

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 Sections 5-24 and 12-4.201 as follows:

6 (305 ILCS 5/5-24)

7 (Section scheduled to be repealed on January 1, 2014)

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

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

17 (1) A population identification process.

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

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

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

1 (b) Subject to appropriations, the Department of
2 Healthcare and Family Services may undertake a pilot project to
3 study patient outcomes, for patients with chronic diseases or
4 patients at risk of low birth weight or premature birth,
5 associated with the use of disease management programs and
6 services for chronic condition management. "Chronic diseases"
7 include, but are not limited to, diabetes, congestive heart
8 failure, and chronic obstructive pulmonary disease. Low birth
9 weight and premature birth include all medical and other
10 conditions that lead to poor birth outcomes or problematic
11 pregnancies.

12 (c) The disease management programs and services pilot
13 project shall examine whether chronic disease management
14 programs and services for patients with specific chronic
15 conditions do any or all of the following:

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

18 (2) Lower costs in other aspects of the medical
19 assistance program, such as hospital admissions, days in
20 skilled nursing homes, emergency room visits, or more
21 frequent physician office visits.

22 (d) In carrying out the pilot project, the Department of
23 Healthcare and Family Services shall examine all relevant
24 scientific literature and shall consult with health care
25 practitioners including, but not limited to, physicians,
26 surgeons, registered pharmacists, and registered nurses.

1 (e) The Department of Healthcare and Family Services shall
2 consult with medical experts, disease advocacy groups, and
3 academic institutions to develop criteria to be used in
4 selecting a vendor for the pilot project.

5 (f) The Department of Healthcare and Family Services may
6 adopt rules to implement this Section.

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

9 (Source: P.A. 95-331, eff. 8-21-07.)

10 (305 ILCS 5/12-4.201)

11 Sec. 12-4.201. (a) Data warehouse concerning medical and
12 related services. The Department of Healthcare and Family
13 Services may purchase services and materials associated with
14 the costs of developing and implementing a data warehouse
15 comprised of management and decision making information in
16 regard to the liability associated with, and utilization of,
17 medical and related services, out of moneys available for that
18 purpose.

19 (b) The Department of Healthcare and Family Services shall
20 perform all necessary administrative functions to expand its
21 linearly-scalable data warehouse to encompass other healthcare
22 data sources at both the Department of Human Services and the
23 Department of Public Health. The Department of Healthcare and
24 Family Services shall leverage the inherent capabilities of the
25 data warehouse to accomplish this expansion with marginal

1 additional technical administration. The purpose of this
2 expansion is to allow for programmatic review and analysis
3 including the interrelatedness among the various healthcare
4 programs in order to ascertain effectiveness toward, and
5 ultimate impact on, clients. Beginning July 1, 2005, the
6 Department of Healthcare and Family Services (formerly
7 Department of Public Aid) shall supply quarterly reports to the
8 Commission on Government Forecasting and Accountability
9 detailing progress toward this mandate.

10 (c) The Department of Healthcare and Family Services shall
11 integrate into its data warehouse data collected and housed at
12 the Illinois Department of Public Health and the Illinois
13 Department of Human Services that pertains to maternal and
14 child health, including, but not limited to, the following data
15 sets:

16 (1) United States Census.

17 (2) Vital Records as they relate to births and birth
18 outcomes.

19 (3) Pregnancy Risk Assessment Monitoring System
20 (PRAMS).

21 (4) Adverse Pregnancy Outcomes Reporting System
22 (APORS).

23 (5) Behavioral Risk Factor Surveillance System
24 (BRFSS).

25 (6) Fetal Infant Mortality Review (FIMR).

26 (7) Perinatal Mortality Review Database.

- 1 (8) Maternal Mortality Review Database.
- 2 (9) Genetics/Newborn Screenings/SIDS.
- 3 (10) Hospital Discharge Records.
- 4 (11) Cornerstone (WIC, FCM, Teen Parents,
5 Immunization).
- 6 (12) Medicaid Claims Data.
- 7 (13) Illinois Project for Local Assessments of Needs
8 (IPLAN).
- 9 (14) I-CARE.
- 10 (15) Children with Special Healthcare Needs Data.
- 11 (16) Sexually Transmitted Infection (excluding
12 HIV/AIDS Surveillance).
- 13 The Departments shall cross-train personnel in the
14 operation of the data warehouse so that all 3 agencies
15 collaborate in utilizing this data warehouse to improve
16 maternal and child health outcomes, and in particular improve
17 birth outcomes, and to reduce racial health disparities in this
18 area.

19 (Source: P.A. 94-267, eff. 7-19-05; 95-331, eff. 8-21-07.)

20 Section 99. Effective date. This Act takes effect upon
21 becoming law.