



# Senate

General Assembly

**File No. 431**

February Session, 2014

Senate Bill No. 438

*Senate, April 8, 2014*

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

## ***AN ACT CONCERNING CERTIFICATION OF STROKE CENTERS.***

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

1 Section 1. (NEW) (*Effective October 1, 2014*) The Commissioner of  
2 Public Health shall establish a process to recognize primary stroke  
3 centers in the state. A hospital shall be designated by the Department  
4 of Public Health as a primary stroke center if it has been certified as  
5 such by The Joint Commission.

6 Sec. 2. (NEW) (*Effective October 1, 2014*) Each acute care hospital,  
7 licensed in accordance with chapter 368v of the general statutes, shall:  
8 (1) Comply with American Heart Association and American Stroke  
9 Association guidelines concerning treatment of stroke; (2) establish  
10 written care protocols for the treatment of ischemic and hemorrhagic  
11 stroke patients, including transfer of such patients to a primary stroke  
12 center, as appropriate; and (3) participate in the American Heart  
13 Association's stroke data collection program.

14 Sec. 3. (NEW) (*Effective October 1, 2014*) (a) The Department of Public

15 Health's Office of Emergency Medical Services shall adopt a  
16 nationally-recognized stroke assessment tool. Not later than January 1,  
17 2015, said office shall publish such stroke assessment tool on its  
18 Internet web site and provide a written description of such stroke  
19 assessment tool to each emergency medical service organization, as  
20 defined in section 19a-175 of the general statutes. Each emergency  
21 medical service organization shall implement the use of such stroke  
22 assessment tool not later than thirty days after receiving the written  
23 description of the stroke assessment tool from said office.

24 (b) The Office of Emergency Medical Services, in consultation with  
25 the emergency medical services advisory board, established pursuant  
26 to section 19a-178a of the general statutes, shall establish care protocols  
27 for emergency medical service organizations relating to the  
28 assessment, treatment and transport of persons with stroke. Such  
29 protocols may include a plan for the triage and transport of acute  
30 stroke patients to the nearest primary stroke center within a specified  
31 time from the onset of stroke symptoms.

32 (c) Not later than June first, annually, the Office of Emergency  
33 Medical Services shall provide a list of primary stroke centers to each  
34 emergency medical services organization and post such list on its  
35 Internet web site. Such list may include primary stroke centers located  
36 in areas of the states of Rhode Island, New York and Massachusetts  
37 that border this state.

38 Sec. 4. (NEW) (*Effective October 1, 2014*) (a) The Commissioner of  
39 Public Health shall establish and implement a plan to achieve  
40 continuous quality improvement in the care provided to persons with  
41 stroke and the system for stroke response. In implementing such plan,  
42 the commissioner shall: (1) Develop incentives and provide assistance  
43 for the sharing of information and data among healthcare providers  
44 relating to stroke; (2) facilitate communication among, and the analysis  
45 of health information and data by, healthcare professionals providing  
46 care for persons with stroke; (3) ensure evidence-based treatment  
47 guidelines are followed in transitioning persons with stroke to

48 outpatient care following discharge from a hospital for acute treatment  
 49 for a stroke; (4) require primary stroke centers and emergency medical  
 50 services organizations to report data on the treatment of persons with  
 51 stroke; (5) analyze data reported in accordance with subdivision (4) of  
 52 this subsection; and (6) maintain a secure database with information  
 53 on stroke care in accordance with guidelines established by the  
 54 American Heart Association, the American Stroke Association, the  
 55 National Centers for Disease Control and Prevention and The Joint  
 56 Commission. The data described in this section shall not contain  
 57 patient-identifiable information.

58 (b) Not later than June 1, 2015, and annually thereafter, the  
 59 Commissioner of Public Health shall report, in accordance with the  
 60 provisions of section 11-4a of the general statutes, to the joint standing  
 61 committee of the General Assembly having cognizance of matters  
 62 relating to public health concerning improvements that have been  
 63 made to stroke treatment and stroke response systems in the state.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2014</i>	New section
Sec. 2	<i>October 1, 2014</i>	New section
Sec. 3	<i>October 1, 2014</i>	New section
Sec. 4	<i>October 1, 2014</i>	New section

**PH**            *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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**OFA Fiscal Note**

**State Impact:**

<b>Agency Affected</b>	<b>Fund-Effect</b>	<b>FY 15 \$</b>	<b>FY 16 \$</b>
Public Health, Dept.	GF - Cost	98,979	102,985
State Comptroller - Fringe Benefits <sup>1</sup>	GF - Cost	34,374	35,921

**Municipal Impact:** None

**Explanation**

The bill results in a state cost of \$133,353 in FY 14 and \$138,906 in FY 16. It requires the Department of Public Health (DPH) to develop and implement a process to recognize primary stroke centers, to ensure compliance by 30 acute care hospitals in Connecticut, establish stroke care protocols for emergency medical services organizations, participate in the American Heart Association’s stroke data collection program and provide a written description to emergency medical services (EMS) organizations.

The cost to DPH is associated with one full-time Nurse Consultant (\$62,510 in FY 15 and \$65,323 in FY 16), a half-time Epidemiologist 3 (\$31,255 in FY 15 and \$32,662 in FY 16) and annual user fees for the American Heart Association’s “Get with the Guidelines” stroke database of \$5,000 per year. State Comptroller – Fringe Benefits costs associated with these staff positions are \$34,374 in FY 15 and \$35,921 in FY 16. The cost to provide a written description of a nationally recognized stroke assessment tool to 395 licensed or certified EMS

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<sup>1</sup>The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 36.66% of payroll in FY 15 and FY 16.

organizations is anticipated to be \$213 in FY 15.

***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

*Sources: The State of Connecticut eLicensing Website*

**OLR Bill Analysis****SB 438*****AN ACT CONCERNING CERTIFICATION OF STROKE CENTERS.*****SUMMARY:**

This bill requires the Department of Public Health (DPH) to (1) develop and implement a plan to achieve continuous quality improvement in providing stroke patient care and the stroke response system and (2) establish a process to recognize primary stroke centers. DPH must designate any Joint Commission-certified hospital as a primary stroke center. The Joint Commission is a nonprofit organization that accredits health care organizations for meeting certain stroke care and support standards.

By June 1, 2015 annually, the public health commissioner must report to the Public Health Committee on improvements to stroke treatment and response in the state.

The bill also requires acute care hospitals to (1) comply with the American Heart Association and American Stroke Association guidelines concerning treatment of stroke; (2) establish written care protocols for treating certain stroke patients, including transferring such patients to a primary stroke center if necessary; and (3) participate in the American Heart Association's stroke data collection program.

In addition, it requires DPH's Office of Emergency Medical Services (OEMS) to (1) adopt a nationally recognized stroke assessment tool and (2) establish stroke care protocols for emergency medical services (EMS) organizations.

EFFECTIVE DATE: October 1, 2014

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**DPH STROKE RESPONSE PLAN**

The bill requires the public health commissioner, in implementing the plan to achieve improvements in stroke care and response, to:

1. develop incentives and provide assistance for sharing information and data relating to stroke among health care providers;
2. facilitate communication among, and the analysis of health information and data by, health care professionals providing care to stroke patients;
3. ensure evidence-based treatment guidelines are followed in transitioning stroke patients to outpatient care following a hospital discharge for acute stroke treatment;
4. require primary stroke centers and EMS organizations to report data on treating stroke patients (no data may contain patient-identifiable information);
5. analyze reported data; and
6. maintain a secure database with information on stroke care in accordance with the American Heart Association, American Stroke Association, National Centers for Disease Control and Prevention, and Joint Commission guidelines.

**OEMS STROKE ASSESSMENT TOOL AND CARE PROTOCOL**

By January 1, 2015, OEMS must publish a nationally recognized stroke assessment tool on its website and provide a written description to each EMS organization, who must implement the tool within 30 days after receipt.

OEMS, in consultation with the EMS advisory board, must establish care protocols for EMS organizations on assessing, treating, and transporting stroke patients. The program may include a plan for triaging and transporting acute stroke patients to the nearest primary stroke center within a specified time from the onset of symptoms. By

June 1 of each year, OEMS must provide each EMS organization a list of primary stroke centers, which may include ones in areas of Rhode Island, New York, and Massachusetts that border Connecticut. OEMS must also post this list on its website.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 26 Nay 0 (03/21/2014)