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LEGISLATIVE ACTION

Senate	.	House
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The Committee on Health Regulation (Sobel) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Section 395.3042, Florida Statutes, is created to read:

395.3042 Emergency medical services providers; triage and transportation of victims of an acute ST-elevation myocardial infarction; definitions.—Emergency medical services providers shall provide triage and transportation to victims of an acute ST-elevation myocardial infarction to the most appropriate



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12 medical facility with a specific preference to medical
13 facilities with a percutaneous coronary intervention center or
14 those medical centers certified as chest pain centers by the
15 Society of Chest Pain Centers.

16 (1) (a) The Legislature finds that rapid identification and
17 treatment of serious heart attacks, known as ST-elevation
18 myocardial infarction, or STEMI, can significantly improve
19 outcomes by reducing death and disability by rapidly restoring
20 blood flow to the heart in accordance with the latest evidence-
21 based standards.

22 (b) The Legislature further finds that a strong emergency
23 system to support survival from life-threatening heart attacks
24 is needed in this state in order to treat victims in a timely
25 manner and to improve outcomes and the overall care of heart
26 attack victims.

27 (c) Therefore, the Legislature directs all local emergency
28 medical services providers and medical facilities to work
29 together to establish local STEMI systems of care to help
30 improve outcomes for individuals suffering from this life-
31 threatening heart attack.

32 (2) As used in this section, the term:

33 (a) "Agency" means the Agency for Health Care
34 Administration.

35 (b) "Department" means the Department of Health.

36 (c) "STEMI system of care" means a local agreement between
37 emergency medical service providers and local hospitals to
38 deliver patients identified as having an ST-elevation myocardial
39 infarction to appropriate medical facilities.

40 (d) "Percutaneous coronary intervention center" means a



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41 provider of adult interventional cardiology services licensed by
42 the agency under s. 408.0361 which shall provide 24 hours a day
43 availability of services for acute STEMI patients.

44 (e) "Local" means, at minimum, a functional area defined by
45 an emergency medical services provider and the medical
46 facilities to which it routinely transports STEMI and other
47 patients with medical complaints.

48 (3) The medical director of each licensed emergency medical
49 services provider shall establish protocols for the assessment,
50 treatment and destination selection, and transportation of
51 suspected cardiac patients. These protocols must specify
52 destination selection criteria for suspected STEMI patients.
53 Emergency medical services providers that provide only non-
54 emergency ambulance transportation and do not provide first
55 response are exempt from the requirements of this section.

56 (4) The medical director of each licensed emergency medical
57 services provider shall determine which medical facilities are
58 the most appropriate destinations for suspected STEMI patients,
59 taking local resources into consideration.

60 (5) The department shall assist in identifying and
61 providing all licensed emergency medical service providers with
62 opportunities, partnerships, and resources for securing
63 appropriate equipment for identifying STEMI patients in the
64 field. These sources may include the Emergency Medical Services
65 Grant program in ss. 401.101-401.121.

66 (6) Each emergency medical services provider licensed under
67 chapter 401 must comply with this section by July 1, 2010.

68 (7) Each facility licensed under chapter 395 which
69 routinely cares for acute adult cardiac patients shall agree to



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70 participate and cooperate with each medical director of a
71 emergency medical services provider to ensure establishment of
72 local protocols for STEMI patient assessment and treatment and
73 destination selection.

74 (8) Any local medical facility whose status changes
75 regarding the availability of percutaneous coronary intervention
76 services is required to notify the medical director or medical
77 directors of the local emergency medical services provider,
78 whether the changes are permanent or transient. This
79 notification must be made before the change, if possible, and
80 the notification must occur immediately if the facility can no
81 longer provide the service to an immediately incoming suspected
82 STEMI patient. Each emergency medical services provider and its
83 medical directors shall be held harmless if such notification
84 has not been provided or if insufficient notice has been
85 provided such that the medical director of the emergency medical
86 services provider could not take measures to prevent the
87 transportation of a suspected STEMI patient to the facility
88 during the period of status change.

89 (9) Each receiving hospital shall report data on all
90 suspected STEMI patients to the medical director of the
91 respective emergency medical services provider for that patient.
92 Reports shall be delivered to the medical director no later than
93 30 days from the time of patient discharge, transfer, or death.
94 For suspected STEMI patients, the data points reported to the
95 emergency medical services provider medical director shall
96 include, but need not be limited to:

- 97 (a) Patient name;
98 (b) Date of transport;



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99 (c) Patient's date of birth; (d) Incident or run number of
100 the emergency medical services provider;

101 (e) Emergency department arrival time;

102 (f) Emergency department exit time;

103 (g) Name of facility, if transferred, and time of
104 departure;

105 (h) Medical therapy delivered to patient and time
106 administered;

107 (i) Cathertization lab arrival time;

108 (j) Medical reason if percutaneous coronary intervention
109 (PCI) is not utilized or contraindicated;

110 (k) Femoral access time;

111 (l) Cross lesion time;

112 (m) Admission; and

113 (n) Survival.

114 (10) The department shall adopt rules necessary to
115 administer the provisions of this section relating to emergency
116 medical services providers. The department and the agency may
117 create rules to administer the data sharing of this act.

118 Section 2. This act shall take effect July 1, 2009.

119
120 ===== T I T L E A M E N D M E N T =====

121 And the title is amended as follows:

122 Delete everything before the enacting clause
123 and insert:

124 A bill to be entitled
125 An act relating to cardiology services; requiring
126 emergency medical services providers to transport
127 certain cardiac patients to the most appropriate



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128 facility and providing a facility preference;
129 providing legislative findings; providing definitions;
130 requiring each medical director of an emergency
131 medical services provider to develop and implement
132 certain protocols for cardiac patients; providing for
133 an exemption; requiring medical directors to determine
134 appropriate transport locations for patients;
135 requiring the department to identify and provide to
136 emergency medical services providers opportunities and
137 resources to secure appropriate equipment for the
138 identification of certain cardiac patients; providing
139 a timeframe for emergency medical services providers
140 to comply with the act; requiring participation by
141 certain hospitals; requiring notice of changes;
142 requiring hospitals to report certain data;
143 authorizing the department to adopt rules; providing
144 for rulemaking; providing an effective date.

145
146 WHEREAS, every year, approximately 24,000 people in this
147 state suffer a type of life-threatening heart attack known as an
148 ST Elevation Myocardial Infarction (STEMI), one-third of whom
149 die within 24 hours after the attack, and

150 WHEREAS, fewer than 20 percent of heart attack victims
151 receive emergency reperfusion to open blocked arteries, and

152 WHEREAS, studies have shown that individuals suffering a
153 life-threatening heart attack known as an ST Elevation
154 Myocardial Infarction or STEMI have better outcomes if they
155 receive emergency reperfusion, and

156 WHEREAS, studies have shown that percutaneous coronary



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157 intervention (PCI) is currently the optimum treatment for a
158 patient suffering from a STEMI heart attack, and

159 WHEREAS, studies have shown that opening a blocked coronary
160 artery using emergency PCI within recommended timeframes can
161 effectively prevent or significantly minimize permanent damage
162 caused by a heart attack to the heart, and

163 WHEREAS, even fewer patients receive the procedure within
164 the timeframe recommended by the American Heart Association and
165 the American College of Cardiology, and

166 WHEREAS, damage to the heart muscle can result in death,
167 congestive heart failure, arterial fibrillation, and other
168 chronic diseases of the heart, and

169 WHEREAS, organizations such as the American Heart
170 Association, the American College of Cardiology, and the Florida
171 College of Emergency physicians recommend deploying protocols
172 and systems to help ensure that people suffering from a life
173 threatening heart attack receive the latest evidence-based care,
174 such as timely reperfusion and emergency PCI, within recommended
175 timeframes, and

176 WHEREAS, Florida's system of trauma services and system of
177 emergency stroke treatment have dramatically improved the care
178 provided for individuals suffering from a traumatic injury or a
179 stroke, and

180 WHEREAS, emergency medical services (EMS) personnel often
181 have a unique opportunity to identify STEMI patients through
182 training, appropriate equipment use, and quality assurance
183 programs and can impact their outcome by following protocols
184 that specify appropriate destination selection, and

185 WHEREAS, cooperative relationships between EMS agencies and



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186 medical facilities are necessary to provide a systematic
187 continuum of care for STEMI patients that ensures that they will
188 receive the latest evidence-based care within recommended
189 timeframes, NOW THEREFORE,