

By the Committee on Health, Aging, and Long-Term Care; and
 Senators Fasano, Miller, Margolis, Atwater, Siplin,
 Haridopolos, Lynn and Wasserman Schultz

11-2118A-04

1 A bill to be entitled
 2 An act relating to primary and comprehensive
 3 stroke centers; providing legislative intent
 4 relating to primary and comprehensive stroke
 5 centers; providing definitions; directing the
 6 Agency for Health Care Administration to create
 7 a list of primary and comprehensive stroke
 8 centers; directing the agency to adopt rules
 9 establishing criteria for primary and
 10 comprehensive stroke centers; requiring the
 11 Department of Health to distribute the list to
 12 certain persons and entities; prohibiting a
 13 person from advertising that a facility is a
 14 state-listed stroke center unless the facility
 15 meets the established criteria; directing the
 16 department to develop a stroke triage
 17 assessment tool; requiring licensed emergency
 18 medical services providers to use the stroke
 19 triage assessment tool; requiring licensed
 20 emergency medical services providers to develop
 21 and use certain specified protocols; providing
 22 an effective date.

23
 24 WHEREAS, stroke is the third leading killer in the
 25 United States and in Florida, and

26 WHEREAS, stroke is also a leading cause of serious
 27 long-term disability in this state, and

28 WHEREAS, 165,000 people die from stroke in the United
 29 States every year, including 10,000 persons in this state, and

30 WHEREAS, 60 percent of death from strokes occurs in
 31 women, and

1 WHEREAS, approximately 4.5 million survivors of a
2 stroke are alive today, and as many as 25 percent are
3 permanently disabled, and

4 WHEREAS, nearly 30 percent of all people who suffer a
5 stroke are younger than 65 years of age, and

6 WHEREAS, it is estimated that strokes cost the United
7 States nearly \$50 billion a year in total costs, with direct
8 costs estimated at \$28 billion, and

9 WHEREAS, as the population ages, death and disability
10 from stroke will increase dramatically if this state does not
11 implement strategies that will improve the survival of victims
12 of stroke in all communities across this state, and

13 WHEREAS, emergency medical services may currently be
14 transporting stroke victims to hospitals that do not have
15 specialized programs to provide timely and effective treatment
16 for stroke victims, NOW, THEREFORE,

17
18 Be It Enacted by the Legislature of the State of Florida:

19
20 Section 1. Legislative intent.--

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

26 (2) The Legislature further finds that a strong system
27 to support stroke survival is needed in our communities in
28 order to treat stroke victims in a timely manner and to
29 improve the overall treatment of stroke victims. Therefore,
30 the Legislature intends to promote the development of an
31 emergency treatment system in this state which will provide

1 that stroke victims may be quickly identified and transported
2 to and treated in facilities that have specialized programs
3 for providing timely and effective treatment for stroke
4 victims.

5 Section 2. Definitions.--As used in this act, the
6 term:

7 (1) "Department" means the Department of Health.

8 (2) "Agency" means the Agency for Health Care
9 Administration.

10 Section 3. State-listed primary stroke centers and
11 comprehensive stroke centers; notification of hospitals.--

12 (1) The agency shall make available on its website and
13 to the department a list of the name and address of each
14 hospital that meets the criteria for a primary stroke center
15 and the name and address of each hospital that meets the
16 criteria for a comprehensive stroke center. The list of
17 primary and comprehensive stroke centers shall include only
18 those hospitals that attest in an affidavit submitted to the
19 agency that the hospital meets the named criteria, or those
20 hospitals that attest in an affidavit submitted to the agency
21 that the hospital is certified as a primary or a comprehensive
22 stroke center by the Joint Commission on Accreditation of
23 Healthcare Organizations.

24 (2)(a) If a hospital no longer chooses to meet the
25 criteria for a primary or comprehensive stroke center, the
26 hospital shall notify the agency and the agency shall
27 immediately remove the hospital from the list.

28 (b)1. This subsection does not apply if the hospital
29 is unable to provide stroke treatment services for a period of
30 time not to exceed 2 months. The hospital shall immediately
31 notify all local emergency medical services providers when the

1 temporary unavailability of stroke treatment services begins
2 and when the services resume.

3 2. If stroke treatment services are unavailable for
4 more than 2 months, the agency shall remove the hospital from
5 the list of primary or comprehensive stroke centers until the
6 hospital notifies the agency that stroke treatment services
7 have been resumed.

8 (3) The agency shall notify all hospitals in this
9 state by February 15, 2005, that the agency is compiling a
10 list of primary stroke centers and comprehensive stroke
11 centers in this state. The notice shall include an explanation
12 of the criteria necessary for designation as a primary stroke
13 center and the criteria necessary for designation as a
14 comprehensive stroke center. The notice shall also advise
15 hospitals of the process by which a hospital might be added to
16 the list of primary or comprehensive stroke centers.

17 (4) The agency shall adopt by rule criteria for a
18 primary stroke center which are substantially similar to the
19 certification standards for primary stroke centers of the
20 Joint Commission on Accreditation of Healthcare Organizations.

21 (5) The agency shall adopt by rule criteria for a
22 comprehensive stroke center. However, if the Joint Commission
23 on Accreditation of Healthcare Organizations establishes
24 criteria for a comprehensive stroke center, the agency shall
25 establish criteria for a comprehensive stroke center which are
26 substantially similar to those criteria established by the
27 Joint Commission on Accreditation of Healthcare Organizations.

28 (6) This act is not a medical practice guideline and
29 may not be used to restrict the authority of a hospital to
30 provide services for which it has received a license under
31 chapter 395, Florida Statutes. The Legislature intends that

1 all patients be treated individually based on each patient's
2 needs and circumstances.

3 Section 4. Advertising restrictions.--A person may not
4 advertise to the public, by way of any medium whatsoever, that
5 a hospital is a state-listed primary or comprehensive stroke
6 center unless the hospital has provided notice to the agency
7 as required by this act.

8 Section 5. Emergency medical services providers;
9 triage and transportation of stroke victims to a stroke
10 center.--

11 (1) By June 1 of each year, the department shall send
12 the list of primary stroke centers and comprehensive stroke
13 centers to the medical director of each licensed emergency
14 medical services provider in this state.

15 (2) The department shall develop a sample
16 stroke-triage assessment tool. The department must post this
17 sample assessment tool on its website and provide a copy of
18 the assessment tool to each licensed emergency medical
19 services provider no later than June 1, 2005. Each licensed
20 emergency medical services provider must use a stroke-triage
21 assessment tool that is substantially similar to the sample
22 stroke-triage assessment tool provided by the department.

23 (3) The medical director of each licensed emergency
24 medical services provider shall develop and implement
25 assessment, treatment, and transport-destination protocols for
26 stroke patients with the intent to assess, treat, and
27 transport stroke patients to the most appropriate hospital.

28 (4) Each emergency medical services provider licensed
29 under chapter 401, Florida Statutes, must comply with all
30 sections of this act by July 1, 2005.

31 Section 6. This act shall take effect July 1, 2004.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
COMMITTEE SUBSTITUTE FOR
Senate Bill 1590

The Committee Substitute differs from SB 1590 in the following ways:

The Department of Health will not certify stroke treatment centers, but will develop a sample stroke-triage assessment tool.

The Agency for Health Care Administration will adopt rules to establish criteria for a primary stroke center and a comprehensive stroke center. The agency must compile and maintain a list of primary and comprehensive stroke treatment centers.

Emergency medical services providers will not be required to transport stroke patients to a certified stroke center but must develop and implement assessment, treatment, and transportation destination protocols for stroke patients and must use a stroke-triage assessment tool that is substantially similar to the stroke triage assessment tool adopted by the Department of Health. Emergency Medical Services Providers must comply with these requirements by July 1, 2005.