



Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

Wednesday, March 19, 2014

**Commissioner Jewel Mullen, MD, MPH, MPA
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Senate Bill 438: An Act Concerning The Certification Of Stroke Centers

The Department of Public Health (DPH) offers the following information regarding Senate Bill 438.

The Department would like to thank the Public Health Committee for acknowledging the importance of establishing a coordinated system of stroke care in the state. Stroke is the 3rd leading cause of death in Connecticut and the leading cause of long-term disability. According to DPH Vital Records Mortality Files, there were 1,326 deaths caused by stroke in Connecticut in 2010, or 4.6% of all Connecticut resident deaths. In 2011, 7,523 Connecticut residents were hospitalized with a stroke as the principal diagnosis. Stroke care is expensive. The Acute Care Hospital Inpatient Discharge Database (HIDD) indicates that the total charges of all stroke hospitalizations in 2011 was \$351,023,970, with a median charge of \$26,742.

The proposed bill would require DPH to establish a coordinated system of stroke care within Connecticut. The bill requires the Commissioner to establish a process to recognize primary stroke centers in the state. A hospital would be designated a primary stroke center if it has been certified as such by The Joint Commission. The bill would also require the Office of Emergency Medical Services to adopt a nationally-recognized stroke assessment tool. The bill further mandates all Emergency Medical Services (EMS) organizations to follow this uniform pre-hospital protocol for the assessment, treatment and triage of stroke patients. Additionally, the bill requires DPH to create and maintain a secure database to compile and analyze information and statistics on stroke treatment in Connecticut as part of a continuous quality improvement plan.

To achieve the best outcomes for persons experiencing a stroke, it is critical that they receive rapid identification of stroke symptoms and transport to the closest acute care hospital with established treatment guidelines and protocols in place to ensure the patient receives the best stroke care possible. Senate Bill 438 takes steps to establish a coordinated system of stroke care that begins with the onset of stroke symptoms and goes through rehabilitation following treatment at a recognized primary stroke center.

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While a state-wide stroke system of care would be valuable, it is important to consider that additional staff and infrastructure would be necessary to meet the bill's requirements. These required resources are not included in either the Governor's enacted budget or the Governor's midterm budget adjustments.

Thank you for your consideration of the Department's views on this bill.