

HOUSE No. 3506

The Commonwealth of Massachusetts

PRESENTED BY:

Steven M. Walsh

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to chronic care coordination.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Steven M. Walsh</i>	<i>11th Essex</i>	

HOUSE No. 3506

By Mr. Walsh of Lynn, a petition (accompanied by bill, House, No. 3506) of Steven M. Walsh relative to chronic care coordination. Public Health.

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

An Act relative to chronic care coordination.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 Chapter 111 of the General Laws is hereby amended by inserting after section 78A the
2 following section:-

3 Section 78B. (a) The commissioner, in consultation with the comptroller, the Prevention
4 and Wellness Advisory Board established in section 2G, representatives of hospitals, other health
5 care facilities and local and regional health departments, consumer representatives and patients
6 with chronic conditions, shall, in conjunction with existing programs funded by the Centers for
7 Disease Control of the United States Public Health Service related to chronic diseases and
8 subject to appropriation, develop a plan: (1) to reduce the incidence of chronic disease,
9 including, but not limited to, chronic cardiovascular disease, cancer, stroke, chronic lung disease,
10 chronic obstructive pulmonary disease, diabetes, arthritis, and chronic metabolic disease; (2) to
11 improve chronic care coordination in the state; and (3) for each type of health care facility, to
12 reduce the incidence and effects of chronic disease.

13 (b) On or before January 15, at least 1 year after the commissioner has developed the plan
14 required in subsection (a), the commissioner shall submit a bi-annual report to the governor, the
15 chairs of the joint committee on public health and the chairs of the joint committee on health care
16 financing concerning chronic disease and implementation of said plan. The commissioner shall
17 also make the report available on the department's web site not later than 30 days after
18 submitting the report. The report shall include, but is not limited to: (1) a description of the
19 chronic diseases that are most likely to cause a person's death or disability, the approximate
20 number of persons affected by each chronic disease and an assessment of the financial effect of
21 each disease on the state and on hospitals and other health care facilities; (2) a description and
22 assessment of programs and actions that have been implemented by the department or hospitals

23 and other health care facilities to improve chronic care coordination and prevent disease; (3) the
24 source and amount of funding received by the department to treat persons with multiple chronic
25 conditions and to treat or reduce the most prevalent chronic diseases in the state; (4) a description
26 of chronic care coordination between the department and hospitals and other health care facilities
27 and among health care facilities to prevent and treat chronic disease; (5) detailed
28 recommendations concerning actions to be taken by hospitals and other health care facilities to
29 reduce the effects of the most prevalent chronic diseases, including recommendations
30 concerning: (i) ways to reduce hospital readmission rates, (ii) transitional care plans, (iii) drug
31 therapy monitoring, (iv) comprehensive medication management to help patients with multiple
32 chronic conditions achieve clinical and patient goals of therapy and improve clinical outcomes,
33 (v) adoption of quality standards that are publicly reported evidence-based measures endorsed
34 through a multi stakeholder process such as the National Quality Forum and (vi) patient self
35 management training; (6) identification of anticipated results from a hospital or other health care
36 facility's implementation of the recommendations described in clause (5) of this subsection; (7)
37 identification of goals for coordinating care and reducing the incidence of persons having
38 multiple chronic conditions; and (8) an estimate of costs and other resources necessary to
39 implement the recommendations described in clause (5) of this subsection.