

HOUSE BILL 1156

By Ramsey

AN ACT to amend Tennessee Code Annotated, Title 68,
relative to the establishment of a statewide stroke
system of care.

WHEREAS, the rapid identification, diagnosis, and treatment of stroke can save the lives of stroke patients and in some cases can reverse neurological damage such as paralysis and speech and language impairments, leaving stroke patients with few or no neurological deficits; and

WHEREAS, despite significant advances in diagnosis, treatment, and prevention, stroke is the fourth leading cause of death and the leading cause of disability; an estimated 795,000 new and recurrent strokes occur each year in this country; and with the aging of the population, the number of persons having strokes is projected to increase; and

WHEREAS, although treatments are available to improve the clinical outcomes of stroke, many acute care hospitals lack the necessary staff and equipment to optimally triage and treat stroke patients, including the provision of optimal, safe, and effective emergency care for these patients; and

WHEREAS, an effective system to support stroke survival is needed in our communities in order to treat stroke patients in a timely manner and to improve the overall treatment of stroke patients, thus increasing survival and decreasing the disabilities associated with stroke; and

WHEREAS, there is a public health need for acute care hospitals in this State to establish Comprehensive Stroke Centers, Primary Stroke Centers and acute stroke-ready hospitals to ensure the rapid triage, diagnostic evaluation, and treatment of patients suffering strokes; and

WHEREAS, because access to stroke care is limited in the rural areas of the state due to the limited availability of professional specialists, high-technology imaging equipment, and transportation services, acute stroke-ready hospitals should be established to evaluate, stabilize, and provide treatment to patients diagnosed with acute stroke in rural parts of the state; and

WHEREAS, coordination between Comprehensive Stroke Centers, Primary Stroke Centers and, acute stroke-ready hospitals should be encouraged through the establishment of coordinated stroke care agreements between Comprehensive Stroke Centers, Primary Stroke Centers, and Acute Stroke Ready Hospitals; and

WHEREAS, it is in the best interest of the residents of this State to establish a program to facilitate the development of stroke treatment capabilities throughout the State; that the program should provide specific patient care and support services criteria that stroke centers shall meet in order to ensure that stroke patients receive safe and effective care; and that the state's emergency medical response system should be modified to assure that stroke patients may be quickly identified, transported to, and treated in facilities that have specialized programs for providing timely and effective treatment for stroke patients; now therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 68, is amended by adding the following as a new chapter:

68-6-101. As used in this chapter, "department" means the department of health.

68-6-102.

(a) The department shall identify hospitals that meet the criteria set forth in this chapter as a comprehensive stroke center, a primary stroke center, or an acute stroke-ready hospital.

(b) Hospitals shall apply to the department for designation as a comprehensive stroke center, a primary stroke center, or an acute stroke-ready hospital and shall

demonstrate to the satisfaction of the department that the hospital meets the applicable criteria set forth in this chapter.

(c) The department shall recognize as many accredited acute care hospitals as comprehensive stroke centers as apply and are certified as a comprehensive stroke center by the American Heart Association or a department-approved nationally recognized guidelines-based organization that provides comprehensive stroke center hospital certification for stroke care; provided, that each applicant continues to maintain its certification.

(d) The department shall recognize as many accredited acute care hospitals as primary stroke centers as apply and are certified as a primary stroke center by the American Heart Association or a department-approved nationally recognized guidelines-based organization that provides primary stroke center hospital certification for stroke care; provided, that each applicant continues to maintain its certification.

(e) The department shall recognize as many accredited acute care hospitals as acute stroke-ready hospitals as apply and are certified as an acute stroke-ready hospital by the American Heart Association or a department-approved nationally recognized guidelines-based organization that provides acute stroke-ready hospital certification for stroke care; provided, that each applicant continues to maintain its certification.

(f) Comprehensive stroke centers and primary stroke centers are encouraged to coordinate, through agreement, with acute stroke-ready hospitals in the state to provide appropriate access to care for acute stroke patients. The coordinating stroke care agreements shall be in writing and include at a minimum:

(1) Transfer agreements for the transport and acceptance of stroke patients seen by the acute stroke-ready hospitals for stroke treatment therapies, which the remote treatment stroke centers are not capable of providing; and

(2) Communication criteria and protocols with the acute stroke-ready hospitals.

(g) The department may suspend or revoke a hospital's designation as a comprehensive stroke center, primary stroke center, or acute stroke-ready hospital, after notice and hearing, if the department determines that the hospital is not in compliance with this chapter.

68-6-103.

(a) By June 1 of each year, the department shall send the list of comprehensive stroke centers, primary stroke centers, and acute stroke-ready hospitals, when they become available, to the medical director of each licensed emergency medical services provider in this state. The department shall maintain a copy of the list in the office designated with the department to oversee emergency medical services, and shall post a list of stroke centers to the department's web site.

(b) The department shall adopt and distribute a nationally recognized standardized stroke triage assessment tool. The department shall post this stroke assessment tool on their respective web sites and provide a copy of the assessment tool to each licensed emergency medical services provider no later than January 1, 2016. Each licensed emergency medical services provider shall use a stroke-triage assessment tool that is substantially similar to the sample stroke-triage assessment tool provided by the department.

(c) Each emergency medical service (EMS) authority in this state shall establish pre-hospital care protocols related to the assessment, treatment, and transport of stroke patients by licensed EMS providers in this state. The protocols shall include plans for the triage and transport of acute stroke patients to the closest comprehensive stroke

center, primary stroke center, or when appropriate, acute stroke-ready hospital, within a specified timeframe of the onset of symptoms.

(d) Each EMS authority in this state shall establish, as part of current training requirements, protocols to assure that licensed EMS providers and 911 dispatch personnel receive regular training on the assessment and treatment of stroke patients.

(e) Each EMS provider shall comply with this chapter by January 1, 2016.

(f) All data reported pursuant to this section shall be made available to the department and to all other government agencies or contractors of government agencies that have responsibility for the management and administration of EMS in this state.

(g) This chapter shall not be construed to require the disclosure of any confidential information or other data in violation of the federal Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191.

68-6-104. The department shall establish and implement a plan for achieving continuous quality improvement in the quality of care provided under the statewide system for stroke response and treatment. In implementing this plan, the department shall maintain a statewide stroke database that compiles information and statistics on stroke care that align with the stroke consensus metrics developed and approved by the American Heart Association.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.