MINUTES OF THE

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Seventy-sixth Session
March 10, 2011

The Senate Committee on Health and Human Services was called to order by Chair Allison Copening at 3:33 p.m. on Thursday, March 10, 2011, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4412E, 555 East Washington Avenue, Las Vegas, Nevada. Exhibit A is the Agenda. Exhibit B is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Allison Copening, Chair
Senator Valerie Wiener, Vice Chair
Senator Sheila Leslie
Senator Ruben J. Kihuen
Senator Joseph (Joe) P. Hardy
Senator Ben Kieckhefer
Senator Greg Brower

GUEST LEGISLATORS PRESENT:

Barbara K. Cegavske, Clark County Senatorial District No. 8

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Policy Analyst
Risa Lang, Counsel
Sherry Loncar, Committee Manager
Annette Ramirez, Committee Secretary

OTHERS PRESENT:

Christopher Roller, American Heart Association; American Stroke Association
Anna Smith, Stroke and Cardiac Coordinator, Valley Hospital Medical Center
Luca Pagoto

Lori Wright, Volunteer, American Heart Association; American Stroke Association
Suzette Dacuag, American Stroke Association
Carlos Ramirez, Volunteer, American Heart Association, American Stroke Association
Marla McDade Williams, M.P.A., Deputy Administrator, Health Division, Department of Health and Human Services
Julia Peek, Health Resource Analyst, Office of Epidemiology Manager, Health Division, Department of Health and Human Services
John McNeil, Director of Stroke Advocacy, American Heart Association; American Stroke Association
LaShannon Spencer, Director, Public Policy and Advocacy, St. Rose Dominican Hospitals and Saint Mary's Regional Medical Center

CHAIR COPENING:
We will open the meeting with Senate Bill (S.B.) 225.

SENATE BILL 225: Establishes provisions relating to the designation of certain hospitals as primary stroke centers (BDR 40-938)

BARBARA K. CEGAVSKE (Clark County Senatorial District No. 8):
Stroke is the fourth leading cause of death and a leading cause of disability in Nevada. We can take steps through policies such as these to reduce this burden. This bill is a part of the continuing process to create State-level policy in Nevada that will address components of stroke systems of care as recommended by the American Stroke Association (ASA) and Brain Attack Coalition (BAC). Certified stroke centers must adhere to a strict set of criteria and prove their ability to improve outcomes for stroke patients both in reduced death and in reduced level of disability.

CHRISTOPHER ROLLER (American Heart Association; American Stroke Association):
I am testifying in support of S.B. 225. I am submitting it on behalf of the American Heart Association (AHA) and also on behalf of stroke survivors and patients. As Senator Cegavske stated, stroke is the fourth leading cause of death in Nevada and also a leading cause of disability in our State. This bill will take steps towards reducing that burden, and the number and severity of strokes, by promoting public awareness of stroke centers and stroke center certification through our Health Division (HD), Department of Health and Human Services.

This bill will help to prevent hospitals who have not achieved certification as stroke centers from promoting their facilities as stroke centers. This would not prohibit them from caring for stroke patients. This bill is part of an ongoing process to create stroke system-of-care policy in our State that adheres to the guidelines and recommendations set forth on a national level by the AHA and BAC.

I will review recent history of stroke policy in the State, talk about this bill in context of national level recommendations and touch briefly on the process that took place in Clark County to create stroke systems of care. Starting in 2007, there was a bill that would have addressed several components of the stroke systems of care. This bill would have created a position for a vascular health coordinator at the HD. It would have created a committee focus on the prevention and treatment of stroke. It would have created a statewide registry or database for tracking stroke outcomes. Also, this bill would have created a statewide recognition of designated stroke centers that we seek with S.B. 225 and emergency medical services (EMS) patient treatment and transport protocols. The bill did not pass the Legislature; however, funding was appropriated in the 74th Session for the vascular health coordinator position at the HD. This position would have overseen efforts for both heart disease and stroke by the HD. In 2008, that position was cut in the first round of budget cuts. In 2009, a bill was passed and signed by the Governor creating a statewide committee on the prevention and treatment of heart disease and stroke. This bill was unfunded, and the committee is yet to convene.

Nevada is currently one of nine states not receiving Centers for Disease Control and Prevention monies for heart disease and stroke-prevention program funding. I would like to put this effort into context as it pertains to national recommendations and guidelines for prevention and treatment of stroke set by the ASA and BAC. These "ASA Policy Recommendations" (Exhibit C) were provided to the Committee prior to this meeting. Ischemic stroke is caused by clotting in the brain and accounts for approximately 85 percent of all strokes. It can be treated quickly, effectively and efficiently at certified stroke centers. Deaths from this type of stroke are expected to double between the years 2011 and 2030. This is due to a variety of factors such as the aging population, rising of obesity and diabetes rates and the persistent and continued use of tobacco products. To address the growing problem of stroke and to promote the new and innovative treatments of stroke, the ASA convened an expert task force which created recommendations on the development of stroke systems of care.

These included; primordial and primary prevention, community education, notification and response of EMS, acute stroke treatment, subacute stroke treatment and secondary prevention, rehabilitation and continuous quality improvement activities. Senate Bill 225 seeks to address components of the acute treatment, secondary prevention and rehabilitation sections of those recommendations. In 1996, the U.S. Food and Drug Administration approved a clot-dissolving drug called intravenous tissue plasminogen activator (tPA). This drug can significantly reduce disability and potentially death in stroke patients if administered within 4 1/2 hours of onset of symptoms. Unfortunately, only 3 percent to 5 percent of stroke patients receive this lifesaving treatment. If you will refer to page 2 of "Facts, Stroke: A Serious and Worsening Problem" (Exhibit D), you will see a list of important facts.

There are several reasons only a small percentage of stroke patients receive the lifesaving treatment of tPA. A lack of accessibility to certified stroke centers or a system that directs them away from the centers is part of that equation. Also, according to the latest behavioral risk-factor surveillance survey, nearly 75 percent of Nevadans surveyed did not know the signs and symptoms of a stroke. Many Nevadans are not aware of stroke-center certification or hospitals and the improved care that is possible in these facilities. As mentioned, S.B. 225 will take an important step of increasing public awareness and utilization of stroke centers when the unfortunate incidents of strokes occur. This can help to save lives and reduce disability.

Although we have not been fully successful in implementing stroke systems-of-care policy at the State level, Clark County has moved forward with implementation of many of these policy recommendations ahead of the rest of the State. In 2008, the Medical Care Advisory Group, Division of Health Care Financing and Policy, Department of Health and Human Services, convened a stroke subcommittee charged with the development of EMS training assessment and transport protocols for stroke patients in Clark County. These protocols were approved in November 2009 and implemented on January 1, 2010. Now emergency medical technicians in Clark County receive enhanced stroke-assessment training, and the "Joint Commission," formerly the Joint Commission on Accreditation of Healthcare Organizations, certifies stroke centers that are recognized and posted on the Website for the Southern Nevada Health District. Stroke patients are also transported to the nearest certified stroke center for treatment when accessing EMS. It is our hope we can see the same level of improvement in stroke care for the rest of the State.

ANNA SMITH (Stroke and Cardiac Coordinator, Valley Hospital Medical Center):
We looked at the resources as a community in Clark County. Through that process, we identified areas already doing substantial care for stroke patients and areas that were in need of improvement. There are currently eight primary stroke centers (PSCs) in southern Nevada, and when I started there were two. In a short period of time, we have improved care. Stroke is a frightening disease because it does not often kill you, but it does disable you. Disability for anyone of any age is profound.

When you go to a hospital you expect the care to be equivalent across the board. Someone suffering a stroke needs to be diverted to the correct hospitals to ensure the best possible care for patient outcome. Now, that patient, in our system, has a choice of eight hospitals that are PSC. In some states, the health department actually measures the success of hospitals, which is time consuming and lengthy. In Nevada, we do not have a system where we evaluate hospitals for specific disease care. The Joint Commission is the organization we rely on to identify PSCs. It takes the decision out of the hands of the individual or the state entity and relies on the accreditation or certification body. That is a benefit to our rural and urban communities.

CHAIR COPENING:
What special training do hospitals go through to be certified as stroke centers? Are the hospitals that are not certified able to provide the kind of care needed for someone who has had a stroke?

MS. SMITH:
Extensive education and training go into becoming a PSC. It is not just about the acute part where the patient is acutely ill with a stroke. It is the entire process, the organization of resources, especially transitioning the patient to rehabilitation. Rehabilitation to stroke patients is crucial to good outcomes. That does not mean a hospital that does not have a PSC certification is not good. What it shows is an investment in stroke patients, an investment in the community and an attainment of a certain standard. Having a certification process does establish criteria. The benefit to designation is the identification of standards, and the State will have a higher criteria. Care will be more efficient and more effective.

LUCA PAGOTO:
I am a stroke survivor. If not for a certified stroke center, I would not have survived. In strokes, "time is brain," and for every minute a patient is not under control, there is a huge amount of damage to the patient. When I had my stroke, my wife took me to a certified stroke center. I would not have been taken to a stroke center if an ambulance had taken me to the hospital. They would not have known I was having a stroke. As a result of that, too much time would have elapsed, and I would have had a much worse outcome. I was given a second chance by going to a certified stroke center.

SENATOR WIENER:
How did your wife know which hospital to take you to?

MR. PAGOTO:
My wife is a nurse, and luckily I work with stroke centers here locally. I knew I was having a stroke based on education I have received.

SENATOR WIENER:
How much time passed from your first symptoms and access to medication?

MR. PAGOTO:
I was not a candidate for that. I had a different type of stroke. I had an aneurysm that ruptured. I had a hemorrhagic stroke, which is a bleeding in the brain. With that type of stroke you have even less time to react and for treatment.

SENATOR WIENER:
How much time passed between your recognition of the stroke symptom and when you received care?

MR. PAGOTO:
I knew within 2 to 3 minutes, and my wife got me to the hospital within 20 minutes.

LORI WRIGHT (Volunteer, American Heart Association; American Stroke Association):
I had a stroke in 1999, and at that time I do not know if there were any certified stroke centers. My husband did not know I was having a stroke, and he took me to the closest hospital. I did not get there within the four-hour period.

I had a rare carotid artery disease, and my arteries collapsed. It would have been nice to have certified stroke centers at that time. I now rely on public transportation. I cannot use my left side, and my insurance has been depleted, so I am unable to have rehabilitation. I participate in the Saving Strokes Program that is presented by the AHA and the ASA.

SUZETTE DACUAG (American Stroke Association):
My father had a heart attack. After dialing 911, he and my mother ended up in the emergency room (ER) at one of the local hospitals. They waited in the ER for several hours even after he had complained of chest pains. He is no longer with us; however, my mother is. My mother's diabetes increases her risk of stroke and heart disease. Chances are high that my mother will suffer from a stroke in her lifetime. Senate Bill 225 is important because I want to know my mother will be treated at a hospital with medically-trained personnel who recognize stroke symptoms. As a consumer, I want to have a choice of hospitals I and my family seek for medical care. Patients treated in specialized stroke units have better outcomes.

CARLOS RAMIREZ (Volunteer, American Heart Association; American Stroke Association):
I had a stroke about 15 1/2 years ago. I did not have typical symptoms. I went to a local hospital for treatment, and because I am diabetic and have high blood pressure, things became complicated. I was told I would not be able to walk or talk; however, one year later I was able to walk and talk. Even though I had a stroke and I am disabled, I can still function. I am proud I helped open the first stroke center. In 1997, at the Young Men's Christian Association, we opened water therapy for stroke survivors, and we have been holding these classes for 15 years. I have been in 50 marathons, and that proves there is life after a stroke. I appreciate all of the help you can give us.

MARLA MCDADE WILLIAMS, M.P.A. (Deputy Administrator, Health Division, Department of Health and Human Services):
I will talk about how we intend to implement S.B. 225. The bill allows a hospital to submit proof to the HD that the hospital is certified as a PSC by the Joint Commission or an equivalent organization approved by the HD. We would maintain a list of certified hospitals and post them online and ensure the Website is updated on an annual basis. A hospital that is not on the list would not be allowed to advertise as a designated PSC. That does not mean they

cannot provide the care. The bill has minimal impact on the HD as we already have resources in place for verification and posting to our Website.

JULIA PEEK (Health Resource Analyst, Office of Epidemiology Manager, Health Division, Department of Health and Human Services):
I will read and submit my written testimony (Exhibit E).

JOHN MCNEIL (Director of Stroke Advocacy, American Heart Association; American Stroke Association):
I have been with the AHA and the ASA for 40 years. I retired in 2000 and received a call to work for the AHA on Operation Stroke. In the years 2001 and 2002, I struggled and never thought I would see the day of having one stroke center. I met with several stroke survivors and concluded that volunteers who offered encouragement and support needed to see this day. Now there are eight stroke centers in Las Vegas. Currently, I staff three support groups with approximately 450 stroke survivors. The number of stroke survivors will decrease over the years thanks to efforts of volunteers and the Committee's work.

SENATOR CEGAVSKE:
Thank you very much for all you do. Bringing forth this piece of legislation is nothing compared to your volunteer work and work you did before retirement.

LASHANNON SPENCER (Director, Public Policy and Advocacy, St. Rose Dominican Hospitals and Saint Mary's Regional Medical Center):
We are in support of this bill. St. Rose Dominican Hospitals is recognized by the AHA and ASA for active and constant quality care, aligned with scientific guidelines, to stroke patients.

SENATOR WIENER MOVED TO DO PASS S.B. 225.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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I close the hearing on S.B. 225. There being no further business to come before the Senate Committee on Health and Human Services, the meeting is adjourned at 4:12 p.m.

RESPECTFULLY SUBMITTED:

Annette Ramirez,
Committee Secretary

APPROVED BY:

Senator Allison Copening, Chair

DATE:

EXHIBITS			
Bill	**Exhibit**	**Witness / Agency**	**Description**
	A		Agenda
	B		Attendance Roster
S.B. 225	C	Christopher Roller	ASA Policy Recommendations
S.B. 225	D	Christopher Roller	FACTS – Stroke: A Serious and Worsening Problem
S.B. 225	E	Julia Peek	Written Testimony