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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 816 Session of 2009

INTRODUCED BY PASHINSKI, REICHLEY, ARGALL, BAKER, BARRAR, BEAR, BEYER, BISHOP, BRENNAN, CLYMER, D. COSTA, DiGIROLAMO, DONATUCCI, FREEMAN, GEIST, GEORGE, GOODMAN, GRUCELA, HANNA, HESS, HORNAMAN, HUTCHINSON, KORTZ, KOTIK, KULA, LEVDANSKY, LONGIETTI, MAHONEY, McILVAINE SMITH, MILLARD, M. O'BRIEN, PALLONE, PHILLIPS, PICKETT, PYLE, READSHAW, REED, SABATINA, SAINATO, SANTONI, SCHRODER, SIPTROTH, K. SMITH, M. SMITH, STABACK, STEVENSON, WANSACZ, WATSON, CURRY, SEIP, TALLMAN, VEREB, DALLY, MILNE, CREIGHTON, GINGRICH, BRIGGS, VULAKOVICH, MURT, MANDERINO, MOUL, YOUNGBLOOD, PRESTON AND McGEEHAN, MARCH 9, 2009

AS RE-REPORTED FROM COMMITTEE ON APPROPRIATIONS, HOUSE OF REPRESENTATIVES, AS AMENDED, MARCH 10, 2010

AN ACT

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

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

Section 1. Legislative findings.

The General Assembly finds and declares as follows:

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

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

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

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

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

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

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

(8) New technologies, therapies and diagnostic

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

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

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

Section 2. Definitions.

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

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

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

"Program." The Heart Disease and Stroke Program.

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

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

(2) The provision of neuroimaging, laboratory and any

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

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

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

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

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

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

Section 3. Expansion of program.

The department shall expand the Heart Disease and Stroke Program and shall include, but not be limited to, implementation in a manner that is consistent with the Centers for Disease Control and Prevention's Heart Disease and Stroke Prevention Program requirements, including, but not limited to, the following focus areas:

(1) increase control of high blood pressure;

(2) increase control of high cholesterol;

(3) increase awareness of signs and symptoms of heart attack and stroke and the need to call 911;

(4) improve emergency response;

(5) improve quality of care; and

(6) eliminate disparities.

Section 4. Establishment of advisory committee.

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

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

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

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

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

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

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

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

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

(c) Composition of advisory committee.--

(1) The advisory committee shall consist of a maximum of 20 members, including the secretaries of the Department of Aging, the Department of Health and the Department of Public

Welfare and the Insurance Commissioner, or their designees.

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

(i) board-certified cardiologist;

(ii) board-certified neurologist;

(iii) board-certified emergency room physician;

(iv) public health professional;

(v) licensed dietitian;

(vi) registered nurse with expertise in cardiovascular disease;

(vii) hospital administrator;

(viii) disparate community;

(ix) EMS community;

(x) organization representing the rural population;

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

(xii) nonprofit health service plan;

(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 performance of their duties.

(g) The board shall meet no less than twice annually.--Eleven members of the board shall constitute a quorum for the purpose of exercising all of the powers of the board. A vote of the majority of the members present shall be sufficient for all actions of the board.

Section 5. Quality improvement of stroke care.

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

(1) utilize State funds appropriated in this act to expand its current functions to provide grants to hospitals

to implement a nationally available quality improvement and data collection tool that is based on nationally recognized, evidence-based guidelines and aligned with the stroke consensus metrics developed and approved by the American Heart Association, the Centers for Disease Control and Prevention and the Joint Commission and endorsed by the National Quality Forum; and

(2) make aggregate stroke data available on the department's Internet website. The data shall reflect the national 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 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.

(2) The development and implementation of education programs for appropriate medical personnel and health professionals in the use of newly developed diagnostic approaches, technologies and therapies for the prevention and treatment of heart disease and stroke.

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

(4) Enhance coordination of emergency medical services with respect to heart disease and stroke care.

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

(6) Establish, enhance or expand, as appropriate, stroke care centers consistent with Federal guidelines.

(7) Conduct evaluation activities to monitor clinical outcomes and procedures and to verify resources, infrastructure and operations devoted to heart and stroke care.

(8) Establish, enhance or improve a central data reporting and analysis system.

(9) Establish, enhance or improve a support network to provide assistance to facilities with smaller populations of stroke patients or less advanced onsite stroke treatment resources.

(c) Participation.--For purposes of this section, nothing shall be construed to require hospitals to participate in such grant programs, unless they are participating in the grant program.

Section 7. Reporting.

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

~~Section 19. Appropriation.~~ ←

~~The minimum sum of $1,000,000 is required annually by the Department of Health to support the expansion of the program.~~

Section ~~20~~ 8. Effective date. ←

This act shall take effect at the time funds are appropriated to administer the act.