GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2005

H **1**

HOUSE BILL 1860

Short Title:	Primary Stroke Centers.	(Public)
Sponsors:	Representatives Nye, Wright, England (Primary Sponsors); Alexander, Church, Glazier, Jones, Luebke, Underhill, and Weiss.	
Referred to:	Health.	

May 10, 2006

A BILL TO BE ENTITLED

AN ACT TO PROVIDE FOR THE IDENTIFICATION OF PRIMARY STROKE CENTERS; TO DISSEMINATE INFORMATION TO THE GENERAL PUBLIC AND EMERGENCY CARE PROVIDERS ABOUT THE LOCATION OF PRIMARY STROKE CENTERS; AND TO FACILITATE APPROPRIATE EMERGENT STROKE CARE, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON HEALTH CARE.

Whereas, stroke is one of the leading causes of long-term disability; and

Whereas, as many as twenty-five percent of stroke survivors are permanently disabled; and

Whereas, stroke is the third leading cause of death in North Carolina; and

Whereas, North Carolina is situated in the country's "Stroke 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

Whereas, nearly thirty percent of all people who have strokes 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 strategies based on sound research that will improve the outcomes of stroke victims across this State; and

Whereas, the Institute of Medicine of the National Academy of Science has recommended the establishment of coordinated systems of care as a means of improving the level of medical treatment that patients receive; and

Whereas, in agreement with the Institute of Medicine report, national medical experts from a wide range of disciplines have concluded that improving the organization of stroke care through the development of statewide stroke care systems 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. Chapter 131E of the General Statutes is amended by adding the following new Article to read:

"Article 18.

"North Carolina Stroke Systems Act.

"**§ 131E-318. Scope and definitions.**

(a) Nothing in this act limits or otherwise impairs the authority of a hospital licensed in this State to provide services it is licensed or otherwise authorized to provide under this Chapter or other applicable State or federal law.

(b) As used in this Article, the term:

(1) 'Primary stroke center' means a hospital in this State that is recognized by a national medical accreditation association as a primary stroke center and includes a hospital identified by the Department as a primary stroke center.

(2) 'Emergency medical dispatcher' has the same meaning as in G.S. 131E-155.

(3) 'Emergency medical services systems' means providers of emergency medical services as described in G.S. 143-507.

(4) 'Peer review committee' means an emergency medical services peer review committee as defined in G.S. 131E-155.

"**§ 131E-319. Identification of primary stroke center hospitals.**

(a) The Department shall implement a system for identifying and disseminating information about the location of hospitals in this State that are recognized as primary stroke centers by a national medical accreditation association such as the Joint Commission on Accreditation of Healthcare Organizations ('JCAHO'). In implementing the identification system, the Department shall do the following:

(1) Develop a procedure for a hospital to apply for identification as a primary stroke center. The Department may develop materials designed to assist a hospital in qualifying for identification as a primary stroke center.

(2) Identify a hospital as a primary stroke center if the hospital has applied for identification, has current JCAHO Certificate of Distinction as a primary stroke center, or its equivalent, and has otherwise complied with this act and rules of the Department. The Department shall not limit the number of hospitals that may be identified as primary stroke centers.

(b) A hospital may use the term 'primary stroke center' in its published materials only if the Department has identified the hospital as a primary stroke center in accordance with this Article.

(c) The Department may publish a list of identified primary stroke centers on the Department's Web site. A primary stroke center identified by the Department may decline to be listed on the Department's Web site. If the Department publishes the list on its Web site, then the Department shall also publish a list of all hospitals in the State that

have an established stroke plan as provided in G.S. 131E-320, but that are not primary stroke centers and notify all hospitals in the State:

(1) Of the qualifications necessary for a hospital to be identified as a primary stroke center;

(2) Of the procedure for applying for identification as a primary stroke center; and

(3) That the identified hospital has a right but is not required to be listed on the Department's Web site as a primary stroke center.

(d) The Department shall send a list of primary stroke centers and their locations to all emergency medical services providers.

(e) Except as otherwise provided in this subsection, identification of a hospital as a primary stroke center terminates on the date the hospital ceases to qualify for the identification in accordance with rules adopted by the Department. A hospital identified as a primary stroke center that ceases to qualify for identification may continue to use the identification if the hospital:

(1) Reasonably expects to qualify for the identification within six months after the date the hospital ceases to qualify for identification; and

(2) Notifies the Department and each emergency medical services provider located in the region for which the hospital provides primary stroke services of the temporary lapse in qualification and the expected date of qualification as a primary stroke center.

(f) A hospital whose identification as a primary stroke center has terminated shall notify the Department and each emergency medical services provider in the region that the hospital serves that the hospital's qualification as a primary stroke center has terminated. A hospital that loses identification as a primary stroke center may reapply for identification.

"**§ 131E-320. Hospitals not identified as primary stroke centers.**

A hospital that is not identified as a primary stroke center shall develop a plan indicating the hospital's procedures for providing emergent care for stroke patients. The plan shall include the circumstances under which a stroke patient may be transferred to a primary stroke center for emergent care and shall identify primary stroke centers available to advise the hospital upon its request regarding stroke patient management.

"**§ 131E-321. Prehospital medical services for stroke victims.**

(a) Emergency medical services systems that utilize emergency medical dispatchers shall use written diagnostic algorithms and protocols to facilitate the rapid identification of possible stroke victims and the rapid dispatch of appropriate prehospital providers.

(b) Emergency medical services systems shall adopt written policies and procedures to facilitate the identification and transport of suspected stroke victims to an appropriate health care facility. To the extent possible, development of the policies and procedures should include input and assistance from a primary stroke center. The policies and procedures shall provide for, at a minimum:

(1) Training of first responders on stroke recognition and treatment, including emergency screening procedures, per certification cycle or

per another period based upon recommendations by the peer review committee;

(2) Protocols for rapid transport to a primary stroke center when rapid transport to a primary stroke center is appropriate; and

(3) Response, on-site, and transport times should be monitored to minimize delays in the initiation of hospital-based treatment.

"**§ 131E-322. Rule-making authority.**

The Department may adopt rules to implement this Article."

SECTION 2. This act becomes effective January 1, 2007.