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An Act To Integrate Chronic Disease Prevention and Care into the MaineCare Program

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 2 MRSA §103, sub-§5 is enacted to read:

5. Blueprint for health. Beginning with the first plan adopted after January 1, 2008, the plan must incorporate and be consistent with the blueprint for health developed and implemented by the Commissioner of Health and Human Services under Title 22, chapter 401-A.

Sec. 2. 22 MRSA c. 401-A is enacted to read:

CHAPTER 401-A

BLUEPRINT FOR HEALTH

§ 1725. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

1. Blueprint for health. “Blueprint for health” means the State’s plan for chronic care infrastructure, prevention of chronic conditions and chronic care management, including, but not limited to, an integrated approach to patient self-management, community development, health care system and professional practice and information technology initiatives.

2. Chronic care. “Chronic care” means health services provided by a health care practitioner for a clinical chronic condition that is expected to last a year or more and that requires ongoing clinical management to restore the person to the highest level of functioning and to minimize the negative effects of and to prevent complications related to the chronic condition.

3. Chronic care information system. “Chronic care information system” means an information technology initiative developed under the blueprint for health. The chronic care information system must include information on all reported cases of a particular disease or condition in a defined population of persons.

4. Chronic condition. "Chronic condition" means a medical condition that is persistent or recurring over an extended period of time.

5. Chronic condition prevention and chronic care management. “Chronic condition prevention and chronic care management” means a system of coordinated health care assessment, prevention measures, interventions and communications for persons with chronic conditions. "Chronic condition prevention and chronic care management" includes, but is not limited to, significant patient

self-care efforts, systemic supports for the physician-patient relationship and a plan of care emphasizing prevention of complications using evidence-based practice guidelines, patient empowerment strategies and evaluation of patient and economic outcomes on an ongoing basis with the goal of improving overall health.

6. Health care facility. “Health care facility” has the same meaning as in Title 22, section 1711-C, subsection 1, paragraph D.

7. Health care practitioner. “Health care practitioner” has the same meaning as in Title 22, section 1711-C, subsection 1, paragraph F.

8. Health carrier. “Health carrier” has the same meaning as "carrier" in Title 24-A, section 4301-A, subsection 3.

9. MaineCare. “MaineCare” means the program for health coverage for children and adults operated by the department under section 3174-G.

10. State health plan. “State health plan” means the plan adopted by the Governor pursuant to Title 2, section 101, subsection 1, paragraph A and described in Title 2, section 103.

§ 1726. Blueprint for health

By January 1, 2008, the commissioner shall develop and implement the blueprint for health to address chronic condition prevention and chronic care management. The blueprint for health must include implementation plans in 5-year increments and must be consistent with and reflected in the state health plan as described in Title 2, section 103.

1. Advisory committee. The commissioner shall appoint an advisory committee consisting of consumers, health care practitioners, health care facilities, health carriers and payors, which shall advise the commissioner regarding the blueprint for health. The advisory committee shall hold public hearings and public meetings and draft recommendations for the commissioner regarding the blueprint for health.

2. Content. The blueprint for health must include implementation steps for chronic condition prevention and chronic care management, the identification of resources and resource needs pertaining to chronic care and requirements for a chronic care information system.

3. Report. The commissioner shall report to the Legislature by January 15th each year regarding the blueprint for health, including recommendations for legislation to further implement and improve the blueprint for health.

Sec. 3. 22 MRSA §3174-LL is enacted to read:

§ 3174-LL. Chronic condition prevention and chronic care management program

By January 1, 2009, the commissioner shall develop and implement a chronic condition prevention and chronic care management program to provide information and services to members of the MaineCare program who are at risk of requiring or who require chronic care. By January 1, 2010, the commissioner

shall expand the program to provide information to all persons in the State who are at risk of requiring or who require chronic care. The program must include a comprehensive chronic care information system and strategies for maximizing the participation of health care practitioners and health care facilities.

SUMMARY

This bill requires the Commissioner of Health and Human Services to develop and implement a blueprint for health to address chronic care management and prevention of chronic conditions. The bill requires the commissioner to develop and implement a chronic condition prevention and chronic care management program by January 1, 2009 for the MaineCare population and to extend the educational component of the program by January 1, 2010 for all persons statewide who are at risk of requiring or who require chronic care. The bill directs the commissioner to report to the Legislature each year on the blueprint for health, including recommendations for legislation for implementation and improvement.