

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2013

H.B. 459  
Mar 27, 2013  
HOUSE PRINCIPAL CLERK

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HOUSE DRH70188-MG-109B\* (03/15)

Short Title: Chronic Care Coordination Act. (Public)

Sponsors: Representatives Dollar, Murry, Hollo, and Lambeth (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT TO REQUIRE THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO  
3 COORDINATE CHRONIC DISEASE CARE.

4 Whereas, chronic disease is recognized as the leading cause of disability and death  
5 in the United States, and accounts for 1,700,000 deaths or 70% of all deaths in the United  
6 States each year; and

7 Whereas, chronic diseases such as heart disease, hypertension, stroke, cancer,  
8 respiratory diseases, diabetes, and obesity are among the most prevalent, costly, and  
9 preventable of all health problems in North Carolina; and

10 Whereas, implementing prevention programs around multiple chronic conditions  
11 could help North Carolina reduce the overall financial burden of chronic illness within public  
12 programs such as Medicaid and Health Choice for Children and within the State Employees  
13 Health Insurance Plan; and

14 Whereas, the inefficient coordination of care for persons with chronic health  
15 conditions has led not only to higher costs but to poorer health outcomes for the most  
16 vulnerable populations within North Carolina; and

17 Whereas, preventing and treating chronic disease is an important public health  
18 initiative that will improve the quality of life for North Carolinians affected by these conditions  
19 and also reduce State costs for Medicaid, Health Choice, and the State Health Plan; Now,  
20 therefore,

21 The General Assembly of North Carolina enacts:

22 **SECTION 1.** This act shall be known as The Chronic Care Coordination Act.

23 **SECTION 2.** Article 7 of Chapter 130A of the General Statutes is amended by  
24 adding a new Part to read:

25 "Part 4A. Chronic Care Coordination.

26 "**§ 130A-222.5. Department to coordinate chronic care initiatives.**

27 The Department's Divisions of Public Health and Medical Assistance and the Division in  
28 the Department of State Treasurer responsible for the State Health Plan for Teachers and State  
29 Employees shall collaborate to reduce the incidence of chronic disease and improve chronic  
30 care coordination within the State by doing all of the following:

31 (1) Identifying goals and benchmarks for the reduction of chronic disease.

32 (2) Developing wellness and prevention plans specifically tailored to each of the  
33 Divisions.

34 (3) Submitting an annual report on or before January 1 of each odd-numbered  
35 year to the Senate Appropriations Committee on Health and Human  
36 Services, the House Appropriations Subcommittee on Health and Human



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1 Services, the Joint Legislative Oversight Committee on Health and Human  
2 Services, and the Fiscal Research Division that includes at least all of the  
3 following:

4 a. The financial impact and magnitude of the chronic health conditions  
5 in this State that are most likely to cause death and disability,  
6 including, but not limited to, chronic cardiovascular disease,  
7 oncology, stroke, chronic lung disease, and chronic metabolic  
8 disease. As used in this subdivision, the term "chronic cardiovascular  
9 disease" includes heart disease and hypertension; the term "chronic  
10 metabolic disease" includes diabetes and obesity; and the term  
11 "chronic lung disease" means asthma and chronic obstructive  
12 pulmonary disease.

13 b. An assessment of the benefits derived from wellness and prevention  
14 programs and activities implemented within the State with the goal of  
15 coordinating chronic care. This assessment shall include a  
16 breakdown of the amount of all State, federal, and other funds  
17 appropriated to the Department for wellness and prevention programs  
18 and activities for the detection, prevention, and treatment of persons  
19 with multiple chronic health conditions, at least one of which is a  
20 condition identified in sub-subdivision a. of this subdivision.

21 c. A description of the level of coordination among the Divisions of  
22 Public Health and Medical Assistance and the Division in the  
23 Department of State Treasurer responsible for the State Health Plan  
24 for Teachers and State Employees with respect to activities,  
25 programs, and public education on the prevention, treatment, and  
26 management of the chronic health conditions identified in  
27 sub-subdivision a. of this subdivision.

28 d. Detailed action plans for care coordination of multiple chronic health  
29 conditions in the same patient, including a range of recommended  
30 legislative actions. The action plans shall identify proposed action  
31 steps to reduce the financial impact of the chronic health conditions  
32 identified in sub-subdivision a. of this subdivision, including (i)  
33 adjustment of hospital readmission rates, (ii) development of  
34 transitional care plans, (iii) implementation of comprehensive  
35 medication management, as described by the Patient-Centered  
36 Primary Care Collaborative, to help patients achieve improved  
37 clinical and therapeutic outcomes, and (iv) adoption of standards  
38 related to quality that are publicly reported evidence-based measures  
39 endorsed through a multistakeholder process such as the National  
40 Quality Forum. The action plans shall also identify expected  
41 outcomes of these proposed action steps during the succeeding fiscal  
42 biennium and establish benchmarks for coordinating care and  
43 reducing the incidence of multiple chronic health conditions.

44 e. A detailed budget identifying all costs associated with implementing  
45 the action plans identified in sub-subdivision d. of this subdivision."

46 **SECTION 3.** This act is effective when it becomes law.