

STORAGE NAME: h1863.hcr
DATE: April 15, 1997

**HOUSE OF REPRESENTATIVES
COMMITTEE ON
HEALTH CARE STANDARDS & REGULATORY REFORM
BILL RESEARCH & ECONOMIC IMPACT STATEMENT**

BILL #: HB 1863
RELATING TO: Health Care/Council on Stroke
SPONSOR(S): Representative Wasserman Schultz
STATUTE(S) AFFECTED: Creates s. 381.0408, F.S.
COMPANION BILL(S): CS/SB 1056(s)

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:

- (1) HEALTH CARE STANDARDS & REGULATORY REFORM
- (2) FINANCE & TAXATION
- (3) HEALTH & HUMAN SERVICES APPROPRIATIONS
- (4)
- (5)

I. SUMMARY:

The bill creates the Public Health Partnership Council on Stroke to be responsible for developing and implementing a public education campaign on stroke prevention and furnishing physicians and health care facilities with state-of-the-art screening and treatment information on stroke.

The bill specifies the duties of the council, the development of consensus information for release to providers and the public, and council membership. The council is to consist of twenty-four members, appointed by the Secretary of the Department of Health. The Secretary of the Department of Health is to appoint the council chair.

The Department of Health is directed to contract with the Institute of Public Health at Florida Agricultural and Mechanical University (FAMU) to provide housing, equipment, utilities, and staff assistance for the council.

The council is to submit a report to the governor and legislative leadership by March 1, 1999, describing the extent to which the council has accomplished its assigned duties and any recommendations the council deems appropriate, and the Legislature is to review the activities, accomplishments, and recommendations of the council during the 1999 legislative session.

The bill has a fiscal impact of \$100,000. There is no fiscal impact on local government or the private sector.

II. SUBSTANTIVE RESEARCH:

A. PRESENT SITUATION:

Stroke is the third leading cause of death in the United States, following heart disease and cancer. Stroke is a cerebrovascular injury that occurs when blood flow to the brain is interrupted by a clogged or burst artery. The interruption deprives the brain of blood and oxygen, and causes brain cells to die. Strokes cost the United States \$30 billion annually in health care costs and lost productivity. A stroke strikes an individual every minute in America. Four out of five American families will be affected by stroke during their lifetime. Every year, 550,000 Americans experience a new or recurrent stroke. Stroke is the number one cause of adult disability. Three million Americans are currently permanently disabled due to stroke. Approximately one-third have mild impairments, one-third are moderately impaired, and one-third have severe impairments. Males and females of all ages and races have strokes, but the following factors put people at higher risk for stroke: age--over 55; previous stroke or transient ischemic attack (brief episode of stroke symptoms); high blood pressure; heart disease, particularly arterial fibrillation; diabetes; carotid artery disease; race--African American; smoking; high cholesterol; family history; obesity; excessive alcohol consumption; and lack of exercise.

The brain cells destroyed with the initial injury of stroke set off a chain reaction that also kills cells in the larger surrounding area. Stroke is a medical emergency, and every minute counts. When brain cells die, the function of the body parts they control is impaired or lost, causing paralysis, speech problems, memory and reasoning deficits, coma, and possibly death. Approximately two-thirds of all strokes occur in people age 65 and over. Strokes occur in men more than women, but women die more often as a result of stroke. Stroke is the second leading cause of death in American women ages 45-64, killing more females than breast cancer.

Due to Florida's larger than usual percentage of elderly residents, strokes impact Florida more than other states. The stroke mortality rate increased in Florida in 1993 for the first time in 25 years. In 1989, 8,355 Floridians died from stroke. Five years later, in 1993, the number of stroke-related deaths in the state increased to 9,352. Further, in 1989, the adjusted stroke death rate for Floridians over age 65 was 319.82 per 100,000 compared to the 1993 death rate of 327.91 per 100,000. Total charges for stroke hospitalizations in Florida increased 60 percent over this same time period, from \$468 million in 1989 to \$752 million in 1993.

Recent pharmacologic advances have made available new treatment options for certain types of strokes. Tissue plasminogen activator, or TPA, was initially used to treat heart attacks in progress. In June 1996, TPA was approved by the federal Food and Drug Administration as the first treatment for acute ischemic stroke. Until now, no widely accepted guidelines have existed to help physicians decide which individuals seen in emergency rooms for stroke should receive TPA treatment and which should not. The American Heart Association has developed guidelines as to who should appropriately receive TPA and under what circumstances.

Section 408.02, F.S., created as part of the Health Care and Insurance Reform Act of 1993, authorizes the Agency for Health Care Administration (agency) to coordinate the development, endorsement, implementation, and evaluation of scientifically sound,

clinically relevant practice guidelines. The agency has developed or endorsed an extensive array of such practice parameters and guidelines. A current area of focus is a set of medical practice guidelines specific to stroke. With assistance from a 26-member work group, the agency has created part I and part II of practice guidelines on stroke, including a directory of acute care hospitals which can receive and treat stroke patients on an emergency basis, and guidelines on 911 pre-hospital emergency handling of stroke patients, hospital emergency department actions, and the emergency use of new "clot busters" in the treatment of ischemic stroke. Parts III and IV of these guidelines have been drafted to include primary, secondary, and tertiary prevention of stroke, to be used as the basis of a media campaign, and guidelines on in-hospital stroke treatment and post-stroke rehabilitation. Continuing education credit-earning training materials for physicians, nurses, and emergency medical technicians and paramedics are also under production with a target date of April 30 for retraining events.

B. EFFECT OF PROPOSED CHANGES:

This project is designed to form partnerships between public health, health care providers, physicians and business to reduce the incidence of stroke in Florida and to improve care for stroke patients.

A council is created with broad representation. Membership on the council is to consist of representatives from medical specialty societies, hospitals, the Florida Chapter of the National Stroke Association, and others.

The project has two main goals: to educate the public with regard to stroke prevention, and to improve the quality of care for stroke patients. The council would be charged with:

- 1) developing and implementing a statewide public education program on stroke prevention. The public education program would be targeted to high-risk populations and to geographic areas where there is a high incidence of stroke; and
- 2) Disseminating state-of-the-art screening and treatment practice guidelines to physicians and health care facilities that care for stroke patients.

The council will develop mechanisms to disseminate state-of-the-art medical treatment guidelines to physicians, hospitals, and rehabilitation facilities. The anticipated result is better care for stroke patients and lower health care system costs over the long term. It is also anticipated that lower health care system costs would result from shorter stays in hospitals and rehabilitation facilities and from reduced levels of inappropriate and unnecessary types of treatment and care.

The Department of Health (department) is to contract with the Institute of Public Health at Florida Agricultural & Mechanical University (FAMU), where the council would be located. FAMU has received grants from the National Institutes of Health, Johns Hopkins, and the Stroke Belt Consortium at Duke University.

APPLICATION OF PRINCIPLES:

1. Less Government:

a. Does the bill create, increase or reduce, either directly or indirectly:

(1) any authority to make rules or adjudicate disputes?

No.

(2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

The council is directed to make recommendations to the Legislature.

(3) any entitlement to a government service or benefit?

No.

b. If an agency or program is eliminated or reduced:

(1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

N/A

(2) what is the cost of such responsibility at the new level/agency?

A general revenue appropriation of \$100,000 is provided for the purposes of this act.

(3) how is the new agency accountable to the people governed?

The council is charged with providing information that would aid in better informing the public of stroke awareness.

2. Lower Taxes:

a. Does the bill increase anyone's taxes?

No.

b. Does the bill require or authorize an increase in any fees?

No.

c. Does the bill reduce total taxes, both rates and revenues?

No.

d. Does the bill reduce total fees, both rates and revenues?

No.

e. Does the bill authorize any fee or tax increase by any local government?

No.

3. Personal Responsibility:

a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

No.

b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

Members of the council are entitled to reimbursement for per diem and travel expenses.

4. Individual Freedom:

a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

N/A

b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

No.

5. Family Empowerment:

a. If the bill purports to provide services to families or children:

(1) Who evaluates the family's needs?

N/A

(2) Who makes the decisions?

N/A

(3) Are private alternatives permitted?

N/A

(4) Are families required to participate in a program?

N/A

(5) Are families penalized for not participating in a program?

N/A

b. Does the bill directly affect the legal rights and obligations between family members?

N/A

c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

(1) parents and guardians?

N/A

(2) service providers?

N/A

(3) government employees/agencies?

N/A

C. SECTION-BY-SECTION RESEARCH:

Section 1. Creates the Public Health Partnership Council on Stroke, consisting of twenty-four members appointed by the Secretary of the Department of Health. The council is assigned the duties of making available information and medical practice guidelines on stroke education, prevention, and treatment to the public and to medical providers. A description of the elements of a statewide public education program are described. Requires the adoption and dissemination of medical practice guidelines for the initial, long-term treatment and rehabilitation of stroke patients. Membership of the council is defined to include physicians in all relevant medical specialties, and other organizations with an interest in stroke. Provides for the Department of Health to contract with Florida A&M University to house, equip, and staff the council. Members of the council are entitled to reimbursement for per diem and travel expenses. The council is required to submit a report to the Secretary of the department, the governor, the President of the Senate, and the Speaker of the House of Representatives by March 1, 1999, at which time the activities of the proposed council become subject to review by the Legislature.

Section 2. Appropriates \$100,000 from the General Revenue Fund to the Department of Health to carry out the provisions of the act.

Section 3. Provides an effective date of July 1, 1997.

III. FISCAL RESEARCH & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:	Amount <u>Year 1</u>	Amount <u>Year 2</u>
1. <u>Non-recurring Effects:</u>		
None.		
2. <u>Recurring Effects:</u>		
Expenses (contract)	\$100,000	\$100,000
3. <u>Long Run Effects Other Than Normal Growth:</u>		
None.		
4. <u>Total Revenues and Expenditures:</u>		
	100,000	100,000

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

	<u>Amount</u> <u>Year 1</u>	<u>Amount</u> <u>Year 2</u>
1. <u>Non-recurring Effects:</u>		
None.		
2. <u>Recurring Effects:</u>		
None.		
3. <u>Long Run Effects Other Than Normal Growth:</u>		
None.		

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

It is anticipated that the private sector will experience reduced costs for the treatment of stroke over the long-term through the project's efforts to disseminate state-of-the-art treatment information to medical practitioners. The project is also intended to reduce the incidence of stroke through health education campaigns.

1. Direct Private Sector Costs:
 None.
2. Direct Private Sector Benefits:
 None.
3. Effects on Competition, Private Enterprise and Employment Markets:
 N/A

D. FISCAL COMMENTS:

The department will contract with the Institute of Public Health at FAMU to administer this project.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds.

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B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce the authority that municipalities or counties have to raise revenues in the aggregate.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the percentage of state tax shared with counties or municipalities.

V. COMMENTS:

The Agency for Health Care Administration has expressed concerns that this program is not being placed within their jurisdiction. They indicate that, with the exception of a broad media campaign on stroke, they have already undertaken the tasks assigned to the proposed stroke council contained within this bill.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

None.

VII. SIGNATURES:

COMMITTEE ON HEALTH CARE STANDARDS & REGULATORY REFORM:
Prepared by: _____ Legislative Research Director:

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