

Senate Bill 549

By: Senator Thomas of the 54th

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to
2 emergency medical services, so as to establish a three level system of stroke centers; to
3 provide for legislative findings; to provide for definitions; to provide for the designation of
4 primary, comprehensive, and support stroke centers; to provide for requirements for primary,
5 comprehensive, and support stroke centers; to provide for a matching grant program; to
6 provide for the distribution of a list of designated stroke centers to emergency medical
7 services providers; to provide for the development of a model stroke triage assessment tool;
8 to provide for the establishment of protocols related to the assessment, treatment, and
9 transport of stroke patients by licensed emergency medical services providers; to provide for
10 annual reporting; to provide for statutory construction; to provide that a hospital shall not
11 advertise that it is a primary, comprehensive, or support stroke center unless so designated;
12 to provide for rules and regulations; to provide for related matters; to repeal conflicting laws;
13 and for other purposes.

14 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

15 **SECTION 1.**

16 Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to emergency
17 medical services, is amended by adding a new Article 6 to Chapter 11 to read as follows:

18 "ARTICLE 6

19 31-11-110.

20 The General Assembly finds and declares that:

21 (1) The rapid identification, diagnosis, and treatment of stroke can save the lives of
22 stroke victims and in some cases can reverse neurological damage such as paralysis and
23 speech and language impairments, leaving stroke victims with few or no neurological
24 deficits;

1 (2) Despite significant advances in diagnosis, treatment, and prevention, stroke is the
2 third leading cause of death and the biggest cause of disability in this country; an
3 estimated 700,000 to 750,000 new and recurrent strokes occur each year in this country
4 and with the aging of the population, the number of persons who have strokes is projected
5 to increase;

6 (3) Although new treatments are available to improve the clinical outcomes of stroke,
7 many acute care hospitals lack the necessary staff and equipment to optimally triage and
8 treat stroke patients, including the provision of optimal, safe, and effective emergency
9 care for these patients;

10 (4) An effective system to support stroke survival is needed in our communities in order
11 to treat stroke victims in a timely manner and to improve the overall treatment of stroke
12 victims in order to increase survival and a decrease the disabilities associated with stroke.
13 There is a public health need for acute care hospitals in this state to establish stroke
14 centers to ensure the rapid triage, diagnostic evaluation, and treatment of patients
15 suffering a stroke;

16 (5) Three levels of stroke centers should be established for the treatment of acute stroke:

17 (A) Primary stroke centers should be established in as many acute care hospitals as
18 possible to evaluate, stabilize, and provide emergency care to patients with acute stroke
19 and then, depending on the patient's needs and the center's capabilities, either admit the
20 patient and provide inpatient care or transfer the patient to a comprehensive stroke
21 center;

22 (B) Comprehensive stroke centers should be established in hospitals to ensure coverage
23 for all patients throughout the state who require this level of care. These centers would
24 provide complete and specialized care to patients who experience the most complex
25 strokes, which require specialized testing, highly technical procedures, and other
26 interventions. Also, these centers would provide education and guidance to affiliated
27 primary and support stroke centers; and

28 (C) Support stroke centers should be established in rural areas served by critical access
29 hospitals to allow timely access to acute stroke care that would not otherwise be
30 available because transportation and access to care are limited. These centers would,
31 within the scope of their capability and in coordination with a primary or
32 comprehensive stroke center, evaluate, stabilize, and provide emergency care to patients
33 with acute stroke and then, depending on the patient's needs and the center's
34 capabilities, either admit the patient and provide inpatient care or transfer the patient
35 to a primary or comprehensive stroke center. These centers would also utilize
36 telemedicine services as a 'spoke' within a hub and spoke network in collaboration with
37 a primary or comprehensive stroke center serving as a 'hub'; and

1 (6) Therefore, it is in the best interest of the residents of this state to establish a program
2 to designate stroke centers throughout the state, to provide specific patient care and
3 support services criteria that stroke centers must meet in order to ensure that stroke
4 patients receive safe and effective care, and to provide financial support to acute care
5 hospitals to encourage them to develop stroke centers in all areas of the state. Further,
6 it is in the best interest of the people of this state to modify the state's emergency medical
7 response system to assure that stroke victims may be quickly identified and transported
8 to and treated in facilities that have specialized programs for providing timely and
9 effective treatment for stroke victims.

10 31-11-111.

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

14 31-11-112.

15 (a) The department shall designate hospitals that meet the criteria set forth in this article
16 as primary, comprehensive, or support stroke centers.

17 (b) A hospital shall apply to the department for such designation and shall demonstrate
18 to the satisfaction of the department that the hospital meets the applicable criteria set forth
19 in Code Section 31-11-113 for a primary, comprehensive, or support stroke center,
20 respectively.

21 (c) The department shall designate as many hospitals as primary stroke centers as apply
22 for the designation, provided that each applicant meets the criteria set forth in
23 subsection (a) of Code Section 31-11-113.

24 (d) The department shall designate as many hospitals as comprehensive stroke centers as
25 apply for the designation, provided that each applicant meets the criteria set forth in
26 subsection (b) of Code Section 31-11-113.

27 (e) The department shall designate as many critical access hospitals serving rural areas of
28 this state as support stroke centers as apply for the designation, provided that each applicant
29 meets the criteria set forth in subsection (c) of Code Section 31-11-113.

30 (f) The department may suspend or revoke a hospital's designation as a stroke center, after
31 notice and hearing, if the department determines that the hospital is not in compliance with
32 the requirements of this article.

1 31-11-113.

2 (a) A hospital designated as a primary stroke center shall be certified as such by the Joint
3 Commission on Accreditation of Healthcare Organizations or, at a minimum, meet the
4 following criteria:

5 (1) With respect to patient care, the hospital shall:

6 (A) Maintain acute stroke team availability to see an emergency department patient
7 within 15 minutes of arrival at the emergency department, 24 hours a day, seven days
8 a week;

9 (B) Maintain written care protocols and standing orders for emergency care of stroke
10 patients;

11 (C) Maintain neurology and emergency department personnel trained in the diagnosis
12 and treatment of acute stroke;

13 (D) Maintain telemetry or critical care beds staffed by physicians and nurses who are
14 trained and experienced in caring for acute stroke patients;

15 (E) Provide for neurosurgical services, including operating room availability either at
16 the hospital or through an agreement with a comprehensive stroke center, within two
17 hours, 24 hours a day, seven days a week;

18 (F) Provide acute care rehabilitation services;

19 (G) Enter into and maintain a written transfer agreement with a comprehensive stroke
20 center so that patients with complex strokes may be transported to the comprehensive
21 center for care when clinically warranted; and

22 (H) Enter into and maintain written transfer agreements with support stroke centers to
23 accept transfer of patients with strokes when within the capabilities of the primary
24 stroke center and clinically warranted; and

25 (2) With respect to support services, the hospital shall:

26 (A) Demonstrate an institutional commitment to and support of a stroke center,
27 including having a designated physician stroke center director with special training and
28 experience in caring for patients with stroke;

29 (B) Maintain neuroimaging services capability which shall include computerized
30 tomography scanning or magnetic resonance imaging and interpretation of the image
31 that is available 24 hours a day, seven days a week, within 25 minutes of order entry;

32 (C) Maintain laboratory services capability, which shall include blood testing,
33 electrocardiography, and X-ray services that are available 24 hours a day, seven days
34 a week, within 45 minutes of order entry;

35 (D) Develop and maintain outcome and quality improvement activities, which include
36 a data base or registry to track patient outcomes. These data shall include, at a
37 minimum:

- 1 (i) The number of patients evaluated;
- 2 (ii) The number of patients receiving acute interventional therapy;
- 3 (iii) The amount of time from patient presentation to delivery of acute interventional
- 4 therapy;
- 5 (iv) Patient length of stay;
- 6 (v) Patient functional outcome; and
- 7 (vi) Patient morbidity;
- 8 (E) Provide annual continuing education on stroke to support staff and emergency
- 9 services personnel regarding stroke diagnosis and treatment, which shall be the
- 10 responsibility of the stroke center director;
- 11 (F) Require the stroke center director and designated stroke team staff to obtain a
- 12 minimum of eight hours of continuing education on stroke each year; and
- 13 (G) Demonstrate a continuing commitment to ongoing education to the general public
- 14 about stroke, which includes conducting at least two programs annually for the general
- 15 public on the prevention, recognition, diagnosis, and treatment of stroke.
- 16 (b) A hospital designated as a comprehensive stroke center shall use proven state-of-the-art
- 17 technology and medical techniques and, at a minimum, meet the following criteria:
- 18 (1) The hospital shall meet all of the criteria required for a primary stroke center pursuant
- 19 to subsection (a) of this Code section;
- 20 (2) With respect to patient care, the hospital shall:
- 21 (A) Maintain a neurosurgical team that is capable of assessing and treating complex
- 22 stroke and stroke-like syndromes;
- 23 (B) Maintain on staff a neuroradiologist with a Certificate of Added Qualifications and
- 24 a physician with neuro-interventional angiographic training and skills;
- 25 (C) Provide comprehensive rehabilitation services either on site or by transfer
- 26 agreement with another health care facility; and
- 27 (D) Enter into and maintain written transfer agreements with primary and support
- 28 stroke centers to accept transfer of patients with complex strokes when clinically
- 29 warranted; and
- 30 (3) With respect to support services, the hospital shall:
- 31 (A) Have magnetic resonance imaging and computed tomography angiography
- 32 capabilities;
- 33 (B) Have digital subtraction angiography and a suite equipped for neuro-interventional
- 34 procedures;
- 35 (C) Develop and maintain sophisticated outcomes assessment and performance
- 36 improvement capability that incorporates data from affiliated primary stroke centers
- 37 and integrates regional, state, and national data;

- 1 (D) Provide guidance and continuing medical education to primary stroke centers;
- 2 (E) Provide graduate medical education in stroke; and
- 3 (F) Conduct research on stroke related topics.
- 4 (c) A hospital designated as a support stroke facility shall provide timely access to a
- 5 limited number of stroke care services as well as access to and collaboration with primary
- 6 and comprehensive stroke centers. Support stroke facilities shall:
- 7 (1) Create, implement, and document a stroke triage and treatment plan which can be
- 8 accomplished within the capabilities of the facility;
- 9 (2) Clearly designate and specify the availability of neurosurgical and interventional
- 10 neuroradiology/endovascular services; and
- 11 (3) Enter into a collaborative support agreement with a primary or comprehensive stroke
- 12 center that agrees to collaborate with the support stroke facility in order to provide access
- 13 to the supplemental resources needed to meet the criteria of a primary stroke center
- 14 included in subsection (a) of this Code section. In order to do so, each support stroke
- 15 facility shall provide:
- 16 (A) Access, 24 hours per day, seven days a week, to a qualified medical professional,
- 17 as described in department rules;
- 18 (B) An agreement with a primary or comprehensive stroke center providing for the
- 19 transfer and acceptance of all stroke patients seen by the support stroke facility for
- 20 stroke treatment therapies which the stroke support facility is not capable of providing,
- 21 and providing for an on-call neurologist at the collaborating primary or comprehensive
- 22 stroke center who can diagnose and recommend treatment with a two-way consultation
- 23 using a web browser and webcam when transport cannot be accomplished in
- 24 accordance with critical time frames;
- 25 (C) Transport or communication criteria with the collaborating primary stroke center
- 26 or comprehensive stroke center which include a protocol for identifying and specifying
- 27 any times or circumstances in which the support stroke facility cannot provide
- 28 appropriate treatment;
- 29 (D) Protocols for administering thrombolytics and other approved acute stroke
- 30 treatment therapies; and
- 31 (E) Protocols for the transport of patients to the collaborating primary or
- 32 comprehensive stroke center in the event of unavailable neurosurgical services within
- 33 90 minutes of identified need;
- 34 (4) Provide computer equipment and portable stations that allow a physician of the
- 35 support stroke facility to see and interact with a remote neurologist at the collaborating
- 36 primary or comprehensive stroke center;

1 (5) Implement and document training in stroke for all emergency department personnel;
2 and

3 (6) Designate a specific physician as stroke director.

4 (d) If the department determines that a new drug, device, technique, or technology has
5 become available for the treatment of stroke that provides a diagnostic or therapeutic
6 advantage over existing elements included in the criteria established in this Code section,
7 the department may, by regulation, revise or update the criteria accordingly.

8 31-11-114.

9 (a) In order to encourage and ensure the establishment of stroke centers throughout the
10 state, the department shall award matching grants, subject to appropriations from the
11 General Assembly, to hospitals that seek designation as stroke centers and demonstrate a
12 need for financial assistance to develop the necessary infrastructure, including personnel
13 and equipment, in order to satisfy the criteria for designation of such stroke centers
14 provided pursuant to Code Section 31-11-113. The matching grants shall not exceed
15 \$250,000.00 or 50 percent of the hospital's cost for developing the necessary infrastructure,
16 whichever is less.

17 (b) A hospital seeking designation as a stroke center pursuant to this article may apply to
18 the department for a matching grant, in a manner and on a form required by the department,
19 and provide such information as the department deems necessary to determine if the
20 hospital is eligible for a grant.

21 (c) The department may provide matching grants to as many hospitals as it deems
22 appropriate, subject to appropriations, except that:

23 (1) Matching grant awards shall be made to at least two applicant hospitals in each
24 region of the state, provided that the applicant hospitals receiving the awards must be
25 eligible to serve as primary, comprehensive, or support stroke centers under this article;
26 and

27 (2) No more than 20 percent of the funds disbursed pursuant to this Code section shall
28 be allocated to hospitals that seek designation as comprehensive stroke centers.

29 (d) The department shall, not later than July 1, 2009, prepare and submit to the Governor,
30 the President of the Senate, and the Speaker of the House of Representatives a report
31 indicating, as of June 30, 2009, the total number of hospitals that have applied for grants
32 pursuant to this Code section, the number of applicants that have been determined by the
33 department to be eligible for such grants, the total number of grants awarded, the name and
34 address of each grantee hospital, and the amount of the award to each grantee, and the
35 amount of each award that has been disbursed to the grantee.

1 31-11-115.

2 (a) By June 1 of each year, the department shall send the list of primary, comprehensive,
3 and support stroke centers designated pursuant to Code Section 31-11-113 to the medical
4 director of each licensed emergency medical services provider in this state and shall post
5 such list on the department's website.

6 (b) The department shall develop a model stroke triage assessment tool. The department
7 shall post the model stroke triage assessment tool on its website and shall distribute a copy
8 of such assessment tool to each licensed emergency medical services provider in this state
9 no later than December 31, 2008. Each licensed emergency medical services provider shall
10 use a stroke triage assessment tool that is substantially similar to the model stroke triage
11 assessment tool provided by the department.

12 (c) The department shall establish protocols related to the assessment, treatment, and
13 transport of stroke patients by licensed emergency medical services providers in this state.
14 Such protocols shall include regional transport plans for the triage and transport of adult
15 stroke patients to hospitals which are best able to care for them including the bypass of
16 health care facilities not designated as primary, comprehensive, or support stroke centers
17 when it is safe to do so and shall also provide for the following:

18 (1) When a stroke patient requires initial transportation to a hospital by an ambulance
19 provider, the patient shall be transported by such ambulance provider to the hospital of
20 his or her choice provided:

21 (A) The hospital chosen is capable of meeting the patient's immediate needs;

22 (B) The hospital chosen is within reasonable distance as determined by the ambulance
23 attendant's assessment in collaboration with the ambulance service medical director so
24 as not to further jeopardize the patient's health or compromise the ability of the
25 emergency medical services system to function in a normal manner; and

26 (C) The hospital chosen is within a usual and customary patient transport or referral
27 area as determined by the ambulance service medical director;

28 (2) If the patient's choice of hospital is not appropriate with respect to the protocols or
29 if the patient does not, can not, or will not express a choice, the ambulance provider shall
30 transport the patient to the nearest hospital believed capable of meeting the patient's
31 immediate medical needs without regard to other factors, such as patient's ability to pay,
32 hospital charges, or county or city limits, in accordance with the pre-established
33 guidelines within the protocols. If for any reason the pre-established guidelines are
34 unclear or not applicable to the specific case, then the ambulance service medical director
35 shall be consulted for a definitive decision; and

36 (3) If the patient continues to insist on being transported to a hospital which is
37 inappropriate for his or her needs, then the patient shall be transported to that hospital

1 after the ambulance attendant notifies the ambulance service medical director of the
2 patient's decision.

3 The department shall provide for training on such protocols for emergency medical
4 services personnel.

5 (d) On and after January 1, 2009, each emergency medical services provider shall comply
6 with the provisions of this Code section.

7 31-11-116.

8 (a) In order to assure that the patients are receiving the appropriate level of care and
9 treatment at each primary, comprehensive, and support stroke center in the state, each
10 hospital designated as a primary, comprehensive, or support stroke center shall annually
11 report the following information to the department:

12 (1) The number of patients evaluated;

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

14 (3) The amount of time from patient presentation to delivery of acute interventional
15 therapy;

16 (4) Patient length of stay;

17 (5) Patient functional outcome;

18 (6) Patient morbidity;

19 (7) Deep vein thrombosis prophylaxis given;

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

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

22 (10) Patients on which the administration of tissue plasminogen activator was
23 considered;

24 (11) Antithrombotic medication given within 48 hours of hospitalization;

25 (12) Number of lipid profiles ordered during hospitalization;

26 (13) Number of screens for dysphagia performed;

27 (14) Stroke education provided;

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

29 (16) The number of patients assessed for rehabilitation and whether a plan for
30 rehabilitation was considered;

31 (17) The number of emergency medical services stroke patients who were transported
32 to the facility;

33 (18) The number of emergency medical services stroke patients who were admitted to
34 the facility;

35 (19) The number and percentage of stroke cases treated with intravenous or intra-arterial
36 tissue plasminogen activator; and

1 (20) The number of patients discharged on cholesterol-reducing medication.

2 (b) The department shall collect the information reported pursuant to subsection (a) of this
3 Code section and shall post such information in the form of a report card annually on the
4 department's website. The report shall be submitted to the Governor, the President of the
5 Senate, and the Speaker of the House of Representatives. The results of the report may be
6 used by the department to conduct training with the designated facilities regarding best
7 practices in the treatment of stroke.

8 (c) In no way shall this article be construed to require disclosure of any health care
9 information or other data in violation of the federal Health Insurance Portability and
10 Accountability Act of 1996, P.L. 104-191.

11 31-11-117

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

16 31-11-118

17 A person may not advertise to the public, by way of any medium whatsoever, that a
18 hospital is a primary, comprehensive, or support stroke center unless the hospital has been
19 designated as such by the department pursuant to this article.

20 31-11-119.

21 The department shall be authorized to promulgate rules and regulations to carry out the
22 purposes of this article."

23

SECTION 2.

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