



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 19, 2014**

SB 438, An Act Concerning Certification Of Stroke Centers

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 438, An Act Concerning Certification Of Stroke Centers**. CHA has concerns about the bill.

Before outlining our concerns, it's important to detail the critical role hospitals play in the health and quality of life of our communities. All of our lives have, in some way, been touched by a hospital: through the birth of a child, a life saved by prompt action in an emergency room, or the compassionate end-of-life care for someone we love. Or perhaps our son, daughter, husband, wife, or friend works for, or is a volunteer at, a Connecticut hospital.

Hospitals treat everyone who comes through their doors 24 hours a day, regardless of ability to pay. In 2012, Connecticut hospitals provided nearly \$225 million in free services for those who could not afford to pay.

SB 438, An Act Concerning Certification Of Stroke Centers, seeks to mandate a variety of criteria that are currently voluntary. Although well-intentioned, the bill will have unanticipated negative effects on healthcare in Connecticut.

In an unusual move, the bill would require hospitals to adopt the American Heart Association's and American Stroke Association's guidelines concerning stroke treatment and participate in the American Heart Association's stroke data collection program. The state should not statutorily adopt any organization's guidelines as the sole source of medical judgment. Cutting edge medical innovations and developments can be discovered and invented in bursts – sometimes practically overnight. The landscape for care in any specific disease or medical area is subject to constant change and innovation. In the last decade alone, there have been substantial developments in a variety of cardiac care protocols and approaches, including those for stroke. We do not believe it is appropriate to mandate one course of care as the only course of care.

Additionally, the bill implies that patient choice of hospital or physician will be removed, and distance or proximity to emergency care will become unimportant – even when proximity to an emergency department may be the only thing that saves a patient’s life. The bill implies that DPH will decide where care is provided when a stroke is suspected. We believe this moves us in the wrong direction and undermines our system of care. We support efforts to improve care across the board, and therefore cannot support a mandate that freezes in time what care is delivered at which institution for specific conditions without sufficient scientific evidence that such a drastic change is needed.

While we appreciate that there is a desire to be sure patients have the best resources, by mandating a system of care based on a snapshot in time, and including only some of the relevant criteria, we ultimately create imbalance and dysfunction in our system of hospital care.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.