The Senate Committee on Health and Human Services offered the following substitute to SB 102:

A BILL TO BE ENTITLED
AN ACT

To amend Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to emergency medical services, so as to provide for the designation of emergency cardiac care centers; to provide for legislative findings; to provide for definitions; to provide for the establishment of the Office of Cardiac Care within the Department of Public Health; to establish a three-level designation system; to provide for criteria for each level of emergency cardiac care center; to provide for applications from hospitals; to provide for a data reporting system; to provide for a grant program; to provide for the distribution of a list of emergency cardiac care centers to emergency medical services providers; to provide for the development of a model cardiac care triage assessment tool; to provide for the establishment of protocols related to the triage, assessment, treatment, and transport of cardiac care patients by licensed emergency medical services providers; to provide for statutory construction; to provide that a hospital shall not advertise as an emergency cardiac care center unless designated by the state; to provide for rules and regulations; to provide for related matters; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

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

"ARTICLE 7

31-11-130.

The General Assembly finds and declares that:

(1) Cardiovascular disease is the number one cause of death in the United States and in Georgia;

(2) Georgia ranks as the thirty-eighth worst in the nation for numbers of deaths from cardiovascular disease;

(3) There were 79,901 deaths in Georgia in 2015, and cardiovascular disease (excluding stroke) accounted for 23.6 percent of such deaths;

(4) Approximately 40 percent of cardiac deaths occur suddenly, the result of a heart attack that is manifested by an out-of-hospital cardiac arrest;

(5) As of 2016, several states, but notably Arizona and Washington, have designated hospitals that are expert in cardiovascular disease care, much in the way that Georgia has stroke and trauma centers; Arizona and Washington have some of the lowest death rates for patients who have heart attacks, in part due to their designated cardiac centers; and

(6) Therefore, it is in the best interest of the residents of this state to establish a program to identify emergency cardiac care centers throughout the state to ensure the rapid triage, assessment, treatment, and transport of patients experiencing out-of-hospital cardiac arrest or heart attack or its complications.

31-11-131.

As used in this article, the term:

(1) 'Emergency cardiac care center' means a hospital that has been designated by the office pursuant to this article as meeting the criteria set forth in this article.

(2) 'Office' means the Office of Cardiac Care established pursuant to this article.

31-11-132.

(a) There shall be established the Office of Cardiac Care within the Department of Public Health. The office shall administer the designation process provided for in this article, including, but not limited to, data collection, analysis and reporting, and site visits.

(b) The office shall designate hospitals that meet the criteria set forth in this article as emergency cardiac care centers. Each emergency cardiac care center shall be further designated as Level I, Level II, or Level III by the office. The criteria for each level designation shall be established by the office and shall include, at a minimum, the following:

(1) Level I shall have:

(A) Cardiac catheterization and angioplasty facilities available 24 hours, seven days per week, 365 days per year;

(B) On-site cardiothoracic surgery capability available 24 hours, seven days per week, 365 days per year;

(C) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest patients;

(D) The ability to implant percutaneous left ventricular assist devices for support of hemodynamically unstable patients experiencing out-of-hospital cardiac arrest or heart attack;

(E) Neurologic protocols to measure functional status at hospital discharge; and

(F) The ability to implant automatic implantable cardioverter defibrillators;

(2) Level II shall have:

(A) Cardiac catheterization and angioplasty facilities available 24 hours, seven days per week, 365 days per year, but no on-site cardiothoracic surgery capability;

(B) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest patients;

(C) Neurologic protocols to measure functional status at hospital discharge; and

(D) A written transfer plan with one or more Level I emergency cardiac care centers for patients who need left ventricular assist devices or cardiothoracic surgery;

(3) Level III shall have:

(A) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest patients; and

(B) A written plan for systematic transfer to a Level I or Level II facility; and

(4) The department shall be authorized to establish one or more additional levels of cardiac care centers as necessary based upon advancements in medicine and patient care.

(c) Emergency cardiac care centers are encouraged to coordinate, through agreement, with other level emergency cardiac care centers throughout the state to provide appropriate access to care for cardiac patients. The coordinating agreements shall be in writing and include at a minimum:

(1) Transfer agreements for the transport and acceptance of:

(A) Cardiac patients seen by a Level I emergency cardiac care center which a Level II or III emergency cardiac care center is not capable of providing; or

(B) Cardiac patients seen by a Level II emergency cardiac care center which a Level III emergency cardiac care center is not capable of providing; and

(2) Communication criteria and protocols between the emergency cardiac care centers.

31-11-133.

(a) A hospital shall apply to the office for designation as an emergency cardiac care center through an application process to be determined by the office. A hospital shall demonstrate to the satisfaction of the office that the hospital meets the applicable criteria set forth in this article. The application process may include an on-site inspection of the hospital at the discretion of the office.

(b) The office shall establish requirements for the periodic redesignation of emergency cardiac care centers.

(c) The office may suspend or revoke a hospital's identification as an emergency cardiac care center, after notice and hearing, if the office determines that the hospital is not in compliance with the requirements or criteria of this article.

31-11-134.

(a) The office shall establish a data reporting system which may be composed of one or more data bases for the reporting of data on all out-of-hospital cardiac arrest patients and all heart attack patients. The data reporting system may be composed of data bases established or designated by the office, including, but not limited to, data bases newly created and managed by or on behalf of the office, existing state data bases modified to include such additional reporting, existing regional or national data bases, or any combination thereof.

(b) Each emergency cardiac care center shall:

(1) Report to the data base specified by the office data on all out-of-hospital cardiac arrest patients and data on all heart attack patients in accordance with time frame requirements established by the office; and

(2) Have a written system included in the protocols for the hospital for timely submission of all such data required to be submitted pursuant to this Code section and office guidelines.

(c) The office shall, on an ongoing basis, analyze state-wide data collected pursuant to this Code section for out-of-hospital cardiac arrest patients and heart attack patients, with the goal of improving survival rates over the initial three years of the program, and shall improve any processes or adjust any protocols as necessary to implement best practices to improve the cardiac care of patients through emergency cardiac care centers in this state.

(d) The office shall collect the data reported pursuant to this Code section and shall post such information in the form of an annual report card on the office's website and present such report to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The results of this report card may be used by the office to conduct training with the identified hospitals regarding best practices in the treatment of emergency cardiac care patients.

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

31-11-135.

(a) In order to encourage and ensure the establishment of emergency cardiac care centers throughout the state, the office shall award grants, subject to appropriations from the General Assembly, to hospitals that seek designation as emergency cardiac care centers and demonstrate a need for financial assistance to develop the necessary infrastructure, including personnel and equipment, in order to satisfy the criteria for designation as an emergency cardiac care center pursuant to this article.

(b) A hospital seeking designation as an emergency cardiac care center pursuant to this article may apply to the office for a grant, in a manner and on a form required by the office, and provide such information as the office deems necessary to determine if the hospital is eligible for such grant.

(c) The office may provide grants to as many hospitals as it deems appropriate, subject to appropriations from the General Assembly, taking into consideration adequate geographic diversity with respect to locations.

(d) The office shall annually prepare and submit to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the chairpersons of the House Committee on Health and Human Services and the Senate Health and Human Services Committee for distribution to its committee members a report indicating the total number of hospitals that have applied for grants pursuant to this Code section, the number of applicants that have been determined by the office to be eligible for such grants, the total number of grants to be awarded, the name and address of each grantee, and the amount of the award to each grantee.

31-11-136.

(a) Beginning June 1, 2018, and each year thereafter, the office shall provide a list of emergency cardiac care centers designated pursuant to this article to the medical director of each licensed emergency medical services provider in this state, shall maintain a copy of such list in the office, and shall post such list on the office's website.

(b) The office shall adopt or develop a sample emergency cardiac care triage assessment tool. The office shall post this sample assessment tool on its website and distribute a copy of the sample assessment tool to each licensed emergency medical services provider no later than December 31, 2017. Each licensed emergency medical services provider shall use an emergency cardiac care triage assessment tool that is substantially similar to the sample emergency cardiac care triage assessment tool provided by the office.

(c) The office shall establish protocols related to the triage, assessment, treatment, and transport of emergency cardiac care patients by licensed emergency medical services providers in this state.

31-11-137.

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

31-11-138.

A hospital may not advertise to the public, by way of any medium whatsoever, that it is identified by the state as an emergency cardiac care center unless the hospital has been designated as such by the office pursuant to this article.

31-11-139.

The office shall be authorized to promulgate rules and regulations to carry out the purposes of this article.″

SECTION 2.

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