding sources for the pilot
 28 program described in subparagraph (C) of this subdivision.

29 (c) The Commissioner of Public Health shall post on the Department
 30 of Public Health's Internet web site information concerning chronic
 31 obstructive pulmonary disease from the federal Centers for Disease
 32 Control and Prevention and other information that the commissioner
 33 believes may aid persons with chronic obstructive pulmonary disease
 34 in talking with such persons' health care providers about the disease.

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

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:

Agency Affected	Fund-Effect	FY 16 \$
Public Health, Dept.	GF - Cost	Up to 28,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill requires the Department of Public Health (DPH) to study chronic obstructive pulmonary disease (COPD), in consultation with the Department of Social Services, Connecticut Hospital Association and other COPD patient organizations, and details the information and recommendations that must be included in the report to the General Assembly. To conduct this study and report the agency would incur a cost of up to \$28,000 in FY 16 for a consultant to undertake these tasks.

House "A" makes clarifying changes and strikes the language "within appropriations" resulting in the fiscal impact described above.

The Out Years

Since the study is to be completed in FY 16, there is no fiscal impact in the out years.

OLR Bill Analysis**sHB 5903 (as amended by House "A")******AN ACT CONCERNING A STUDY OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE.*****SUMMARY:**

This bill requires the public health (DPH) commissioner to study chronic obstructive pulmonary disease (COPD). She must do so in consultation with the social services commissioner and representatives of (1) the Connecticut Hospital Association and (2) any other national patient organization with expertise in COPD. The bill requires her to report on the study's results to the Public Health Committee by February 1, 2016.

The bill also requires the DPH commissioner to post certain information about COPD on the department's website. This includes information from the Centers for Disease Control and Prevention and other information that she believes may help people with COPD in talking with their health care providers about the disease.

COPD is a group of diseases, including emphysema and chronic bronchitis, that cause difficulty with airflow and breathing.

*House Amendment "A" (1) removes the condition that the bill's requirements apply only within available appropriations, (2) adds to the people with whom the commissioner must consult in conducting the study, and (3) makes minor and technical changes to the reporting requirement.

EFFECTIVE DATE: Upon passage

REPORT OF COPD STUDY

Under the bill, the DPH commissioner's report must include:

1. hospitalization and 30-day readmission rates for state residents who have COPD;
2. current activities by state agencies to promote awareness and education by health care providers and the general public on the disease, including its causes; the importance of early diagnosis using spirometry testing and treatment; effective prevention strategies, and disease management; and
3. an assessment of the need for community-based services for people with COPD.

The report must also include recommendations on:

1. the need and feasibility of conducting a needs assessment with respect to COPD;
2. hosting an annual summit on the disease;
3. developing a pilot program to determine best practices and outcomes and to lower hospital readmission rates; and
4. identifying the amount of funding, and potential funding sources, for such a pilot program.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 26 Nay 1 (03/27/2015)