

## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## HOUSE BILL

No. 816 Session of  
2009

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AS REPORTED FROM COMMITTEE ON HEALTH AND HUMAN SERVICES, HOUSE OF REPRESENTATIVES, AS AMENDED, SEPTEMBER 11, 2009

## AN ACT

1 Establishing State funding for the Heart Disease and Stroke  
2 Program within the Department of Health.

3 The General Assembly of the Commonwealth of Pennsylvania  
4 hereby enacts as follows:

5 Section 1. Legislative findings.

6 The General Assembly finds and declares as follows:

7 (1) Heart disease is the number one cause of death, and  
8 stroke is the third leading cause of death in Pennsylvania.  
9 Cardiovascular disease claims about as many American lives  
10 each year as cancer, chronic lower respiratory diseases,  
11 accidents and diabetes combined.

12 (2) In 2006, more than 33,400 Pennsylvanians died from  
13 heart disease and approximately 7,000 died from stroke.

1           (3) Cardiovascular diseases cost Pennsylvania  
2 approximately \$15.7 billion in 2005, approximately \$10.8  
3 billion in heart disease-related costs and \$2.4 billion in  
4 stroke-related costs. These include both direct costs,  
5 physicians and other health professionals, hospital and  
6 nursing home charges, medications and home health care, and  
7 indirect costs, which include lost productivity that results  
8 from illness and death.

9           (4) Stroke is one of the leading causes of adult  
10 disability in the United States. Between 15% and 30% of  
11 stroke survivors are permanently disabled. Presently, there  
12 are more than 4 million people living with the effects of  
13 stroke in the United States.

14           (5) Members of the general public have difficulty  
15 recognizing the symptoms of heart attacks and strokes and are  
16 unaware that they are medical emergencies. Frequently, stroke  
17 patients wait as long as 22 hours or more before presenting  
18 at the emergency room.

19           (6) Awareness of warning signs of heart attack and  
20 stroke and fast action are critical. Forty-two percent of  
21 individuals 50 years of age or older do not recognize  
22 numbness or paralysis in the face, arm or leg as a sign of  
23 stroke and 17% of them cannot name a single stroke symptom.

24           (7) Recent advances in stroke treatment can  
25 significantly improve the outcome for stroke patients, but  
26 these therapies must be administered properly and promptly.  
27 Only 3% of stroke patients who are candidates for acute  
28 stroke intravenous thrombolytic drug therapy receive the  
29 appropriate medication.

30           (8) New technologies, therapies and diagnostic

1 approaches are currently being developed that will extend the  
2 therapeutic time frame and result in greater treatment  
3 efficacy for heart and stroke patients.

4 (9) Pennsylvania has not had State line item budget  
5 funding to develop and implement Statewide heart disease and  
6 stroke awareness programs, prevention programs or  
7 comprehensive stroke care systems. Federal block grant  
8 funding, which has declined in recent years and is not  
9 guaranteed to continue in the future, has been utilized to  
10 develop and implement awareness and prevention programs on a  
11 limited basis; however, additional funding is needed to  
12 adequately address the State's number one and number three  
13 killers.

14 (10) Pennsylvania can improve the provision of heart and  
15 stroke care in this Commonwealth and increase public  
16 awareness about the prevention, detection and treatment of  
17 heart disease and stroke.

## 18 Section 2. Definitions.

19 The following words and phrases when used in this act shall  
20 have the meanings given to them in this section unless the  
21 context clearly indicates otherwise:

22 "Advisory committee." The Heart Disease and Stroke Advisory  
23 Committee.

24 "Department." The Department of Health of the Commonwealth.

25 "Program." The Heart Disease and Stroke Program.

26 "Support network." The term means any or all of the  
27 following:

28 (1) The use of telehealth technology to connect health  
29 care facilities to more advanced stroke care facilities.

30 (2) The provision of neuroimaging, laboratory and any

1 other equipment necessary to facilitate the establishment of  
2 a telehealth network.

3 (3) The use of telephone consultation, where useful.

4 (4) The use of referral links when a patient needs more  
5 advanced care than is available at the facility providing  
6 initial care.

7 (5) Any other assistance determined appropriate by the  
8 Department of Health.

9 "Stroke care system." A Statewide system to provide for the  
10 diagnosis, prehospital care, hospital definitive care and  
11 rehabilitation of stroke patients.

12 "The Joint Commission." Formerly known as the Joint  
13 Commission on Accreditation of Healthcare Organizations.

14 Section 3. Expansion of program.

15 The department shall expand the Heart Disease and Stroke  
16 Program and shall include, but not be limited to, ~~the following:~~ ←

17 ~~(1) Provide staff support and departmental resources as~~  
18 ~~necessary to fully implement the program based on the amount~~  
19 ~~of State budget funding received.~~

20 ~~(2) Coordinate with other State agencies and nonpublic~~  
21 ~~entities regarding Statewide and regional efforts to prevent~~  
22 ~~heart disease and stroke.~~

23 ~~(3) Consult with organizations and individuals with~~  
24 ~~expertise in heart disease and stroke prevention, diagnosis,~~  
25 ~~treatment and rehabilitation, including members of the~~  
26 ~~advisory committee.~~

27 ~~(4) Continue to apply for Federal funds related to~~  
28 ~~prevention and treatment of heart disease and stroke and~~  
29 ~~continue to utilize available Federal block grant funds to~~  
30 ~~implement heart and stroke awareness and prevention programs.~~

1           ~~(5) Collect and disseminate information on best~~  
2           ~~practices regarding prevention of heart disease and stroke~~  
3           ~~and the establishment of a strong stroke system of care.~~

4           ~~(6) Collect and maintain up to date scientific and other~~  
5           ~~information that will increase public awareness and~~  
6           ~~contribute to educational programs, including, but not~~  
7           ~~limited to, risk factors, appropriate diet and exercise,~~  
8           ~~diagnostic procedures and FDA approved drug therapies,~~  
9           ~~support networks, rehabilitation and safety and injury~~  
10          ~~prevention measures.~~

11          ~~(7) Maximize public and private resources in the areas~~  
12          ~~of prevention, education and treatment.~~

13          ~~(8) Disseminate grants as moneys are available.~~

14          ~~(9) Foster the development of appropriate, modern~~  
15          ~~systems of heart and stroke care and support networks through~~  
16          ~~the sharing of information among agencies and individuals~~  
17          ~~involved in the study and prevention of such care.~~

18          ~~(10) Provide technical assistance.~~

19          ~~(11) Identify or develop a model curriculum for training~~  
20          ~~emergency medical services personnel, including dispatchers,~~  
21          ~~first responders, emergency medical technicians and~~  
22          ~~paramedics, in the identification, assessment, stabilization~~  
23          ~~and prehospital treatment of heart and stroke patients.~~

24          ~~(12) Provide, to the extent practicable, information to~~  
25          ~~the public on the recognition of the signs and symptoms of~~  
26          ~~heart attacks and stroke and the appropriate actions to take~~  
27          ~~to assist an individual in obtaining appropriate and timely~~  
28          ~~care following a heart event or a stroke.~~

29          ~~(13) Establish a clearinghouse of policies and~~  
30          ~~information regarding best practices. The information shall~~

1 ~~be made available on the department's Internet website.~~

2 IMPLEMENTATION IN A MANNER THAT IS CONSISTENT WITH THE  
3 CENTERS FOR DISEASE CONTROL AND PREVENTION'S HEART DISEASE  
4 AND STROKE PREVENTION PROGRAM REQUIREMENTS, INCLUDING, BUT  
5 NOT LIMITED TO, THE FOLLOWING FOCUS AREAS:

6 (1) INCREASE CONTROL OF HIGH BLOOD PRESSURE;

7 (2) INCREASE CONTROL OF HIGH CHOLESTEROL;

8 (3) INCREASE AWARENESS OF SIGNS AND SYMPTOMS OF HEART  
9 ATTACK AND STROKE AND THE NEED TO CALL 911;

10 (4) IMPROVE EMERGENCY RESPONSE;

11 (5) IMPROVE QUALITY OF CARE; AND

12 (6) ELIMINATE DISPARITIES.

13 Section 4. Establishment of advisory committee.

14 (a) Establishment.--The department shall establish and  
15 administer the Heart Disease and Stroke Advisory Committee.

16 (b) Functions of advisory committee.--The advisory committee  
17 shall have the following functions:

18 (1) Advise the department on how to raise awareness on  
19 prevention of heart disease and stroke among the public, the  
20 health care community and policymakers using all available  
21 data.

22 (2) Identify evidence-based best practice education  
23 strategies for the public to identify AND REDUCE risk factors  
24 associated with heart disease and stroke and to identify  
25 symptoms upon onset.

26 (3) Identify and review evidence-based best practice  
27 health promotion and disease prevention strategies related to  
28 heart disease and stroke for implementation in Pennsylvania  
29 with the goal of reducing death and long-term disability  
30 among Pennsylvanians.

1 (4) Identify limitations and problems associated with  
2 existing laws, regulations, programs and services related to  
3 heart disease and stroke and propose feasible changes.

4 (5) Examine evidence-based current and alternative  
5 treatment options available for treating different types of  
6 heart disease and stroke.

7 (6) Review data collected by the department under  
8 section 5 to identify areas of improved outcomes, including  
9 reduced secondary stroke events.

10 (7) Provide a report to the General Assembly on the  
11 implementation and outcomes of the program.

12 (c) Composition of advisory committee.--

13 (1) The advisory committee shall consist of a maximum of  
14 ~~18~~ 20 members, including the secretaries of the Department of ←  
15 Aging, the Department of Health and the Department of Public  
16 Welfare and the Insurance Commissioner, or their designees.

17 (2) The Secretary of Health shall appoint one  
18 representative from each of the following fields to serve on  
19 the advisory committee:

20 (i) board-certified ~~cardiac surgeon~~ CARDIOLOGIST; ←

21 (ii) board-certified neurologist;

22 ~~(iii) board-certified neurosurgeon;~~ ←

23 ~~(iv)~~ (III) board-certified emergency room physician; ←

24 ~~(v)~~ (IV) public health professional; ←

25 ~~(vi)~~ (V) licensed dietitian; ←

26 ~~(vii)~~ (VI) registered nurse with expertise in ←

27 cardiovascular disease;

28 ~~(viii)~~ (VII) hospital administrator; ←

29 ~~(ix)~~ (VIII) disparate community; ←

30 ~~(x)~~ (IX) EMS community; ←

~~(xi)~~ (X) organization representing the rural population;

~~(xii)~~ (XI) board-certified primary care provider, a physician who specializes in either family practice or internal medicine;

~~(xiii)~~ (XII) nonprofit health service plan; and

~~(xiv)~~ (XIII) national voluntary organization with scientific guidelines and programs to address cardiovascular disease and stroke;

(XIV) PHARMACIST; AND

(XV) PRIVATE HEALTH CARE INSURER.

(d) Term of advisory committee members.--The term of the advisory committee members shall be two years from the respective date of their appointment, except that the initial appointments shall be made in such a manner so that nine members appointed under this section are appointed for a term of two years and nine members are appointed for a term of one year. A member shall hold office for the term of the member's appointment and until a successor has been appointed and qualified. All vacancies shall be filled for the balance of the unexpired term in the same manner as the original appointment. A member of the advisory committee is eligible for reappointment by the secretary, contingent upon diligent attendance at meetings of the board.

(e) Chair.--The Secretary of Health or a designee will serve as the chair of the advisory committee and may select a secretary, who need not be a member of the advisory committee.

(f) Members shall serve without compensation.--Members who are not employees of State government shall be reimbursed for travel and other actual expenses reasonably incurred in the



1 performance of their duties.

2 (g) The board shall meet no less than twice annually.--

3 Eleven members of the board shall constitute a quorum for the  
4 purpose of exercising all of the powers of the board. A vote of  
5 the majority of the members present shall be sufficient for all  
6 actions of the board.

7 Section 5. Quality improvement of stroke care.

8 The purpose of this section is to achieve continuous quality  
9 improvement in the quality of care to stroke patients by  
10 improving stroke treatment and preventing future strokes and  
11 cardiovascular events. The method for achieving continuous  
12 quality improvement shall be through the VOLUNTARY use of stroke  
13 guidelines and access to real-time data to facilitate process  
14 changes that lead to improved patient outcomes. The department  
15 shall:

16 (1) utilize STATE funds appropriated in this act to  
17 expand its current functions to provide grants to hospitals  
18 to implement a nationally available quality improvement and  
19 data collection tool that is based on nationally recognized,  
20 evidence-based guidelines and ~~align~~ ALIGNED with the stroke  
21 consensus metrics developed and approved by the American  
22 Heart Association, the Centers for Disease Control and  
23 Prevention and the Joint Commission and endorsed by the  
24 National Quality Forum; and

25 ~~(2) maintain aggregate Statewide stroke data in this~~  
26 ~~Commonwealth on stroke care. The department shall make~~  
27 ~~aggregate data available on the department's Internet website~~  
28 MAKE AGGREGATE STROKE DATA AVAILABLE ON THE DEPARTMENT'S  
29 INTERNET WEBSITE. THE DATA SHALL REFLECT THE NATIONAL  
30 CONSENSUS METRICS DEVELOPED BY THE AMERICAN HEART

ASSOCIATION, THE CENTERS FOR DISEASE CONTROL AND PREVENTION  
AND THE JOINT COMMISSION AND DEMONSTRATE STATEWIDE  
PERFORMANCE TOWARD MEETING THOSE METRICS. To every extent  
possible, the department shall coordinate with the  
Pennsylvania Health Care Cost Containment Council and  
national voluntary health organizations involved in stroke  
quality improvement to avoid duplication and redundancy.

Section 6. Grants.

(a) Application.--The department shall apply for Federal  
moneys available to assist in the prevention and treatment of  
heart disease and stroke WITH AN EMPHASIS ON PUBLIC HEALTH RISK  
REDUCTION, EDUCATION AND AWARENESS PROGRAMMING AROUND HEART  
DISEASE AND STROKE. The department may accept grants, services  
and property from both the Federal Government and nonpublic  
entities as may be available to carry out the provisions of this  
act.

(b) Distribution.--The department may utilize or distribute  
grants to public and nonprofit private entities ~~for~~ TO INCLUDE  
BUT NOT BE LIMITED TO the following purposes:

(1) IMPLEMENT RECOMMENDATIONS OF THE CARDIOVASCULAR  
HEALTH BLUEPRINT FOR ACTION TO IDENTIFY AND SUPPORT A RANGE  
OF PUBLIC HEALTH INTERVENTIONS ACROSS THE CONTINUUM OF CARE  
FOR HEART DISEASE AND STROKE, WHICH INCLUDE BUT ARE NOT  
LIMITED TO:

(I) POLICY AND ENVIRONMENTAL CHANGE.

(II) BEHAVIOR CHANGE.

(III) RISK FACTOR DETECTION AND CONTROL.

(IV) EMERGENCY CARE AND ACUTE CASE MANAGEMENT.

(V) REHABILITATION AND LONG-TERM CASE MANAGEMENT.

~~(1)~~ (2) The development and implementation of education

1 programs for appropriate medical personnel and health  
2 professionals in the use of newly developed diagnostic  
3 approaches, technologies and therapies for the prevention and  
4 treatment of heart disease and stroke.

5 ~~(2)~~ (3) Enhance, develop and implement model curricula ←  
6 for training emergency medical services personnel in the  
7 identification, assessment, stabilization and prehospital  
8 treatment of heart disease and stroke patients.

9 ~~(3)~~ (4) Enhance coordination of emergency medical ←  
10 services with respect to heart disease and stroke care.

11 ~~(4)~~ (5) Establish, enhance or expand a Statewide stroke ←  
12 care system for the purpose of ensuring access to high-  
13 quality stroke prevention, diagnosis, treatment and  
14 rehabilitation consistent with Federal guidelines.

15 ~~(5)~~ (6) Establish, enhance or expand, as appropriate, ←  
16 stroke care centers consistent with Federal guidelines.

17 ~~(6)~~ (7) Conduct evaluation activities to monitor ←  
18 clinical outcomes and procedures and to verify resources,  
19 infrastructure and operations devoted to heart and stroke  
20 care.


21 ~~(7)~~ (8) Establish, enhance or improve a central data ←  
22 reporting and analysis system.


23 ~~(8)~~ (9) Establish, enhance or improve a support network ←  
24 to provide assistance to facilities with smaller populations  
25 of stroke patients or less advanced onsite stroke treatment  
26 resources.


27 (C) PARTICIPATION.--FOR PURPOSES OF THIS SECTION, NOTHING ←  
28 SHALL BE CONSTRUED TO REQUIRE HOSPITALS TO PARTICIPATE IN SUCH  
29 GRANT PROGRAMS, UNLESS THEY ARE PARTICIPATING IN THE GRANT  
30 PROGRAM.

1 Section 7. Reporting.


2 On or before June 30 of each year, the department shall  
3 report to the General Assembly on the implementation of this  
4 act.

5 Section 8 19. Appropriation. 

6 ~~The sum of \$1,000,000 is hereby appropriated to the~~   
7 ~~Department of Health to support the development of the program.~~

8 THE MINIMUM SUM OF \$1,000,000 IS REQUIRED ANNUALLY BY THE   
9 DEPARTMENT OF HEALTH TO SUPPORT THE EXPANSION OF THE PROGRAM.

10 Section 9 20. Effective date. 

11 This act shall take effect ~~in 120 days~~ AT THE TIME FUNDS ARE   
12 APPROPRIATED TO ADMINISTER THE ACT.