

1 A bill to be entitled
2 An act relating to the treatment of stroke; creating s.
3 395.3044, F.S.; providing legislative findings; providing
4 definitions; providing duties for the Agency for Health
5 Care Administration with regard to the statewide system
6 for stroke response and treatment; requiring the agency to
7 establish the Stroke Task Force; requiring the Secretary
8 of Health Care Administration to appoint the members of
9 the Stroke Task Force; providing the membership for the
10 task force; requiring the agency and the task force to
11 require specified health care facilities to report certain
12 data; providing additional duties of the task force;
13 requiring primary and comprehensive stroke centers and
14 certain medical facilities to report certain data
15 regarding stroke patients to a private, tier-one research
16 university in this state; requiring that the private,
17 tier-one research university store and maintain the
18 reported data and compiled information and statistics in a
19 registry; providing that the implementation of the
20 registry is contingent upon the availability of funding;
21 requiring the private tier-one research university to use
22 a specified data platform for the registry; requiring the
23 private tier-one research university to coordinate with
24 national voluntary health organizations that are involved
25 in quality improvement of stroke patients; providing for
26 health care information collected in the registry to be
27 released only under certain conditions; requiring the
28 agency and the task force to submit a report to the

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29 Governor, the Legislature, and the State Surgeon General;
 30 providing that the act does not restrict a hospital from
 31 providing services for which it is licensed to provide;
 32 requiring the agency to adopt rules; providing an
 33 effective date.

34
 35 WHEREAS, stroke is the third leading killer in the United
 36 States and in Florida, and

37 WHEREAS, stroke is a leading cause of serious long-term
 38 disability in this state, and

39 WHEREAS, an estimated 780,000 new and recurrent strokes
 40 occur each year in this country, and

41 WHEREAS, the number of persons having strokes is projected
 42 to increase as the population ages, and

43 WHEREAS, this year in Florida more than 50,000 people will
 44 fall victim to a potentially treatable stroke, and

45 WHEREAS, more than 8,000 Floridians will die from stroke-
 46 related complications, and

47 WHEREAS, increased quality improvement measures serve to
 48 provide for increased positive patient outcomes, and

49 WHEREAS, understanding the care received by each stroke
 50 patient will assist in quickly achieving these improved patient
 51 outcomes, NOW, THEREFORE,

52
 53 Be It Enacted by the Legislature of the State of Florida:

54
 55 Section 1. Section 395.3044, Florida Statutes, is created
 56 to read:

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57 | 395.3044 Stroke Prevention Act.-

58 | (1) LEGISLATIVE FINDINGS.-

59 | (a) The rapid identification, diagnosis, and treatment of
60 | a stroke can save the life of a stroke patient and, in some
61 | cases, can reverse neurological damage, such as paralysis and
62 | speech and language impairments, leaving the stroke patient with
63 | few or no neurological deficits.

64 | (b) The Legislature further finds that the large number of
65 | stroke-related loss of life and viability creates an annual
66 | financial burden for the state of more than \$1.2 billion in
67 | medical costs, supportive care, and lost productivity.

68 | (2) DEFINITIONS.-As used in this section, the term:

69 | (a) "National Quality Forum" means a nonprofit
70 | organization that operates under a three-part mission to improve
71 | the quality of health care in the United States by:

72 | 1. Building consensus on national priorities and goals for
73 | performance improvement and working in partnership to achieve
74 | them;

75 | 2. Endorsing national consensus standards for measuring
76 | and publicly reporting on performance; and

77 | 3. Promoting the attainment of national goals through
78 | education and outreach programs.

79 | (b) "Statewide system for stroke response and treatment"
80 | means the process in which a stroke patient in this state is
81 | quickly identified and transported to and treated in a primary
82 | stroke center, a comprehensive stroke center, or a medical
83 | facility that is licensed by the agency, except a pediatric
84 | hospital, a critical access hospital, a psychiatric hospital, or

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85 an agency that offers emergency medical services.

86 (c) "Joint Commission" means an independent, not-for-
87 profit organization that accredits and certifies health care
88 organizations and programs in the United States. The Joint
89 Commission's accreditation and certification is recognized
90 nationwide as a symbol of quality that reflects an
91 organization's commitment to meeting certain standards of
92 performance. The Joint Commission was formerly the Joint
93 Commission on Accreditation of Healthcare Organizations.

94 (3) DUTIES.—The agency shall establish and implement a
95 plan for achieving continuous improvement in the quality of care
96 provided under the statewide system for stroke response and
97 treatment. In implementing this plan, the agency shall:

98 (a) Require the application of guidelines for evidence-
99 based treatment which align with guidelines of the nationally
100 approved National Quality Forum for the treatment and discharge
101 of patients.

102 (b) Establish a Stroke Task Force to assist in
103 implementing the plan for achieving continuous improvement in
104 the quality of care provided under the statewide system for
105 stroke response and treatment.

106 1. The Secretary for Health Care Administration shall
107 appoint the following 13 members to the Stroke Task Force:

- 108 a. The State Surgeon General or his or her designee;
109 b. The director of the Office of Public Health Research
110 within the Department of Health or his or her designee;
111 c. A neurologist licensed to practice medicine in this
112 state;

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- 113 d. A designee from the American Stroke Association;
 114 e. A member of the Florida College of Emergency
 115 Physicians;
 116 f. A member of the Florida Hospital Association;
 117 g. A member of a large metropolitan hospital in this
 118 state;
 119 h. A representative from the Rural Health Association or
 120 the Rural Hospital Association;
 121 i. A designee from the Medicare Quality Improvement
 122 Organization for this state;
 123 j. A person who is certified in this state as an emergency
 124 medical technician or paramedic;
 125 k. An epidemiologist from a state college or university;
 126 l. A registered nurse who treats stroke patients; and
 127 m. A person who represents rehabilitative services for
 128 stroke survivors.
- 129 2. The Stroke Task Force shall:
- 130 a. Analyze the data and information maintained and stored
 131 by the private, tier-one research university in a registry as
 132 provided in subsection (4).
- 133 b. Identify potential interventions to improve care for
 134 stroke patients who live in certain geographic areas or regions
 135 of the state.
- 136 c. Provide recommendations to the agency and the
 137 Legislature for improving the delivery of health care services
 138 to former and current stroke patients in the state.
- 139 (4) REGISTRY.—
- 140 (a)1. Each primary and comprehensive stroke center and

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141 each medical facility that is licensed by the agency, except a
 142 pediatric hospital, a critical access hospital, a psychiatric
 143 hospital, or an agency that offers emergency medical services,
 144 shall report to a private, tier-one research university in this
 145 state data, including, but not limited to, discharge
 146 destinations, which are consistent with nationally recognized
 147 guidelines on the treatment of individuals who suffered a
 148 confirmed stroke within the statewide system for stroke response
 149 and treatment. The private, tier-one research university shall
 150 compile information and statistics on care for stroke patients
 151 which align with the stroke consensus metrics developed and
 152 approved by the American Heart Association/American Stroke
 153 Association, the Centers for Disease Control and Prevention, and
 154 the Joint Commission and shall store and maintain this compiled
 155 information and statistics and the reported data in a registry.

156 2. The registry and the private, tier-one research
 157 university's implementation thereof are contingent upon the
 158 availability of funds.

159 (b) The private, tier-one research university shall use
 160 the American Heart Association's program known as "Get With The
 161 Guidelines-Stroke" as the data platform for the registry or
 162 another nationally recognized data platform that has standards
 163 for confidentiality that are equally secure.

164 (c) To the extent possible, the private, tier-one research
 165 university shall coordinate with national voluntary health
 166 organizations involved in quality improvement of stroke patients
 167 in order to avoid duplication of efforts.

168 (5) RELEASE OF INFORMATION.—Health care data and other

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169 information collected in the registry may be released only in
170 accordance with written agreements and subject to the
171 confidentiality provisions required under s. 25(b), Art. X of
172 the State Constitution, s. 381.028(6), and by other relevant
173 state and federal laws.

174 (6) ANNUAL REPORT.—By July 1, 2012, and annually
175 thereafter, the agency and the Stroke Task Force shall submit a
176 report to the Governor, the President of the Senate, the Speaker
177 of the House of Representatives, and the State Surgeon General
178 on the progress made toward improving the quality of care and
179 patient outcomes under the statewide system for stroke response
180 and treatment.

181 (7) MEDICAL TREATMENT OF PATIENTS.—This section is not a
182 guideline for medical practice and does not restrict the
183 authority of a hospital to provide services for which it has
184 received a license under state law. The Legislature intends that
185 all patients be treated individually based on each patient's
186 needs and circumstances.

187 (8) RULES.—The agency shall adopt rules to administer this
188 section.

189 Section 2. This act shall take effect upon becoming a law.