

By Senator Jones

13-00454A-11

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

13-00454A-11

20111200\_\_

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

36  
37 WHEREAS, stroke is the third leading killer in the United  
38 States and in Florida, and

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

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

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

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

47 WHEREAS, more than 8,000 Floridians will die from stroke-  
48 related complications, and

49 WHEREAS, increased quality improvement measures serve to  
50 provide for increased positive patient outcomes, and

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

54  
55 Be It Enacted by the Legislature of the State of Florida:

56  
57 Section 1. Section 395.3044, Florida Statutes, is created  
58 to read:

13-00454A-11

20111200\_\_

59 395.3044 Stroke Prevention Act.—

60 (1) LEGISLATIVE FINDINGS.—

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

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

70 (2) DEFINITIONS.—As used in this section, the term:

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

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

77 2. Endorsing national consensus standards for measuring and  
78 publicly reporting on performance; and

79 3. Promoting the attainment of national goals through  
80 education and outreach programs.

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

13-00454A-11

20111200\_\_

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

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

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

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

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

- 110        a. The State Surgeon General or his or her designee;  
111        b. The director of the Office of Public Health Research  
112 within the Department of Health or his or her designee;  
113        c. A neurologist licensed to practice medicine in this  
114 state;  
115        d. A designee from the American Stroke Association;  
116        e. A member of the Florida College of Emergency Physicians;

13-00454A-11

20111200\_\_

117 f. A member of the Florida Hospital Association;

118 g. A member of a large metropolitan hospital in this 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 each  
141 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

13-00454A-11

20111200

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 the  
160 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  
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

13-00454A-11

20111200\_\_

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.