

1 H.825

2 Introduced by Representative Till of Jericho

3 Referred to Committee on

4 Date:

5 Subject: Health; stroke; emergency response

6 Statement of purpose of bill as introduced: This bill proposes to establish a
7 statewide system for stroke response and treatment by requiring the
8 designation of Comprehensive Stroke Centers, Primary Stroke Centers, and
9 Acute Stroke Ready Hospitals, as well the use of triage assessment tools by
10 emergency medical personnel.

11 An act relating to the statewide system for stroke response and treatment

12 It is hereby enacted by the General Assembly of the State of Vermont:

13 Sec. 1. FINDINGS

14 The General Assembly finds that:

15 (1) The rapid identification, diagnosis, and treatment of stroke can save
16 the lives of stroke patients and, in some cases, can limit neurological damage
17 such as paralysis and speech and language impairments, leaving stroke patients
18 with few or no neurological deficits.

19 (2) Despite significant advances in diagnosis, treatment, and prevention,
20 stroke is the third leading cause of death and the leading cause of disability in

1 the United States. An estimated 700,000 new and recurrent strokes occur each
2 year in this country, and, with the aging of the population, the number of
3 persons who have strokes is projected to increase.

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

8 (4) An effective system to support stroke survival is needed in our
9 communities in order to treat stroke patients in a timely manner and to increase
10 survival and decrease the disabilities associated with stroke. There is a public
11 health need in this State to establish Comprehensive Stroke Centers, Primary
12 Stroke Centers, and Acute Stroke Ready Hospitals to ensure the rapid triage,
13 diagnostic evaluation, and treatment of stroke patients.

14 (5) Comprehensive Stroke Centers, Primary Stroke Centers, and Acute
15 Stroke Ready Hospitals should be established for the treatment of acute stroke.
16 Comprehensive Stroke Centers and Primary Stroke Centers should be
17 established in as many acute care hospitals as possible. These Centers would
18 evaluate, stabilize, and provide emergency and inpatient care to patients with
19 acute stroke.

20 (6) Since access to stroke care is limited in rural areas of the State due to
21 fewer professional specialists, high-tech imaging equipment, and transportation

1 services, Acute Stroke Ready Hospitals should be established to evaluate,
2 stabilize, and provide treatment to patients diagnosed with acute stroke in rural
3 parts of the State.

4 (7) Coordination between Comprehensive Stroke Centers, Primary
5 Stroke Centers, and Acute Stroke Ready Hospitals should be encouraged
6 through the establishment of coordinated stroke care agreements among
7 Comprehensive Stroke Centers, Primary Stroke Centers, and Acute Ready
8 Stroke Hospitals.

9 (8) It is in the best interest of the residents of Vermont to establish a
10 system to facilitate the development of stroke treatment capabilities throughout
11 the State. This system will provide specific patient care and support services
12 criteria that stroke centers must meet in order to ensure that stroke patients
13 receive safe and effective care. It is also in the best interest of Vermont's
14 residents to modify the State's emergency medical response system to ensure
15 that stroke patients may be quickly identified and transported to and treated in
16 facilities that have specialized programs for providing timely and effective
17 treatment for stroke patients.

18 Sec. 2. 18 V.S.A. chapter 18 is added to read:

19 CHAPTER 18. SYSTEM FOR STROKE RESPONSE AND TREATMENT

20 § 921. DEFINITIONS

21 As used in this chapter:

1 (1) “Acute Stroke Ready Hospital” means a hospital with sufficient
2 knowledge of cerebrovascular disease to treat acute stroke in accordance with
3 the Joint Commission or American Heart Association’s standards and
4 guidelines, but which does not have designated beds for the acute care of
5 stroke patients.

6 (2) “Affiliated agency” means the same as in 24 V.S.A. § 2651.

7 (3) “Commissioner” means the Commissioner of Health.

8 (3) “Comprehensive Stroke Center” means a hospital that has extensive
9 expertise to treat acute stroke in accordance with the Joint Commission or
10 American Heart Association’s standards and guidelines, including dedicated
11 neuro-intensive care beds for complex stroke patients and the ability to meet
12 the needs of multiple complex stroke patients concurrently.

13 (4) “Department” means the Department of Health.

14 (5) “Primary Stroke Center” means a hospital with sufficient knowledge
15 of cerebrovascular disease to treat acute stroke in accordance with the Joint
16 Commission or American Heart Association’s standards and guidelines and
17 which has either a stroke unit or designated beds for the acute care of stroke
18 patients.

1 § 922. STROKE CENTERS AND STROKE READY HOSPITALS

2 (a) A hospital operated in Vermont may apply to the Department for
3 designation as a Comprehensive Stroke Center, Primary Stroke Center, or
4 Acute Ready Stroke Hospital.

5 (b) Of the applicants, the Commissioner shall recognize as many accredited
6 acute care hospitals as either Comprehensive Stroke Centers, Primary Stroke
7 Centers, or Acute Ready Stroke Hospitals, so far as each applicant hospital is
8 able to demonstrate a certification as either a Comprehensive Stroke Center,
9 Primary Stroke Center, or Acute Ready Stroke Hospital, respectively, by the
10 American Heart Association, the Joint Commission, or another nationally
11 recognized organization that provides certification for stroke care.

12 (c) To the extent possible, Comprehensive Stroke Centers and Primary
13 Stroke Centers shall enter agreements to coordinate with Acute Stroke Ready
14 Hospitals throughout the State to provide appropriate access to care for acute
15 stroke patients. Agreements between Comprehensive Stroke Centers or
16 Primary Stroke Centers and Acute Stroke Ready Hospitals shall:

17 (1) allow for the transfer and acceptance of stroke patients seen by a
18 Comprehensive Stroke Center or Primary Stroke Center to an Acute Stroke
19 Ready Hospital for stroke treatment therapies that a remote stroke treatment
20 center is not capable of providing; and

21 (2) establish communication criteria and transfer protocols.

1 (d) The Commissioner may suspend or revoke a hospital's designation as a
2 Comprehensive Stroke Center, Primary Stroke Center, or Acute Stroke Ready
3 Hospital if after notice and hearing the Commissioner determines that the
4 hospital is not in compliance with the requirements of this chapter.

5 § 923. EMERGENCY RESPONSE TO STROKE

6 (a) Each year the Director of the Department's Office of EMS and Injury
7 Prevention shall send a list of Comprehensive Stroke Centers, Primary Stroke
8 Centers, and Acute Stroke Ready Hospitals to the board of directors of each
9 emergency medical services district of the State. The Office of EMS and Injury
10 Prevention shall maintain a copy of the list and shall also post the list on its
11 website.

12 (b)(1) The Office of EMS and Injury Prevention shall adopt and distribute a
13 nationally recognized standardized triage assessment tool to the board of
14 directors of each emergency medical services district of the State. The Office
15 shall also post the assessment tool on its website.

16 (2) Each affiliated agency shall use a stroke triage assessment tool that
17 is the same or substantially similar to the tool provided by the Office of EMS
18 and Injury Prevention pursuant to subdivision (1) of this subsection.

19 (c) Each affiliated agency shall establish a prehospital care protocol related
20 to the assessment, treatment, and transport of stroke patients by emergency
21 medical personnel. The protocol shall include the development and

1 implementation of plans for the triage and transport of acute stroke patients to
2 the closest Comprehensive Stroke Center, Primary Stroke Center, or, when
3 appropriate, Acute Stroke Ready Hospital, within a specified timeframe of
4 onset symptoms.

5 (d) Each affiliated agency shall ensure that emergency medical personnel
6 receive regular training on the assessment and treatment of stroke.

7 § 924. QUALITY OF CARE

8 The Department shall seek to achieve continuous improvement in the
9 quality of care provided under the statewide system for stroke response and
10 treatment by:

11 (1) Maintaining a statewide stroke database that compiles
12 nonidentifying information and statistics on stroke care that align with the
13 stroke consensus metrics developed and approved by the American Heart
14 Association and American Stroke Association.

15 (2) Requiring Comprehensive Stroke Centers and Primary Stroke
16 Centers and encourage Acute Stroke Ready Hospitals and emergency medical
17 services agencies to report nonidentifying data consistent with nationally
18 recognized guidelines on the treatment of individuals with confirmed stroke.

19 (3) Encouraging the sharing of information and data among health care
20 providers on ways to improve the quality of care to stroke patients.

1 (4) To the extent permitted under the Health Insurance Portability and
2 Accountability Act, Pub. L. 104-191, facilitating communication and analysis
3 of health information and data among the health care professionals providing
4 care for individuals with stroke.

5 (5) Requiring the use of evidenced-based treatment guidelines regarding
6 the transitioning of patients to community-based follow-up care in outpatient,
7 physician office, and ambulatory clinic settings for ongoing care after hospital
8 discharge following acute treatment for stroke.

9 (6)(A) Establishing a data oversight process for achieving continuous
10 improvement in the quality of care provided under the statewide system for
11 stroke response and treatment, including:

12 (i) analysis of information generated by the database on stroke
13 response and treatment;

14 (ii) identification of potential interventions to improve stroke care
15 in each geographic area of the State; and

16 (iii) recommendations for the improvement of stroke care and
17 delivery in the State.

18 (B) Annually on or before January 15, the Department shall submit a
19 report to the Governor and General Assembly containing the findings and
20 conclusions of the data oversight process described in subdivision (A) of this
21 subdivision.

1 § 925. STROKE SYSTEM OF CARE TASK FORCE

2 (a) Creation. There is created a Stroke System of Care Task Force within
3 the Department to address matters of triage, treatment, and transport of acute
4 stroke patients.

5 (b) Membership. The Task Force shall be composed of the following seven
6 members:

7 (1) the Commissioner of Health or designee;

8 (2) the Director of the Vermont Office of EMS and Injury Prevention;

9 (3) a representative of a rural hospital, appointed by the Governor;

10 (4) a representative of an Acute Stroke Ready Hospital, appointed by
11 the Governor;

12 (5) a representative of a Comprehensive Stroke Center or Primary
13 Stroke Center, appointed by the Governor;

14 (6) a member of a board of directors of an emergency medical services
15 district of the State, appointed by the Governor; and

16 (7) a physician with expertise in addressing acute stroke, appointed by
17 the Governor.

18 (c) Powers and duties. The Task Force shall make recommendations to the
19 Commissioner on the adoption and from time to time amendment of rules
20 regarding the statewide system for stroke response and treatment, including:

21 (1) protocols for patient assessment;

1 (2) stabilization and appropriate routing of stroke patients by emergency
2 medical service providers, particularly in rural areas; and

3 (3) coordination and communication among Acute Stroke Ready
4 Hospitals, Comprehensive Stroke Centers, Primary Stroke Centers, physicians,
5 and emergency medical service providers.

6 (d) Assistance. The Task Force shall have the administrative, technical,
7 and legal assistance of the Department.

8 (e) Meetings.

9 (1) Meetings shall be held at the discretion of the Commissioner.

10 (2) A majority of the membership shall constitute a quorum.

11 (f) Reimbursement. Members of the Task Force who are not employees of
12 the State of Vermont and who are not otherwise compensated or reimbursed
13 for their attendance shall be entitled to per diem compensation and
14 reimbursement of expenses pursuant to 32 V.S.A. § 1010 for no more than two
15 meetings annually.

16 Sec. 3. RULEMAKING

17 The Commissioner of Health shall adopt rules governing the statewide
18 system for stroke response and treatment pursuant to 3 V.S.A. chapter 25,
19 including:

20 (1) protocols for patient assessment;

1 (2) stabilization and appropriate routing of stroke patients by emergency
2 medical service providers, particularly in rural areas; and

3 (3) coordination and communication among Acute Stroke Ready
4 Hospitals, Comprehensive Stroke Centers, Primary Stroke Centers, physicians,
5 and emergency medical service providers.

6 Sec. 4. EFFECTIVE DATE

7 This act shall take effect on July 1, 2016.