GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2005

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HOUSE BILL 1860 Corrected Copy 5/16/06 Committee Substitute Favorable 7/6/06

Short Title: Statewide Trauma and Stroke System.	(Public)
Sponsors:	
Referred to:	
May 10, 2006	
A BILL TO BE ENTITLED	
AN ACT TO DIRECT THE DEPARTMENT OF HEALTH A	AND HUMAN
SERVICES TO ESTABLISH A STATEWIDE STROKE SYSTEM	1 AS PART OF
THE STATEWIDE TRAUMA SYSTEM.	
Whereas, stroke is one of the leading causes of long-term disa	bility; and
Whereas, as many as twenty-five percent of stroke survivors	
disabled; and	•
Whereas, stroke is the third leading cause of death in North Ca	arolina; and
Whereas, North Carolina is situated in the country's "Stroke B	Belt," with North
Carolina ranking fourth in the nation for stroke-related death; and	
Whereas, 5,000 North Carolinians die of stroke each year; and	l
Whereas, nearly thirty percent of all people who have strol	kes are younger
than 65 years of age; and	
Whereas, as the population of North Carolina ages, death and	disability from
stroke will increase dramatically if this State does not implement stra	itegies based on
sound research that will improve the outcomes of stroke victims across t	
Whereas, the Institute of Medicine of the National Academy	
recommended the establishment of coordinated systems of care as a mea	ins of improving
the level of medical treatment that patients receive; and	
Whereas, in agreement with the Institute of Medicine report, i	
experts from a wide range of disciplines have concluded that improving	•
of stroke care through the development of statewide stroke care syst	tems offers one
means of reducing the burden of stroke on a community basis; and	
Whereas, there has not been an appreciable change in the	organization of
stroke care in the State over recent years; Now, therefore,	
The General Assembly of North Carolina enacts:	
SECTION 1. G.S. 131E-162 reads as rewritten:	

"Article 7A.

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43 44 Statewide Trauma and Stroke System Act of 1993.

"§ 131E-162. Statewide trauma and stroke system.

(a) The Department shall establish and maintain a program for the development of a statewide trauma and stroke system. The statewide trauma and stroke system shall include a system for identifying and disseminating information about the location of primary stroke centers. The Department shall consolidate all State functions relating to trauma systems, both regulatory and developmental, under the auspices of this program.

The North Carolina Medical Care Commission ("Commission") shall adopt rules to carry out the purpose of this Article. These rules shall be adopted with the advice of the State Emergency Medical Services Advisory Council and the American Heart Association and shall include the operation of a statewide trauma registry, a statewide stroke registry, statewide educational requirements fundamental to the implementation of the trauma system and stroke system. The rules adopted by the Commission shall establish guidelines for monitoring and evaluating the systems, including standards and criteria for the denial, suspension, voluntary withdrawal, or revocation of credentials for trauma center designation, and primary stroke center designations, and the establishment of regional trauma and stroke peer review committees. Each regional trauma or stroke peer review committee shall be responsible for analyzing trauma patient and stroke patient care data and outcome measures to evaluate the ongoing quality of patient care, system performance, and medical direction within the regional trauma and stroke system. The committee membership shall include physicians, including physicians who specialize in the treatment of stroke, nurses, EMS personnel, American Heart Association representative, trauma registrars, stroke centers, and hospital administrators. Review of medical records by the Trauma and Stroke Peer Review Committee Committees is confidential and protected under G.S. 143-518. A Trauma and Stroke Peer Review Committee Committees, its their members, proceedings, records and materials produced, and materials considered shall be afforded the same protections afforded Medical Review Committees, their members, proceedings, records, and materials under G.S. 131E-95. The rules adopted by the Commission shall avoid duplication of reporting and minimize the cost to hospitals or other persons reporting under this section. The Office of Emergency Medical Services shall be the agency responsible for monitoring system development, ensuring compliance with rules, and overseeing system effectiveness.

With respect to collection of data and educational requirements regarding trauma and stroke, rules adopted by the Medical Care-Commission shall limit the authority of the Department to hospitals and Emergency Medical Services providers. Nothing in this Article shall be interpreted so as to grant the Department authority to require private physicians, schools, or universities, except those participating in the trauma and stroke system, to provide information or data or to conduct educational programs regarding trauma and stroke.

(b) As used in this section, 'primary stroke center' means a hospital in this State that is certified by the Joint Commission on Accreditation of Healthcare Organizations as a primary stroke center and includes a hospital identified by the Commission as a primary stroke center.

1 The department shall report to the legislature that which it has done to 2 implement the stroke system by February 15, 2007." 3 **SECTION 2.** G.S 143-510 reads as rewritten: 4 "§ 143-510. North Carolina Emergency Medical Services Advisory Council. 5 There is created the North Carolina Emergency Medical Services Advisory 6 Council to consult with the Secretary of the Department of Health and Human Services 7 in the administration of this Article. 8 The North Carolina Emergency Medical Services Advisory Council shall consist of 9 25-28 members. 10 (1) Twenty-one-Twenty-four of the members shall be appointed by the 11 Secretary of the Department of Health and Human Services as follows: 12 Three-Six of the members shall represent the North Carolina 13 Medical Society and include one licensed pediatrician, one 14 surgeon, and one public health physician, one 15 neurologist focusing on stroke in an academic setting, one neurologist focusing on stroke in a certified primary stroke 16 17 and one neurologist whose practice includes the 18 treatment of stroke patients in a hospital that is not certified as a 19 primary stroke center. 20 Three members shall represent the North Carolina College of b. Emergency Physicians, two of whom shall be current local 21 22 EMS Medical Directors. 23 One member shall represent the North Carolina Chapter of the c. 24 American College of Surgeons Committee on Trauma. 25 One member shall represent the North Carolina Association of d. 26 Rescue and Emergency Medical Services. 27 One member shall represent the North Carolina Association of e. 28 EMS Administrators. 29 One member shall represent the North Carolina Hospital f. 30 Association. 31 One member shall represent the North Carolina Nurses g. 32 Association. 33 One member shall represent the North Carolina Association of h. 34 County Commissioners. 35 One member shall represent the North Carolina Medical Board. i. 36 One member shall represent the American Heart Association, j. 37 North Carolina Council. 38 One member shall represent the American Red Cross. k. 39 1. The remaining six members shall be appointed so as to fairly 40 represent the general public, credentialed and practicing EMS 41 personnel, EMS educators, local public health officials, and 42 other EMS interest groups in North Carolina.

Two members shall be appointed by the General Assembly upon the

recommendation of the Speaker of the House of Representatives.

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(3) Two members shall be appointed by the General Assembly upon the recommendation of the President Pro Tempore of the Senate.

The membership of the Council shall, to the extent possible, reflect the gender and racial makeup of the population of the State.

- (b) The members of the Council appointed pursuant to subsection (a) of this section shall serve initial terms as follows:
 - (1) The members appointed by the Secretary of the Department of Health and Human Services shall serve initial terms as follows:
 - a. Five-Six members shall serve initial terms of one year;
 - b. Five <u>Six</u> members shall serve initial terms of two years;
 - c. Five Six members shall serve initial terms of three years; and
 - d. Six members shall serve initial terms of four years.
 - (2) The members appointed by the General Assembly upon the recommendation of the President Pro Tempore of the Senate shall serve initial terms as follows:
 - a. One member shall serve an initial term of two years; and
 - b. One member shall serve an initial term of four years.
 - (3) The members appointed by the General Assembly upon the recommendation of the Speaker of the House of the Representatives shall serve initial terms as follows:
 - a. One member shall serve an initial term of two years; and
 - b. One member shall serve an initial term of four years. Thereafter, all terms shall be four years.
- (c) Any appointment to fill a vacancy on the Council created by the resignation, dismissal, death, or disability of a member shall be for the balance of the unexpired term. Vacancies on the Council among the membership nominated by a society, association, or foundation as provided in subsection (a) of this section shall be filled by appointment of the Secretary upon consideration of a nomination by the executive committee or other authorized agent of the society, association, or foundation until the next meeting of the society, association, or foundation at which time the society, association, or foundation shall nominate a member to fill the vacancy for the unexpired term.
- (d) The members of the Council shall receive per diem and necessary travel and subsistence expenses in accordance with the provisions of G.S. 138-5.
- (e) A majority of the Council shall constitute a quorum for the transaction of business. All clerical and other services required by the Council shall be supplied by the Department of Health and Human Services, Division of Facility Services, Office of Emergency Medical Services.
- (f) The Council shall elect annually from its membership a chairperson and vice-chairperson upon a majority vote of the quorum present."
 - **SECTION 3.** This act becomes effective August 1, 2006.