



Senate Bill No. 438

Public Act No. 14-214

AN ACT CONCERNING A TASK FORCE TO STUDY STROKE AND REPORTING ON HEALTH CARE-ASSOCIATED INFECTIONS.

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

Section 1. (*Effective from passage*) (a) There is established a task force to study stroke. Such study shall include, but not be limited to, a review of: (1) The feasibility of adopting a nationally recognized stroke assessment tool; (2) establishment of care protocols for emergency medical service organizations relating to the assessment, treatment and transport of persons with stroke; (3) establishment of a plan to achieve continuous quality improvement in the care provided to persons with stroke and the system for stroke response; and (4) the feasibility and costs of establishing and maintaining a state-wide, hospital stroke designation program administered by the Department of Public Health.

(b) The task force shall consist of the following members:

(1) Two representatives of the American Academy of Neurology, one of whom shall also be a representative of a hospital that is not certified as a stroke center, appointed by the speaker of the House of Representatives;

(2) Two representatives of the Stroke Coordinators of Connecticut,

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one of whom shall also be a representative of a hospital that is not certified as a stroke center, appointed by the president pro tempore of the Senate;

(3) Two representatives of the Connecticut College of Emergency Physicians, one of whom shall also be a representative of a hospital that is not certified as a stroke center, one each appointed by the majority leader of the House of Representatives and the majority leader of the Senate;

(4) One representative of the American Heart Association, appointed by the minority leader of the House of Representatives;

(5) One representative of the Connecticut Hospital Association, appointed by the minority leader of the Senate;

(6) The Commissioner of Public Health, or the commissioner's designee;

(7) Two members appointed by the Commissioner of Public Health; and

(8) One member representing the Emergency Medical Services Advisory Board, appointed by the Governor.

(c) All appointments to the task force shall be made not later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority. The Commissioner of Public Health, or the commissioner's designee, shall schedule the first meeting of the task force, which shall be held not later than sixty days after the effective date of this section. A majority of the task force members shall constitute a quorum. A majority vote of a quorum shall be required for any official action of the task force.

(d) The Commissioner of Public Health shall select a chairperson of

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the task force from among the members of the task force.

(e) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to public health shall serve as administrative staff of the task force.

(f) Members shall receive no compensation except for reimbursement for necessary expenses incurred in performing their duties.

(g) Not later than January 15, 2016, the task force shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or January 15, 2016, whichever is later.

Sec. 2. Section 19a-490o of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

(a) The Department of Public Health shall consider the recommendations of the Advisory Committee on Healthcare Associated Infections established pursuant to section 19a-490n, with respect to the establishment of a mandatory reporting system for healthcare associated infections designed to prevent healthcare associated infections.

(b) The Department of Public Health shall submit a report to the joint standing committee of the General Assembly having cognizance of matters relating to public health concerning the plan for the mandatory reporting system for healthcare associated infections recommended by the Advisory Committee on Healthcare Associated Infections pursuant to section 19a-490n, and the status of such plan implementation, in accordance with the provisions of section 11-4a.

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(c) On or before May 1, 2011, and annually thereafter, the department shall submit a report to the joint standing committee of the General Assembly having cognizance of matters relating to public health on the information collected by the department pursuant to the mandatory reporting system for healthcare associated infections established under subsection (a) of this section, in accordance with the provisions of section 11-4a. Such report shall include, for each facility, information reported to the department or the Medicare Hospital Compare program concerning the number and type of infections, including, but not limited to, central line-associated bloodstream infections, catheter-associated urinary tract infections, surgical site infections, methicillin-resistant staphylococcus aureus (MRSA) infections and Clostridium difficile (C. difficile) infections. Such report shall be posted on the department's Internet web site and made available to the public.

(d) The department shall post information on its Internet web site regarding health care-associated infections. Such information shall include clear and easily accessible links on the department's home page to the annual reports submitted in accordance with subsection (c) of this section and to the Medicare Hospital Compare Internet web site to assist members of the public in learning about health care-associated infections and comparing the rate of such infections at facilities in the state.

Approved June 13, 2014