

**SENATE . . . . . No. 1162**

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The Commonwealth of Massachusetts

PRESENTED BY:

*John F. Keenan*

*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:
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>
<i>John J. Lawn, Jr.</i>	<i>10th Middlesex</i>
<i>James M. Cantwell</i>	<i>4th Plymouth</i>

**SENATE . . . . . No. 1162**

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By Mr. Keenan, a petition (accompanied by bill, Senate, No. 1162) of John F. Keenan, John J. Lawn, Jr. and James M. Cantwell for legislation relative to chronic care coordination. Public Health.

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The Commonwealth of Massachusetts

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**In the One Hundred and Eighty-Ninth General Court  
(2015-2016)**  
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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 SECTION 1. Chapter 111 of the General Laws is hereby amended by inserting after  
2 section 78A the following section:

3 Section 78B. (a) The Commissioner of the Department of Public Health, the  
4 Commissioner of the Department of Mental Health, the Director of Medicaid, the Executive  
5 Director of the Group Insurance Commission, the Executive Director of the Health Policy  
6 Commission, and the Executive Director of the Center for Health Information and Analysis, in  
7 consultation with representatives of hospitals, long term care facilities, outpatient facilities,  
8 primary and emergency care providers, community health centers, community mental health  
9 centers, consumer representatives, patients with chronic conditions and any other representatives  
10 deemed necessary, shall, subject to appropriation, develop a plan: (1) to reduce the incidence of  
11 chronic disease, including, but not limited to, chronic cardiovascular disease, cancer, stroke,  
12 chronic lung disease, chronic obstructive pulmonary disease, diabetes, arthritis, chronic

13 metabolic disease, and mental illness; (2) to improve chronic care coordination in the  
14 Commonwealth; and (3) for each type of health care facility and coordinated care organization as  
15 defined by the Massachusetts General Laws including Integrated Care Organizations,  
16 Accountable Care Organizations, and Patient-Centered Medical Homes to reduce the incidence  
17 and effects of chronic disease.

18 (b) On or before January 15, at least 1 year after completion of the plan required in  
19 subsection (a) the commissioners and directors shall submit a bi-annual report to the governor,  
20 the chairs of the joint committee on public health, the chairs of the joint committee on mental  
21 health and substance abuse, and the chairs of the joint committee on health care financing  
22 concerning chronic disease and the implementation of said plan. The commissioners and  
23 directors shall also make the report available on the departments' web sites not later than 30 days  
24 after submitting the report. The report shall include, but need not be limited to: (1) a description  
25 of the chronic diseases that are most likely to cause a person's death or disability, the  
26 approximate number of persons affected by each chronic disease and an assessment of the  
27 financial effect of each disease on the Commonwealth and on hospitals and other health care  
28 facilities; (2) a description and assessment of programs and actions that have been implemented  
29 by the departments or hospitals and other health care facilities to improve chronic care  
30 coordination and prevent disease; (3) the source and amount of funding received by the  
31 departments to treat persons with multiple chronic conditions and to treat or reduce the most  
32 prevalent chronic diseases in the state; (4) a description of chronic care coordination between the  
33 departments and hospitals and other health care facilities and among health care facilities to  
34 prevent and treat chronic disease; (5) detailed recommendations concerning actions to be taken  
35 by Integrated Care Organizations, Accountable Care Organizations, Patient-Centered Medical

36 Homes, hospitals and other health care facilities, and by the Commonwealth in licensing and  
37 promoting community-based models for health care delivery, to reduce the effects of the most  
38 prevalent chronic diseases, including recommendations concerning: (i) ways to reduce hospital  
39 readmission rates, (ii) transitional care plans, (iii) drug therapy monitoring, (iv) collaborative  
40 drug therapy management, (v) comprehensive medication management as defined in Section  
41 3503(c) of the Affordable Care Act (ACA) (SEC. 935 of 42 U.S.C. 299b–35(c)) to help patients  
42 with multiple chronic conditions achieve clinical and patient goals of therapy and improve  
43 clinical outcomes, (vi) adoption of quality standards that are evidence-based measures endorsed  
44 through a multi stakeholder process such as the National Quality Forum and (vii) patient self-  
45 management training; (6) identification of anticipated results from a hospital or other health care  
46 facility's implementation of the recommendations described in clause (5) of this subsection; (7)  
47 identification of goals for coordinating care and reducing the incidence of persons having  
48 multiple chronic conditions; and (8) an estimate of costs and other resources necessary to  
49 implement the recommendations described in clause (5) of this subsection.