

The House Committee on Health and Human Services offers the following substitute to HB 853:

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 6 of Chapter 11 of Title 31 of the Official Code of Georgia Annotated,
2 relating to the "Coverdell-Murphy Act," so as to update the current system of levels of
3 certified stroke centers to reflect advances in stroke treatment and therapy; to authorize the
4 Department of Public Health to establish additional levels; to provide for national
5 certification; to provide for rules and regulations to implement the provisions of this Act; to
6 provide for related matters; to provide for an effective date; to repeal conflicting laws; and
7 for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 SECTION 1.

10 Article 6 of Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to the
11 "Coverdell-Murphy Act," is amended as follows:

12 "ARTICLE 6

13 31-11-110.

14 The General Assembly finds and declares that:

15 (1) The rapid identification, diagnosis, and treatment of stroke can save the lives of
16 stroke ~~victims~~ patients and in some cases can reverse neurological damage such as
17 paralysis and speech and language impairments, leaving stroke ~~victims~~ patients with few
18 or no neurological deficits;

19 (2) Despite significant advances in diagnosis, treatment, and prevention, stroke is the
20 ~~third~~ fifth leading cause of death and the ~~biggest~~ number one cause of disability in this
21 country; an estimated ~~700,000 to 750,000~~ 800,000 new and recurrent strokes occur each
22 year in this country and with the aging of the population, the number of persons who have
23 strokes is projected to increase;

24 (3) Although new treatments are available to improve the clinical outcomes of stroke,
 25 many acute care hospitals often face challenges in obtaining staff and equipment required
 26 to optimally triage and treat stroke patients, including the provision of optimal, safe, and
 27 effective emergency care for these patients;

28 (4) Although the Georgia Coverdell Acute Stroke Registry currently exists within the
 29 Department of Public Health as a program whose purpose is to increase improvement of
 30 the quality of acute stroke care through collaborative efforts with participating hospitals
 31 in this state, less than one-third of Georgia's hospitals are currently enrolled in the
 32 program. Therefore increased participation in and funding of this program in conjunction
 33 with the adherence to the tenets of this article would have profound effects on the quality
 34 of care for acute stroke ~~victims~~ patients in this state;

35 (5) An effective system to support stroke survival is needed in our communities in order
 36 to treat stroke ~~victims~~ patients in a timely manner and to improve the overall treatment
 37 of stroke ~~victims~~ patients in order to increase survival and decrease the disabilities
 38 associated with stroke. There is a public health need for acute care hospitals in this state
 39 to establish stroke centers to ensure the rapid triage, diagnostic evaluation, and treatment
 40 of patients suffering a stroke;

41 (6) ~~Two~~ At least three levels of stroke centers should be established for the treatment of
 42 acute stroke:

43 (A) Comprehensive stroke centers should be established in hospitals to provide
 44 complete and specialized care to patients who experience the most complex strokes,
 45 which require specialized testing, highly technical procedures, and other interventions
 46 and to provide education and guidance to primary and remote treatment stroke centers;

47 (B) Primary stroke centers should be established in as many acute care hospitals as
 48 possible to evaluate, stabilize, and provide or arrange for treatment, care, and
 49 rehabilitative services to patients diagnosed with acute stroke; and

50 ~~(B)(C) Because access to stroke care is limited in the rural areas of the state due to the~~
 51 ~~limited availability of professional specialists, high-tech imaging equipment, and~~
 52 ~~transportation services, remote~~ Remote treatment stroke centers should be established
 53 to evaluate, stabilize, and provide treatment to patients diagnosed with acute stroke in
 54 rural portions and other underserved areas of the state, because access to stroke care is
 55 limited in these areas due to the limited availability of professional specialists,
 56 high-tech imaging equipment, and transportation services;

57 (7) ~~Coordination between primary stroke centers and remote treatment~~ stroke centers
 58 should be encouraged through the establishment of coordinated stroke care agreements
 59 ~~between primary stroke centers and remote treatment stroke centers; and~~

60 (8) Therefore, it is in the best interest of the residents of this state to establish a program
 61 to identify certified stroke centers throughout the state, to provide specific patient care
 62 and support services criteria that stroke centers must meet in order to ensure that stroke
 63 ~~victims patients~~ receive safe and effective care, and to provide financial support to acute
 64 care hospitals to encourage them to develop stroke centers in all areas of the state.
 65 Further, it is in the best interest of the people of this state to modify the state's emergency
 66 medical response system to assure that stroke ~~victims patients~~ may be quickly identified
 67 and transported to and treated in facilities that have specialized programs for providing
 68 timely and effective treatment for stroke ~~victims patients~~.

69 31-11-111.

70 As used in this article, the term 'department' means the same state agency or state board
 71 which regulates emergency medical services personnel and providers pursuant to this
 72 chapter.

73 31-11-112.

74 (a) The department shall identify hospitals that meet the criteria set forth in this article as
 75 comprehensive, primary, or remote treatment stroke centers. In addition, the department
 76 shall be authorized to establish one or more additional levels of stroke centers, in
 77 consultation with the Georgia Coverdell Acute Stroke Registry, as necessary based on
 78 advancements in medicine and patient care.

79 (b) A hospital shall apply to the department for such identification and shall demonstrate
 80 to the satisfaction of the department that the hospital meets the applicable criteria set forth
 81 in or established in accordance with Code Section 31-11-113.

82 (c) The department shall identify as many hospitals as ~~primary or remote treatment~~ stroke
 83 centers as apply for the identification, provided that each applicant meets the applicable
 84 criteria set forth in Code Section 31-11-113 or established by the department.

85 (d) The department may suspend or revoke a hospital's identification as a ~~primary or~~
 86 ~~remote treatment~~ stroke center, after notice and hearing, if the department determines that
 87 the hospital is not in compliance with the requirements of this article.

88 31-11-113.

89 (a) A hospital identified as a comprehensive or primary stroke center shall be certified as
 90 such by a ~~nationally recognized~~ national health care accreditation body recognized by the
 91 department. Any hospital wishing to receive official identification under this ~~Code section~~
 92 must subsection shall submit a written application to the department, providing adequate

93 documentation of the hospital's valid certification as a comprehensive or primary stroke
 94 center by ~~the commission~~ any such national health care accreditation body.

95 (b) Remote treatment stroke centers shall be certified and identified by the department
 96 either by certification as an acute stroke-ready hospital by a national health care
 97 accreditation body recognized by the department or through an application process to be
 98 determined by the department. Said application process shall contain, at minimum, the
 99 following requirements:

100 (1) Remote treatment stroke center certifications and identifications by the department
 101 are limited to those hospitals that utilize current and acceptable telemedicine protocols
 102 relative to acute stroke treatment as defined by the department;

103 (2) Upon receipt of complete and proper application for certification as a remote
 104 treatment stroke center, the department shall schedule and conduct an inspection of the
 105 applicant's facility no later than 90 days after receipt of application; and

106 (3) Any hospital, upon certification by the department as a remote treatment stroke
 107 center, shall automatically be identified as a remote treatment stroke center and shall be
 108 added to the list of such hospitals ~~as defined in~~ maintained pursuant to subsection (a) of
 109 Code Section 31-11-115.

110 (c) Any additional levels of stroke centers established by the department pursuant to
 111 subsection (a) of Code Section 31-11-112 shall be certified by the department in
 112 accordance with any criteria and guidelines established by the department in rules and
 113 regulations.

114 ~~(e)~~(d) Primary Comprehensive and primary stroke centers are encouraged to coordinate,
 115 through agreement, with remote treatment stroke centers throughout the state to provide
 116 appropriate access to care for acute stroke patients. The coordinating stroke care
 117 agreements shall be in writing and include at minimum:

118 (1) Transfer agreements for the transport and acceptance of all stroke patients seen by
 119 the remote treatment stroke center for stroke treatment therapies which the remote
 120 treatment stroke center is not capable of providing; and

121 (2) Communication criteria and protocols with the remote treatment stroke centers.

122 31-11-114.

123 (a) In order to encourage and ensure the establishment of stroke centers throughout the
 124 state, the department shall award grants, subject to appropriations from the General
 125 Assembly, to hospitals that seek identification as remote treatment stroke centers and
 126 demonstrate a need for financial assistance to develop the necessary infrastructure,
 127 including personnel and equipment, in order to satisfy the criteria for identification as a
 128 remote treatment stroke center pursuant to subsection (b) of Code Section 31-11-113.

129 (b) A hospital seeking identification as a remote treatment stroke center pursuant to this
 130 article may apply to the department for a grant, in a manner and on a form required by the
 131 department, and provide such information as the department deems necessary to determine
 132 if the hospital is eligible for the grant.

133 (c) The department may provide grants to as many hospitals as it deems appropriate,
 134 subject to appropriations, taking into consideration adequate geographic diversity with
 135 respect to locations.

136 (d) The department shall, ~~not later than September 1, 2009,~~ annually prepare and submit
 137 to the Governor, the President of the Senate, ~~and the Speaker of the House of~~
 138 Representatives, and the chairpersons of the House Committee on Health and Human
 139 Services and the Senate Health and Human Services Committee for distribution to its
 140 committee members a report indicating, ~~as of June 30, 2009,~~ the total number of hospitals
 141 that have applied for grants pursuant to this Code section, the number of applicants that
 142 have been determined by the department to be eligible for such grants, the total number of
 143 grants to be awarded, the name and address of each grantee hospital, the amount of the
 144 award to each grantee, and the amount of each award to be disbursed to the grantee, ~~and~~
 145 ~~whether or not, in the opinion of the department, each grantee would be able to attain~~
 146 ~~identification as a remote treatment stroke center pursuant to subsection (b) of Code~~
 147 ~~Section 31-11-113.~~

148 31-11-115.

149 (a) Beginning June 1, 2009, and each year thereafter, the department shall send ~~the~~ a list
 150 of comprehensive, primary, and remote treatment, and other level stroke centers identified
 151 pursuant to Code Section 31-11-113 to the medical director of each licensed emergency
 152 medical services provider in this state, shall maintain a copy of the list in the office
 153 designated with the department to oversee emergency medical services, and shall post a list
 154 of comprehensive, primary, and remote treatment, and other level stroke centers on the
 155 department's website.

156 (b) The department shall adopt or develop a sample stroke triage assessment tool. The
 157 department shall post this sample assessment tool on its website and distribute a copy of
 158 the sample assessment tool to each licensed emergency medical services provider no later
 159 than December 31, 2008. Each licensed emergency medical services provider shall use a
 160 stroke triage assessment tool that is substantially similar to the sample stroke triage
 161 assessment tool provided by the department.

162 (c) The office designated within the department to oversee emergency medical services
 163 shall establish protocols related to the assessment, treatment, triage, and transport of stroke

164 patients, including transport to the appropriate level stroke centers, by licensed emergency
 165 medical services providers in this state.

166 31-11-116.

167 (a) In order to assure that the patients are receiving the appropriate level of care and
 168 treatment at each primary level of stroke center in the state, each hospital identified as a
 169 primary stroke center shall annually report the following information, as specified by the
 170 department in its rules and regulations, to the department:.

171 ~~(1) The number of patients evaluated;~~

172 ~~(2) The number of patients receiving acute interventional therapy;~~

173 ~~(3) The amount of time from patient presentation to delivery of acute interventional~~
 174 ~~therapy;~~

175 ~~(4) Patient length of stay;~~

176 ~~(5) Patient functional outcome;~~

177 ~~(6) Patient morbidity;~~

178 ~~(7) Deep vein thrombosis prophylaxis given;~~

179 ~~(8) Number of patients discharged on antiplatelet or antithrombotics medication;~~

180 ~~(9) Number of patients with atrial fibrillation receiving anticoagulation therapy;~~

181 ~~(10) Patients on which the administration of tissue plasminogen activator was~~
 182 ~~considered;~~

183 ~~(11) Antithrombotic medication administered within 48 hours of hospitalization;~~

184 ~~(12) Number of lipid profiles ordered during hospitalization;~~

185 ~~(13) Number of screens for dysphagia performed;~~

186 ~~(14) Stroke education provided;~~

187 ~~(15) Number of smoking cessation programs provided or discussed;~~

188 ~~(16) The number of patients assessed for rehabilitation and whether a plan for~~
 189 ~~rehabilitation was considered;~~

190 ~~(17) The number of emergency medical services stroke patients who were transported~~
 191 ~~to the facility;~~

192 ~~(18) The number of emergency medical services stroke patients who were admitted to~~
 193 ~~the facility;~~

194 ~~(19) The number and percentage of stroke cases treated with intravenous or intra-arterial~~
 195 ~~tissue plasminogen activator, and~~

196 ~~(20) The number of patients discharged on cholesterol reducing medication.~~

197 ~~(b) In order to assure that the patients are receiving the appropriate level of care and~~
 198 ~~treatment at each remote treatment stroke center in the state, each hospital identified as a~~

199 ~~remote treatment stroke center shall annually report the following information to the~~
200 ~~department:~~

201 ~~(1) The number of patients evaluated;~~

202 ~~(2) The number of patients receiving acute interventional therapy;~~

203 ~~(3) The amount of time from patient presentation to delivery of acute interventional~~
204 ~~therapy;~~

205 ~~(4) Patient length of stay;~~

206 ~~(5) The number of emergency medical services stroke patients who were transported to~~
207 ~~the facility;~~

208 ~~(6) The number of emergency medical services stroke patients who were admitted to the~~
209 ~~facility; and~~

210 ~~(7) The number and percentage of stroke cases treated with intravenous or intra-arterial~~
211 ~~tissue plasminogen activator.~~

212 ~~(e)~~(b) The department shall collect the information reported pursuant to ~~subsections (a)~~
213 ~~and (b)~~ subsection (a) of this Code section and shall post such information in the form of
214 a report card annually on the department's website and present such report to the Governor,
215 the President of the Senate, and the Speaker of the House of Representatives. The results
216 of this report card may be used by the department to conduct training with the identified
217 facilities regarding best practices in the treatment of stroke.

218 ~~(d)~~(c) In no way shall this article be construed to require disclosure of any confidential
219 information or other data in violation of the federal Health Insurance Portability and
220 Accountability Act of 1996, P.L. 104-191.

221 31-11-117.

222 This article shall not be construed to be a medical practice guideline and shall not be used
223 to restrict the authority of a hospital to provide services for which it has received a license
224 under state law. The General Assembly intends that all patients be treated individually
225 based on each patient's needs and circumstances.

226 31-11-118.

227 A hospital may not advertise to the public, by way of any medium whatsoever, that it is
228 identified by the state as a comprehensive, primary, or remote treatment, or other level
229 stroke center unless the hospital has been identified as such by the department pursuant to
230 this article.

231 31-11-119.

232 The department shall be authorized to promulgate rules and regulations to carry out the
233 purposes of this article.”

234 **SECTION 2.**

235 The department shall begin the rulemaking process to effect the provisions of this Act no
236 later than June 30, 2016.

237 **SECTION 3.**

238 This Act shall become effective upon its approval by the Governor or upon its becoming law
239 without such approval.

240 **SECTION 4.**

241 All laws and parts of laws in conflict with this Act are repealed.