GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2005

Η

HOUSE DRH30403-LNz-234 (4/13)

Short Title: Primary Stroke Centers.

(Public)

Sponsors:	Representatives Nye, Wright, and England (Primary Sponsors).
Referred to:	

1	A BILL TO BE ENTITLED		
2	AN ACT TO PROVIDE FOR THE IDENTIFICATION OF PRIMARY STROKE		
3	CENTERS; TO DISSEMINATE INFORMATION TO THE GENERAL PUBLIC		
4	AND EMERGENCY CARE PROVIDERS ABOUT THE LOCATION OF		
5	PRIMARY STROKE CENTERS; AND TO FACILITATE APPROPRIATE		
6	EMERGENT STROKE CARE, AS RECOMMENDED BY THE HOUSE SELECT		
7	COMMITTEE ON HEALTH CARE.		
8	Whereas, stroke is one of the leading causes of long-term disability; and		
9	Whereas, as many as twenty-five percent of stroke survivors are permanently		
10	disabled; and		
11	Whereas, stroke is the third leading cause of death in North Carolina; and		
12	Whereas, North Carolina is situated in the country's "Stroke Belt," with North		
13	Carolina ranking fourth in the nation for stroke-related death; and		
14	Whereas, 5,000 North Carolinians die of stroke each year; and		
15	Whereas, nearly thirty percent of all people who have strokes are younger		
16	than 65 years of age; and		
17	Whereas, as the population of North Carolina ages, death and disability from		
18	stroke will increase dramatically if this State does not implement strategies based on		
19	sound research that will improve the outcomes of stroke victims across this State; and		
20	Whereas, the Institute of Medicine of the National Academy of Science has		
21	recommended the establishment of coordinated systems of care as a means of improving		
22	the level of medical treatment that patients receive; and		
23	Whereas, in agreement with the Institute of Medicine report, national medical		
24	experts from a wide range of disciplines have concluded that improving the organization		
25	of stroke care through the development of statewide stroke care systems offers one		
26	means of reducing the burden of stroke on a community basis; and		

1	Whereas, there has not been an appreciable change in the organization of		
2	stroke care in the State over recent years; Now, therefore,		
3	The General Assembly of North Carolina enacts:		
4	SECTION 1. Chapter 131E of the General Statutes is amended by adding		
5	the following new Article to read:		
6	" <u>Article 18.</u>		
7	"North Carolina Stroke Systems Act.		
8	" <u>§ 131E-318. Scope and definitions.</u>		
9	(a) Nothing in this act limits or otherwise impairs the authority of a hospital		
10	licensed in this State to provide services it is licensed or otherwise authorized to provide		
11	under this Chapter or other applicable State or federal law.		
12	(b) As used in this Article, the term:		
13	(1) <u>'Primary stroke center' means a hospital in this State that is recognized</u>		
14	by a national medical accreditation association as a primary stroke		
15	center and includes a hospital identified by the Department as a		
16	primary stroke center.		
17	(2) <u>'Emergency medical dispatcher' has the same meaning as in</u>		
18	<u>G.S. 131E-155.</u>		
19	(3) <u>'Emergency medical services systems' means providers of emergency</u>		
20	medical services as described in G.S. 143-507.		
21	(4) <u>'Peer review committee' means an emergency medical services peer</u>		
22	review committee as defined in G.S. 131E-155.		
23	" <u>§ 131E-319. Identification of primary stroke center hospitals.</u>		
24	(a) <u>The Department shall implement a system for identifying and disseminating</u>		
25 26	information about the location of hospitals in this State that are recognized as primary		
26 27	stroke centers by a national medical accreditation association such as the Joint		
27 28	Commission on Accreditation of Healthcare Organizations ('JCAHO'). In implementing		
28 29	<u>the identification system, the Department shall do the following:</u> (1) Develop a procedure for a hospital to apply for identification as a		
29 30	(1) <u>Develop a procedure for a hospital to apply for identification as a</u> primary stroke center. The Department may develop materials		
31	designed to assist a hospital in qualifying for identification as a		
32	primary stroke center.		
33	(2) Identify a hospital as a primary stroke center if the hospital has applied		
34	for identification, has current JCAHO Certificate of Distinction as a		
35	primary stroke center, or its equivalent, and has otherwise complied		
36	with this act and rules of the Department. The Department shall not		
37			
0,	limit the number of hospitals that may be identified as primary stroke		
38	limit the number of hospitals that may be identified as primary stroke centers.		
38 39	centers.		
38 39 40	(b) <u>A hospital may use the term 'primary stroke center' in its published materials</u>		
39	centers.		
39 40	<u>centers.</u> (b) <u>A hospital may use the term 'primary stroke center' in its published materials</u> only if the Department has identified the hospital as a primary stroke center in		
39 40 41	<u>centers.</u> (b) <u>A hospital may use the term 'primary stroke center' in its published materials</u> only if the Department has identified the hospital as a primary stroke center in accordance with this Article.		

General Assembly of North Carolina

1	its Web site, the	en the Department shall also publish a list of all hospitals in the State that			
2	have an established stroke plan as provided in G.S. 131E-320, but that are not primary				
3	stroke centers and notify all hospitals in the State:				
4	<u>(1)</u>	Of the qualifications necessary for a hospital to be identified as a			
5		primary stroke center;			
6	<u>(2)</u>	Of the procedure for applying for identification as a primary stroke			
7		center; and			
8	<u>(3)</u>	That the identified hospital has a right but is not required to be listed			
9		on the Department's Web site as a primary stroke center.			
10	<u>(d)</u> The I	Department shall send a list of primary stroke centers and their locations			
11	to all emergency	y medical services providers.			
12	(e) Exce	pt as otherwise provided in this subsection, identification of a hospital as			
13	<u>a primary strok</u>	ke center terminates on the date the hospital ceases to qualify for the			
14	identification in	accordance with rules adopted by the Department. A hospital identified			
15	<u>as a primary str</u>	roke center that ceases to qualify for identification may continue to use			
16	the identificatio	n if the hospital:			
17	<u>(1)</u>	Reasonably expects to qualify for the identification within six months			
18		after the date the hospital ceases to qualify for identification; and			
19	<u>(2)</u>	Notifies the Department and each emergency medical services			
20		provider located in the region for which the hospital provides primary			
21		stroke services of the temporary lapse in qualification and the expected			
22		date of qualification as a primary stroke center.			
23	<u>(f)</u> <u>A ho</u>	spital whose identification as a primary stroke center has terminated			
24	shall notify the	Department and each emergency medical services provider in the region			
25	that the hospita	I serves that the hospital's qualification as a primary stroke center has			
26	terminated. A h	nospital that loses identification as a primary stroke center may reapply			
27	for identificatio	<u>n.</u>			
28		Hospitals not identified as primary stroke centers.			
29	<u>A</u> hospital	that is not identified as a primary stroke center shall develop a plan			
30	indicating the h	ospital's procedures for providing emergent care for stroke patients. The			
31	plan shall inclu	de the circumstances under which a stroke patient may be transferred to			
32	<u>a primary strol</u>	ke center for emergent care and shall identify primary stroke centers			
33	available to adv	ise the hospital upon its request regarding stroke patient management.			
34	" <u>§ 131E-321. I</u>	Prehospital medical services for stroke victims.			
35	(a) Emer	gency medical services systems that utilize emergency medical			
36	dispatchers sha	ll use written diagnostic algorithms and protocols to facilitate the rapid			
37	identification of	of possible stroke victims and the rapid dispatch of appropriate			
38	prehospital prov	viders.			
39	(b) Emer	gency medical services systems shall adopt written policies and			
40	procedures to fa	acilitate the identification and transport of suspected stroke victims to an			
41		Ith care facility. To the extent possible, development of the policies and			
42	*	uld include input and assistance from a primary stroke center. The			
43	policies and pro	cedures shall provide for, at a minimum:			

	General Assembly of North Carolina Session 2005		
_	(1)		
1	<u>(1)</u>	Training of first responders on stroke recognition and treatment,	
2		including emergency screening procedures, per certification cycle or	
3		per another period based upon recommendations by the peer review	
4		<u>committee;</u>	
5	<u>(2)</u>	Protocols for rapid transport to a primary stroke center when rapid	
6		transport to a primary stroke center is appropriate; and	
7	<u>(3)</u>	Response, on-site, and transport times should be monitored to	
8		minimize delays in the initiation of hospital-based treatment.	
9	" <u>§ 131E-322.</u> 1	Rule-making authority.	
10	The Departr	nent may adopt rules to implement this Article."	
11	SEC	TION 2. This act becomes effective January 1, 2007.	