

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2003**

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HOUSE BILL 1469

Short Title: DHHS Disease Mgmt Activities. (Public)

Sponsors: Representatives Nye, Barbee, Justus, Insko (Primary Sponsors); Glazier and Warner.

Referred to: Health.

May 17, 2004

A BILL TO BE ENTITLED

1 AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN
2 SERVICES TO INITIATE OR CONTINUE CERTAIN DISEASE
3 MANAGEMENT ACTIVITIES, AS RECOMMENDED BY THE HOUSE
4 SELECT COMMITTEE ON THE RISING COST OF HEALTH CARE.
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6 The General Assembly of North Carolina enacts:

7 **SECTION 1.** The Department of Health and Human Services shall take
8 action to address the rising cost of health care provided under the State Medical
9 Assistance Plan as follows:

- 10 (1) Adopt contractual agreements with providers of services that require
11 and reward use of evidence-based practice standards and guidelines for
12 Medicaid and NC Health Choice.
- 13 (2) The Division of Mental Health, Developmental Disabilities, and
14 Substance Abuse Services shall:
- 15 a. Ensure collaboration between local management entities
16 providing mental health services and Community Care of North
17 Carolina providers that serve Medicaid enrollees diagnosed
18 with depression, and
- 19 b. Require evidence-based practices for the treatment of psychotic
20 illnesses.
- 21 (3) The Secretary of Health and Human Services shall consider
22 developing a program of supplemental rebates for improvements to the
23 State's Medicaid program.
- 24 (4) The Division of Medical Assistance shall consider the following as it
25 develops plans to improve the quality, utilization, and
26 cost-effectiveness of the State's Medicaid program:
- 27 a. New disease management initiatives that target such costly
28 diseases or conditions as congestive heart failure, chronic lung

- 1 disease, chronic kidney disease, sickle cell disease, and low
2 birth weight.
- 3 b. Collaborate with the Division of Public Health and other
4 community organizations to improve the coordination and
5 implementation of key initiatives to address obesity, premature
6 birth, and smoking cessation.
- 7 c. Collaborate with local management entities that provide mental
8 health services to develop local systems and processes that
9 enhance the ability of primary care physicians to care for
10 nontargeted mental illness and substance abuse clients.
- 11 d. Use case management processes to improve the utilization and
12 access to such community-based services as ancillary and
13 in-home support services.
- 14 e. Investigate the use of incentives or technology to promote the
15 effective use of evidence-based guidelines by Program
16 participants.

17 The Department shall report on the progress of these activities to the House of
18 Representatives Appropriations Subcommittee on Health and Human Services and the
19 Senate Appropriations Committee on Health and Human Services not later than March
20 1, 2005.

21 **SECTION 2.** This act is effective when it becomes law.