

**THE COUNCIL OF STATE GOVERNMENTS**

**CSG EXECUTIVE COMMITTEE**

**RESOLUTION ON  
CHRONIC ILLNESS AND DISEASE MANAGEMENT**

**WHEREAS,** An estimated 125 million Americans are afflicted with at least one chronic disease and 60 million have multiple chronic illnesses, such as asthma, arthritis, diabetes, heart disease, stroke, mental illnesses and cancer among others;

**WHEREAS,** Chronic illnesses are the leading causes of death and disability in the United States, responsible for killing 7 out of 10 Americans;

**WHEREAS,** More than 75 percent of state Medicaid spending goes toward the treatment of chronic illnesses, and 52 percent of Medicaid spending goes toward treating the 17 percent of Medicaid's enrollees with multiple chronic illnesses;

**WHEREAS,** The health care system of the United States could more accurately be described as a "sick" care system, because it is oriented more to treat acute episodes of illness rather than preventing or treating chronic illnesses well over time;

**WHEREAS,** Many chronic illnesses are preventable or their effects can be mitigated through improved diet, increased exercise, avoiding or stopping tobacco use and early detection, yet the United States spends just a fraction of health care spending on prevention;

**WHEREAS,** Numerous studies have demonstrated widespread problems with the quality of care delivered to individuals with chronic illness, including the absence of appropriate screening and follow-up care, fragmentation and inadequate coordination of care across providers, unnecessary and duplicative care, and many preventable complications;

**WHEREAS,** The method of financing health care places barriers to treating individuals with chronic illnesses, because it does not provide

incentives to coordinate care across multiple providers, does not reward quality improvement, and places providers in greater financial jeopardy if they accept and treat higher numbers of the sickest, most clinically complex patients;

**WHEREAS,** Medicare and Medicaid could reduce their costs and improve care for individuals with chronic illness who are dually eligible for both Medicare and Medicaid through greater care coordination and disease management, but the current regulatory and financing structures of the two programs create barriers for the states and the federal government to work together, share information and coordinate care more effectively for these individuals; and

**WHEREAS,** The aging of the population, the increased prevalence of chronic illness and the current and projected financial crisis in health care compel federal and state government policymakers to work together to prepare for the future;

**BE IT NOW THEREFORE RESOLVED** that The Council of State Governments urges the federal government to make chronic illness a higher priority and to work with the states to transform the regulatory, financing and clinical structures of the nation's health care system related to chronic illness care in order to accommodate society's changing needs as well as to achieve greater efficiency and effectiveness;

**BE IT FURTHER RESOLVED** that The Council urges federal policymakers to address the following specific areas with regard to Medicare and Medicaid:

- Support and implement improved incentives for care coordination and quality improvement in the prevention and treatment of chronic illness,
- Enable greater coordination of care and disease management for individuals dually eligible for Medicare and Medicaid through enhanced financing and the removal of regulatory barriers, and
- Promote and provide greater financial assistance for the adoption of improved information systems and technology that will aid care coordination, quality improvement, disease management and other improvements to chronic illness care.

Adopted this 18<sup>th</sup> Day of May, 2003 at the  
CSG Spring Conference and Task Force Meeting  
In St. Thomas, U.S. Virgin Islands



Governor Mike Huckabee  
2003 CSG President



Representative Dan Bosley  
2003 CSG Chair