

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 397 Cardiovascular Emergency Protocols and Training
SPONSOR(S): Health Care Appropriations Subcommittee, DiCeglie and others
TIED BILLS: **IDEN./SIM. BILLS:** SB 766

| REFERENCE | ACTION | ANALYST | STAFF DIRECTOR or BUDGET/POLICY CHIEF |
|---------------------------------------------|------------------|---------|------------------------------------------|
| 1) Professions & Public Health Subcommittee | 18 Y, 0 N | Guzzo | McElroy |
| 2) Health Care Appropriations Subcommittee | 12 Y, 0 N, As CS | Mielke | Clark |
| 3) Health & Human Services Committee | | | |

SUMMARY ANALYSIS

A heart attack occurs when the flow of oxygen-rich blood to a section of heart muscle suddenly becomes blocked. If blood flow is not restored quickly, the section of heart muscle begins to die. Heart attack treatment is most effective if provided when symptoms first occur. Emergency assistance to a person having a heart attack is usually provided by emergency medical technicians (EMTs), paramedics, or a bystander who attempts to administer cardiopulmonary resuscitation (CPR).

Current law requires the medical director of an emergency medical services (EMS) provider to issue standing orders and protocols to its EMTs and paramedics to ensure that patients are transported to facilities that offer a type and level of care appropriate to the patient's medical condition.

The Department of Health (DOH) is responsible for certifying 911 public safety telecommunicators (911 PSTs). To become certified as a 911 PST an applicant is required to receive 232 hours of training, which must include successful completion of a CPR certification class. A 911 PST must renew their certification every two years and must receive 20 hours of continuing education prior to renewal. Current law does not require the 20-hours of continuing education to include CPR training.

CS/HB 397 requires DOH to annually send a list of providers of adult cardiovascular services to the medical director of each licensed EMS provider. It further requires DOH to develop a sample heart attack triage assessment tool to be posted on its website and distributed to each licensed EMS provider. In addition, the bill requires EMS providers to use a substantially similar assessment tool and requires EMS medical directors to develop and implement assessment, treatment, and transport protocols to ensure heart attack patients are transported to the most appropriate hospital.

The bill also requires a 911 PST to complete biennial telecommunicator CPR training in order to have their certification renewed.

The bill has an insignificant, negative fiscal impact on DOH and an indeterminate fiscal impact on local government.

The bill provides an effective date of July 1, 2021.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Heart Attacks

A heart attack occurs when the flow of oxygen-rich blood to a section of heart muscle suddenly becomes blocked.¹ If blood flow is not restored quickly, the section of heart muscle begins to die. Heart attacks most often occur as a result of ischemic heart disease – also known as coronary heart disease or coronary artery disease, which is caused by plaque build-up inside the coronary arteries. Eventually, an area of plaque can rupture inside of an artery causing a blood clot to form on the plaque's surface. If the blood clot becomes large enough, it can mostly or completely block blood flow through a coronary artery. If the blockage isn't treated quickly, the portion of heart muscle fed by the artery begins to die. Heart attack treatment is most effective if provided when symptoms first occur.²

911 Public Safety Telecommunicators

Out-of-hospital cardiac arrest (OHCA) describes the sudden, unexpected loss of heart function, breathing, and consciousness.³ Every year an estimated 350,000 people have cardiac arrest in the United States in an out-of-hospital environment and only one out of 10 victims survive.⁴ 911 public safety telecommunicators (911 PSTs) along with the 911-caller are often the first responders and it is the 911 PST's job to transform the caller into a lay rescuer by instructing them how to perform CPR.⁵

The Department of Health (DOH) is responsible for certifying 911 PSTs.⁶ To become certified as a 911 PST an applicant is required to receive 232 hours of training, which must include successful completion of a CPR certification class.⁷ A 911 PST must renew their certification every two years and must receive 20 hours of continuing education prior to renewal, which does not currently include CPR training.⁸

There are currently 8,861 certified 911 PSTs.⁹

Emergency Medical Transport Services

Prehospital life support transport services fall into two general categories – basic life support services (BLS) and advanced life support services (ALS).

BLS services include the assessment or treatment by a person qualified under part III of ch. 401, F.S., through the use of techniques described in the EMT-Basic National Standard Curriculum or the National Emergency Medical Services (EMS) Education Standards of the U.S. Department of Transportation.¹⁰ The term includes the administration of oxygen and other techniques that have been

¹ U.S. Department of Health & Human Services, National Heart, Lung, and Blood Institute, *Heart Attack*, available at <https://www.nhlbi.nih.gov/health-topics/heart-attack> (last visited Mar. 20, 2021).

² Id.

³ Michael Christopher, *Telecommunicator Cardiopulmonary Resuscitation – A Policy Statement from the American Heart Association*, AHA Journals, Mar. 24, 2020, available at <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000744> (last visited Mar. 20, 2021).

⁴ Id.

⁵ Id.

⁶ Section 401.465(2), F.S.

⁷ Rule 64J-3.001, F.A.C.

⁸ Rule 64J-3.003, F.A.C.

⁹ Florida Department of Health, Agency Analysis of 2021 HB 397, (Feb. 24, 2021).

¹⁰ United States Department of Transportation, National Highway Traffic Safety Administration, *National Emergency Medical Services Education Standards*, (January 2009), available at <https://www.ems.gov/pdf/National-EMS-Education-Standards-FINAL-Jan-2009.pdf> (last visited March 20, 2021).

approved and are performed under specific conditions.¹¹ BLS services are usually performed by EMTs.¹²

ALS services include patient assessment or treatment including the implementation of advanced medical skills such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, cardiac defibrillation, and other techniques described in the EMT-Paramedic National Standard Curriculum or the National EMS Education Standards.¹³ ALS services can be performed on site and are usually provided by physicians or paramedics.¹⁴

The medical director of an EMS provider is required to issue standing orders and protocols to its EMTs and paramedics to ensure that patients are transported to facilities that offer a type and level of care appropriate to the patient's medical condition.¹⁵ There is currently no express statutory requirement for EMS medical directors to develop and implement transport protocols for heart attack patients.

Adult Cardiovascular Services

There are two levels of hospital program licensure for Adult Cardiovascular Services (ACS). A Level I program is authorized to perform adult percutaneous cardiac intervention (PCI)¹⁶ without onsite cardiac surgery and a Level II program is authorized to perform PCI with onsite cardiac surgery.¹⁷

For a hospital seeking a Level I ACS program license, it must demonstrate that, for the most recent 12-month period as reported to AHCA, it has:¹⁸

- Provided a minimum of 300 adult inpatient and outpatient diagnostic cardiac catheterizations; or
- Discharged or transferred at least 300 inpatients with the principal diagnosis of ischemic heart disease;¹⁹ and that it has formalized, written transfer agreement with a hospital that has a Level II program.

For a hospital seeking a Level II ACS program license, it must demonstrate that, for the most recent 12-month period as reported to AHCA, it has:

- Performed a minimum of 1,100 adult inpatient and outpatient cardiac catheterizations, of which at least 400 must be therapeutic catheterizations; or
- Discharged at least 800 patients with the principal diagnosis of ischemic heart disease.

The Agency for Health Care Administration currently maintains a list on its website of hospitals with Level I and Level II ACS programs.²⁰

¹¹ Sections 401.23(7) and (8), F.S.

¹² Ryyanen, et. al, *Is advanced life support better than basic life support in prehospital care? A systematic review*, Scand J Trauma Resusc. Emerg. Med. 2010; 18: 62, (November 23, 2010), available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3001418/> (last visited March 11, 2021).

¹³ Sections 401.23(1) and (2), F.S.

¹⁴ Ryyanen, et. al, supra note 18.

¹⁵ Rule 64J-1.004, F.A.C.

¹⁶ Percutaneous cardiac intervention (PCI), commonly known as coronary angioplasty or angioplasty, is a nonsurgical technique for treating obstructive coronary artery disease.

¹⁷ Section 395.1055(18)(a), F.S.

¹⁸ S. 408.0361(3)(b), F.S.

¹⁹ Heart condition caused by narrowed heart arteries. This is also called "coronary artery disease" and "coronary heart disease."

²⁰ Agency for Health Care Administration, Hospital & Outpatient Services Unit, Reports, Cardiovascular – Level I and II ACS, available at https://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Hospital_Outpatient/Reports.shtml (last visited Mar. 20, 2021).

Effect of the Bill

CS/HB 397 requires DOH to annually send a list of providers of adult cardiovascular services to the medical director of each licensed EMS provider. It further requires DOH to develop a sample heart attack triage assessment tool to be posted on its website and distributed to each licensed EMS provider. In addition, the bill requires EMS providers to use a substantially similar assessment tool and requires EMS medical directors to develop and implement assessment, treatment, and transport protocols to ensure heart attack patients are transported to the most appropriate hospital.

The bill also requires a 911 PST to complete biennial telecommunicator CPR training in order to have their certification renewed.

The bill provides an effective date of July 1, 2021.

B. SECTION DIRECTORY:

Section 1: Creates s. 395.3042, F.S., relating to emergency medical services providers; triage and transportation of heart attack victims to an adult cardiovascular services provider.

Section 2: Amends s. 401.465, F.S., relating to 911 public safety telecommunicator certification.

Section 3: Provides an effective date of July 1, 2021.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

DOH will incur costs associated with rulemaking and developing the sample heart attack-triage assessment tool, which current resources are adequate to absorb.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

Local government emergency medical services providers may incur costs associated with creating a heart attack-triage assessment tool and developing assessment, treatment, and transport-destination protocols for heart attack patients.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Private emergency medical services providers may incur costs associated with creating a heart attack-triage assessment tool and developing assessment, treatment, and transport-destination protocols for heart attack patients.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

DOH has sufficient rule-making authority to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On April 9, 2021, the Health Care Appropriations Subcommittee adopted one amendment to HB 397 and reported the bill favorably as a committee substitute. The amendment:

- Clarified that CPR training is required to be completed by 911 PSTs.
- Removed the requirement for DOH to monitor adherence to the training.

The analysis is drafted to the committee substitute as passed by the Health Care Appropriations Subcommittee.