

~~PRODUCING HEALTH INFORMATION LITERATURE IN MULTIPLE LANGUAGES AND AT THE APPROPRIATE READING LEVEL; AND~~

~~(8) COORDINATE WITH APPROPRIATE CHRONIC CARE RESOURCES TO DEVELOP AND IMPLEMENT A SYSTEM FOR THE COLLECTION OF DATA AND EVALUATION OF THE CLINICAL, SOCIAL, AND ECONOMIC IMPACT OF THE CHRONIC CARE AND PREVENTION ACTIVITIES INSTITUTED IN THE REGION.~~

~~(C) THE DIRECTORS OF THE PILOT PROJECTS SHALL REPORT TO THE SECRETARY EVERY 2 YEARS ON THEIR ACTIVITIES, INCLUDING THE:~~

~~(1) PERCENTAGE OF HEALTH CARE PROVIDERS WHO ARE PARTICIPATING;~~

~~(2) SUCCESS OF PATIENT EMPOWERMENT APPROACHES; AND~~

~~(3) RESULTS OF THE CLINICAL, SOCIAL, AND ECONOMIC OUTCOMES OF THE PROGRAM.~~

~~13-2706.~~

~~(A) THE SECRETARY SHALL AUTHORIZE THE TRANSFER OF FUNDS TO A CHRONIC CARE AND PREVENTION PARTNERSHIP.~~

~~(B) A PARTNERSHIP WHO RECEIVES FUNDS FROM THE SECRETARY IS ACCOUNTABLE FOR THE FUNDS.~~

~~(C) WHEN SELECTING A REGION FOR THE ESTABLISHMENT OF A CHRONIC CARE PREVENTION PARTNERSHIP, THE SECRETARY SHALL CONSIDER:~~

~~(1) THE RECOMMENDATIONS OF THE TASK FORCE; AND~~

~~(2) THE AVAILABILITY OF A PHYSICIAN LEADER TO:~~

~~(I) BE A MEDICAL DIRECTOR OF THE PARTNERSHIP; AND~~

~~(II) DEVELOP RELATIONSHIPS WITH APPROPRIATE CHRONIC CARE RESOURCES FOR ADMINISTERING THE PARTNERSHIP AND OVERSEEING THE EXPENDITURE OF FUNDS.~~

~~(D) A MEDICAL DIRECTOR OF A PARTNERSHIP SHALL WORK WITH THE MEDICAL DIRECTORS OF OTHER PARTNERSHIPS TO HELP ENSURE THAT THE PROGRAM ACHIEVES ITS PURPOSE.~~