



House of Representatives

File No. 807

General Assembly

January Session, 2005

(Reprint of File No. 461)

Substitute House Bill No. 6304
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 27, 2005

AN ACT CONCERNING THE IMPROVEMENT OF CARDIAC CARE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-127l of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) There is established a quality of care program within the
4 Department of Public Health. The department shall develop for the
5 purposes of said program (1) a standardized data set to measure the
6 clinical performance of health care facilities, as defined in section 19a-
7 630, and require such data to be collected and reported periodically to
8 the department, including, but not limited to, data for the
9 measurement of comparable patient satisfaction, and (2) methods to
10 provide public accountability for health care delivery systems by such
11 facilities. The department shall develop such set and methods for
12 hospitals during the fiscal year ending June 30, 2003, and the
13 committee established pursuant to subsection (c) of this section shall
14 consider and may recommend to the joint standing committee of the
15 General Assembly having cognizance of matters relating to public

16 health the inclusion of other health care facilities in each subsequent
17 year.

18 (b) In carrying out its responsibilities under subsection (a) of this
19 section, the department shall develop the following for the quality of
20 care program:

- 21 (1) Comparable performance measures to be reported;
- 22 (2) Selection of patient satisfaction survey measures and
23 instruments;
- 24 (3) Methods and format of standardized data collection;
- 25 (4) Format for a public quality performance measurement report;
- 26 (5) Human resources and quality measurements;
- 27 (6) Medical error reduction methods;
- 28 (7) Systems for sharing and implementing universally accepted best
29 practices;
- 30 (8) Systems for reporting outcome data;
- 31 (9) Systems for continuum of care;
- 32 (10) Recommendations concerning the use of an ISO 9000 quality
33 auditing program;
- 34 (11) Recommendations concerning the types of statutory protection
35 needed prior to collecting any data or information under this section
36 and sections 19a-127m and 19a-127n; and
- 37 (12) Any other issues that the department deems appropriate.

38 (c) (1) There is established a Quality of Care Advisory Committee
39 which shall advise the Department of Public Health on the issues set
40 forth in subdivisions (1) to (12), inclusive, of subsection (b) of this

41 section. The advisory committee shall meet at least quarterly.

42 (2) Said committee shall create a standing subcommittee on best
43 practices. The subcommittee shall advise the department on effective
44 methods for sharing with providers the quality improvement
45 information learned from the department's review of reports and
46 corrective action plans, including quality improvement practices,
47 patient safety issues and preventative strategies. The department shall,
48 at least quarterly, disseminate information regarding quality
49 improvement practices, patient safety issues and preventative
50 strategies to the subcommittee and hospitals.

51 (d) The advisory committee shall consist of (1) four members who
52 represent and shall be appointed by the Connecticut Hospital
53 Association, including three members who represent three separate
54 hospitals that are not affiliated of which one such hospital is an
55 academic medical center; (2) one member who represents and shall be
56 appointed by the Connecticut Nursing Association; (3) two members
57 who represent and shall be appointed by the Connecticut Medical
58 Society, including one member who is an active medical care provider;
59 (4) two members who represent and shall be appointed by the
60 Connecticut Business and Industry Association, including one member
61 who represents a large business and one member who represents a
62 small business; (5) one member who represents and shall be appointed
63 by the Home Health Care Association; (6) one member who represents
64 and shall be appointed by the Connecticut Association of Health Care
65 Facilities; (7) one member who represents and shall be appointed by
66 the Connecticut Association of Not-For-Profit Providers for the Aging;
67 (8) two members who represent and shall be appointed by the AFL-
68 CIO; (9) one member who represents consumers of health care services
69 and who shall be appointed by the Commissioner of Public Health;
70 (10) one member who represents a school of public health and who
71 shall be appointed by the Commissioner of Public Health; (11) one
72 member who represents and shall be appointed by the Office of Health
73 Care Access; (12) the Commissioner of Public Health or said
74 commissioner's designee; (13) the Commissioner of Social Services or

75 said commissioner's designee; (14) the Secretary of the Office of Policy
76 and Management or said secretary's designee; (15) two members who
77 represent licensed health plans and shall be appointed by the
78 Connecticut Association of Health Care Plans; (16) one member who
79 represents and shall be appointed by the federally designated state
80 peer review organization; and (17) one member who represents and
81 shall be appointed by the Connecticut Pharmaceutical Association. The
82 chairperson of the advisory committee shall be the Commissioner of
83 Public Health or said commissioner's designee. The chairperson of the
84 committee, with a vote of the majority of the members present, may
85 appoint ex-officio nonvoting members in specialties not represented
86 among voting members. Vacancies shall be filled by the person who
87 makes the appointment under this subsection.

88 (e) The chairperson of the advisory committee may designate one or
89 more working groups to address specific issues and shall appoint the
90 members of each working group. Each working group shall report its
91 findings and recommendations to the full advisory committee.

92 (f) The Commissioner of Public Health shall report on the quality of
93 care program on or before June 30, 2003, and annually thereafter, in
94 accordance with section 11a-4, to the joint standing committee of the
95 General Assembly having cognizance of matters relating to public
96 health and to the Governor. Each report on said program shall include
97 activities of the program during the prior year and a plan of activities
98 for the following year.

99 (g) On or before April 1, 2004, the Commissioner of Public Health
100 shall prepare a report, available to the public, that compares all
101 licensed hospitals in the state based on the quality performance
102 measures developed under the quality of care program.

103 (h) (1) The advisory committee shall examine and evaluate (A)
104 possible approaches that would aid in the utilization of an existing
105 data collection system for cardiac outcomes, and (B) the potential for
106 state-wide use of a data collection system for cardiac outcomes, for the

107 purpose of continuing the delivery of quality cardiac care services in
108 the state.

109 (2) On or before December 1, 2007, the advisory committee shall
110 submit, in accordance with the provisions of section 11-4a, the results
111 of the examination authorized by this subsection, along with any
112 recommendations, to the Governor and the joint standing committee of
113 the General Assembly having cognizance of matters relating to public
114 health.

115 [(h)] (i) The Department of Public Health may seek out funding for
116 the purpose of implementing the provisions of this section. Said
117 provisions shall be implemented upon receipt of said funding.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-1271

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

It is anticipated that the Quality of Care Advisory Committee, (which advises the Commissioner of Public Health) can examine, evaluate and report certain information concerning data collection systems for cardiac outcomes by December 1, 2007, without resulting in any additional state costs.

House "A" eliminated the original bill, which established an ad hoc committee concerning cardiac care. The Department of Public Health and the Office of Health Care Access would have participated in the activities of the ad hoc committee within each agency's anticipated budgetary resources.

OLR Bill Analysis

sHB 6304 (as amended by House "A")*

AN ACT CONCERNING THE IMPROVEMENT OF CARDIAC CARE**SUMMARY:**

This bill requires the Quality of Care Advisory Committee, which advises the Department of Public Health on quality of care issues involving health care facilities, such as data collection and reporting and performance measurement, to examine and evaluate (1) possible ways that an existing data collection system can be used to measure cardiac outcomes and (2) the potential for statewide use of a cardiac outcome data collection system. The advisory committee must report its results and recommendations to the Public Health Committee by December 1, 2007.

*House Amendment "A" substitutes the requirement for the advisory committee's study for the original version, which required a study by an ad hoc committee appointed by the public health and Office of Health Care Access commissioners.

EFFECTIVE DATE: Upon passage

BACKGROUND***Legislative History***

The House referred this bill (File 461) to the Legislative Management Committee on May 19. That committee reported it favorably on May 23.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 26 Nay 0

Joint Committee on Legislative Management

Joint Favorable Report
Yea 25 Nay 0