

## LEGISLATIVE BILL 722

Approved by the Governor April 18, 2016

Introduced by Baker, 30.

A BILL FOR AN ACT relating to public health and welfare; to amend sections 38-1217 and 38-1221, Revised Statutes Cumulative Supplement, 2014, and section 71-401, Revised Statutes Supplement, 2015; to adopt the Stroke System of Care Act; to provide for establishment of model protocols under the Emergency Medical Services Practice Act; to restrict advertising by hospitals; to harmonize provisions; and to repeal the original sections. Be it enacted by the people of the State of Nebraska,

Section 1. Sections 1 to 9 of this act shall be known and may be cited as the Stroke System of Care Act.

Sec. 2. The Legislature finds that:

(1) Stroke is the fifth leading cause of death and the leading cause of disability according to the Centers for Disease Control and Prevention of the United States Public Health Service of the United States Department of Health and Human Services;

(2) Forecasting by the American Heart Association predicts stroke prevalence to increase by twenty-four and nine-tenths percent between 2010 and 2030;

(3) The cost of stroke continues to increase as total hospital charges for stroke in Nebraska increased by more than fifty-four million dollars between 2001 and 2010, from fifty-four million dollars to one hundred eight million dollars, with the average charge per stroke hospitalization at thirty-one thousand dollars in 2010 according to the 2011 Nebraska Heart Disease and Stroke Prevention Program and Data Summary by the Nebraska Department of Health and Human Services;

(4) The rapid identification, diagnosis, and treatment of stroke can save the lives of stroke patients and in some cases reverse neurological damage such as paralysis and speech and language impairments;

(5) An effective system is needed in Nebraska communities in order to treat stroke patients in a timely manner and to improve the overall outcomes of stroke patients; and

(6) Creation and enhancement of stroke systems of care provide patients the highest quality care while ensuring seamless transitions along the care continuum.

Sec. 3. For purposes of the Stroke System of Care Act:

(1) Department means the Department of Health and Human Services; and

(2) Hospital means a hospital as defined in section 71-419 and licensed under the Health Care Facility Licensure Act.

Sec. 4. The department shall designate hospitals as comprehensive stroke centers, primary stroke centers, and acute stroke-ready hospitals based on certification from the American Heart Association, the Joint Commission on Accreditation of Healthcare Organizations, or another nationally recognized, guidelines-based organization that provides certification for stroke care, as such certification existed on the effective date of this act. The department shall compile and maintain a list of such hospitals and post the list on the department's web site. Before June 1 of each year, the department shall send the list to the physician medical director of each emergency medical service licensed pursuant to the Emergency Medical Services Practice Act.

Sec. 5. A hospital that is designated as a comprehensive stroke center or a primary stroke center may enter into a coordinating stroke care agreement with an acute stroke-ready hospital to provide appropriate access to care for acute stroke patients. The agreement shall be in writing and shall include, at a minimum:

(1) A transfer agreement for the transport and acceptance of any stroke patient seen by the acute stroke-ready hospital for stroke treatment therapies which the acute stroke-ready hospital is not capable of providing; and

(2) Communication criteria and protocol with the acute stroke-ready hospital.

Sec. 6. Beginning on January 1, 2017, a hospital that does not have certification described under section 4 of this act shall have a predetermined plan for the triage and transfer of acute stroke patients and shall file the plan annually with the department.

Sec. 7. The department shall adopt and distribute a nationally recognized, standardized stroke triage assessment tool. The department shall post the stroke triage assessment tool on the department's web site and provide a copy of the assessment tool to each emergency medical service licensed pursuant to the Emergency Medical Services Practice Act.

Sec. 8. (1) Beginning on January 1, 2017, an emergency medical service licensed pursuant to the Emergency Medical Services Practice Act shall use a stroke triage assessment tool that is substantially similar to the stroke triage assessment tool adopted by the department under section 7 of this act.

(2) Beginning on January 1, 2017, a licensed emergency medical service shall establish pre-hospital-care protocols related to the assessment,

treatment, and transport of a stroke patient by the emergency medical service.

Sec. 9. (1) The department shall establish a stroke system of care task force to address matters of triage, treatment, and transport of possible acute stroke patients. The task force shall include representation from the department, including a program created by the department to address chronic disease prevention and control issues including cardiovascular health, the Emergency Medical Services Program created by the department, and the Office of Rural Health, the American Stroke Association, the Nebraska State Stroke Association, hospitals designated as comprehensive stroke centers under the Stroke System of Care Act, hospitals designated as primary stroke centers under the act, rural hospitals, physicians, and emergency medical services licensed pursuant to the Emergency Medical Services Practice Act.

(2) The task force shall provide advice and recommendations to the department regarding the implementation of the Stroke System of Care Act. The task force shall focus on serving both rural and urban areas. The task force shall provide advice regarding protocols for the assessment, stabilization, and appropriate routing of stroke patients by emergency medical services and for coordination and communication between hospitals, comprehensive stroke centers, primary stroke centers, and other support services necessary to assure all residents of Nebraska have access to effective and efficient stroke care.

(3) The task force shall recommend eligible essential health care services for acute stroke care provided through telehealth as defined in section 71-8503.

Sec. 10. Section 38-1217, Revised Statutes Cumulative Supplement, 2014, is amended to read:

38-1217 The board shall adopt rules and regulations necessary to:

(1)(a) For licenses issued prior to September 1, 2010, create the following licensure classifications of out-of-hospital emergency care providers: (i) First responder; (ii) emergency medical technician; (iii) emergency medical technician-intermediate; and (iv) emergency medical technician-paramedic; and (b) for licenses issued on or after September 1, 2010, create the following licensure classifications of out-of-hospital emergency care providers: (i) Emergency medical responder; (ii) emergency medical technician; (iii) advanced emergency medical technician; and (iv) paramedic. The rules and regulations creating the classifications shall include the practices and procedures authorized for each classification, training and testing requirements, renewal and reinstatement requirements, and other criteria and qualifications for each classification determined to be necessary for protection of public health and safety. A person holding a license issued prior to September 1, 2010, shall be authorized to practice in accordance with the laws, rules, and regulations governing the license for the term of the license;

(2) Provide for temporary licensure of an out-of-hospital emergency care provider who has completed the educational requirements for a licensure classification enumerated in subdivision (1)(b) of this section but has not completed the testing requirements for licensure under such subdivision. Temporary licensure shall be valid for one year or until a license is issued under such subdivision and shall not be subject to renewal. The rules and regulations shall include qualifications and training necessary for issuance of a temporary license, the practices and procedures authorized for a temporary licensee, and supervision required for a temporary licensee;

(3) Set standards for the licensure of basic life support services and advanced life support services. The rules and regulations providing for licensure shall include standards and requirements for: Vehicles, equipment, maintenance, sanitation, inspections, personnel, training, medical direction, records maintenance, practices and procedures to be provided by employees or members of each classification of service, and other criteria for licensure established by the board;

(4) Authorize emergency medical services to provide differing practices and procedures depending upon the qualifications of out-of-hospital emergency care providers available at the time of service delivery. No emergency medical service shall be licensed to provide practices or procedures without the use of personnel licensed to provide the practices or procedures;

(5) Authorize out-of-hospital emergency care providers to perform any practice or procedure which they are authorized to perform with an emergency medical service other than the service with which they are affiliated when requested by the other service and when the patient for whom they are to render services is in danger of loss of life;

(6) Provide for the approval of training agencies and establish minimum standards for services provided by training agencies;

(7) Provide for the minimum qualifications of a physician medical director in addition to the licensure required by section 38-1212;

(8) Provide for the use of physician medical directors, qualified physician surrogates, model protocols, standing orders, operating procedures, and guidelines which may be necessary or appropriate to carry out the purposes of the Emergency Medical Services Practice Act. The model protocols, standing orders, operating procedures, and guidelines may be modified by the physician medical director for use by any out-of-hospital emergency care provider or emergency medical service before or after adoption;

(9) Establish criteria for approval of organizations issuing cardiopulmonary resuscitation certification which shall include criteria for instructors, establishment of certification periods and minimum curricula, and other aspects of training and certification;

(10) Establish renewal and reinstatement requirements for out-of-hospital emergency care providers and emergency medical services and establish continuing competency requirements. Continuing education is sufficient to meet continuing competency requirements. The requirements may also include, but not be limited to, one or more of the continuing competency activities listed in section 38-145 which a licensed person may select as an alternative to continuing education. The reinstatement requirements for out-of-hospital emergency care providers shall allow reinstatement at the same or any lower level of licensure for which the out-of-hospital emergency care provider is determined to be qualified;

(11) Establish criteria for deployment and use of automated external defibrillators as necessary for the protection of the public health and safety;

(12) Create licensure, renewal, and reinstatement requirements for emergency medical service instructors. The rules and regulations shall include the practices and procedures for licensure, renewal, and reinstatement;

(13) Establish criteria for emergency medical technicians-intermediate, advanced emergency medical technicians, emergency medical technicians-paramedic, or paramedics performing activities within their scope of practice at a hospital or health clinic under subsection (3) of section 38-1224. Such criteria shall include, but not be limited to: (a) Requirements for the orientation of registered nurses, physician assistants, and physicians involved in the supervision of such personnel; (b) supervisory and training requirements for the physician medical director or other person in charge of the medical staff at such hospital or health clinic; and (c) a requirement that such activities shall only be performed at the discretion of, and with the approval of, the governing authority of such hospital or health clinic. For purposes of this subdivision, health clinic has the definition found in section 71-416 and hospital has the definition found in section 71-419; ~~and~~

(14) Establish model protocols for compliance with the Stroke System of Care Act by an emergency medical service and an out-of-hospital emergency care provider; and

~~(15~~ 14) Establish criteria and requirements for emergency medical technicians-intermediate to renew licenses issued prior to September 1, 2010, and continue to practice after such classification has otherwise terminated under subdivision (1) of this section. The rules and regulations shall include the qualifications necessary to renew emergency medical technicians-intermediate licenses after September 1, 2010, the practices and procedures authorized for persons holding and renewing such licenses, and the renewal and reinstatement requirements for holders of such licenses.

Sec. 11. Section 38-1221, Revised Statutes Cumulative Supplement, 2014, is amended to read:

38-1221 (1) To be eligible for a license under the Emergency Medical Services Practice Act, an individual shall have attained the age of eighteen years and met the requirements established in accordance with subdivision (1), (2), or ~~(15~~ 14) of section 38-1217.

(2) All licenses issued under the act other than temporary licenses shall expire the second year after issuance.

(3) An individual holding a certificate under the Emergency Medical Services Act on December 1, 2008, shall be deemed to be holding a license under the Uniform Credentialing Act and the Emergency Medical Services Practice Act on such date. The certificate holder may continue to practice under such certificate as a license in accordance with the Uniform Credentialing Act until the certificate would have expired under its terms.

Sec. 12. Section 71-401, Revised Statutes Supplement, 2015, is amended to read:

71-401 Sections 71-401 to 71-470 and section 13 of this act shall be known and may be cited as the Health Care Facility Licensure Act.

Sec. 13. A person may not advertise to the public, by way of any medium, that a hospital is a comprehensive stroke center, primary stroke center, or acute stroke-ready hospital unless the hospital is listed as such by the Department of Health and Human Services under the Stroke System of Care Act.

Sec. 14. Original sections 38-1217 and 38-1221, Revised Statutes Cumulative Supplement, 2014, and section 71-401, Revised Statutes Supplement, 2015, are repealed.