



94TH GENERAL ASSEMBLY
State of Illinois
2005 and 2006
HB2899

Introduced 2/22/2005, by Rep. Tom Cross

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-24

Amends the Illinois Public Aid Code. Makes a technical change in a Section concerning disease management programs and services for chronic conditions.

LRB094 08629 DRJ 38837 b

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Illinois Public Aid Code is amended by
5 changing Section 5-24 as follows:

6 (305 ILCS 5/5-24)

7 Sec. 5-24. Disease management programs and ~~and~~ services for
8 chronic conditions; pilot project.

9 (a) In this Section, "disease management programs and
10 services" means services administered to patients in order to
11 improve their overall health and to prevent clinical
12 exacerbations and complications, using cost-effective,
13 evidence-based practice guidelines and patient self-management
14 strategies. Disease management programs and services include
15 all of the following:

16 (1) A population identification process.

17 (2) Evidence-based or consensus-based clinical
18 practice guidelines, risk identification, and matching of
19 interventions with clinical need.

20 (3) Patient self-management and disease education.

21 (4) Process and outcomes measurement, evaluation,
22 management, and reporting.

23 (b) Subject to appropriations, the Department of Public Aid
24 may undertake a pilot project to study patient outcomes, for
25 patients with chronic diseases, associated with the use of
26 disease management programs and services for chronic condition
27 management. "Chronic diseases" include, but are not limited to,
28 diabetes, congestive heart failure, and chronic obstructive
29 pulmonary disease.

30 (c) The disease management programs and services pilot
31 project shall examine whether chronic disease management
32 programs and services for patients with specific chronic

1 conditions do any or all of the following:

2 (1) Improve the patient's overall health in a more
3 expeditious manner.

4 (2) Lower costs in other aspects of the medical
5 assistance program, such as hospital admissions, days in
6 skilled nursing homes, emergency room visits, or more
7 frequent physician office visits.

8 (d) In carrying out the pilot project, the Department of
9 Public Aid shall examine all relevant scientific literature and
10 shall consult with health care practitioners including, but not
11 limited to, physicians, surgeons, registered pharmacists, and
12 registered nurses.

13 (e) The Department of Public Aid shall consult with medical
14 experts, disease advocacy groups, and academic institutions to
15 develop criteria to be used in selecting a vendor for the pilot
16 project.

17 (f) The Department of Public Aid may adopt rules to
18 implement this Section.

19 (g) This Section is repealed 10 years after the effective
20 date of this amendatory Act of the 93rd General Assembly.

21 (Source: P.A. 93-518, eff. 1-1-04.)