

Sixty-first
Legislative Assembly
of North Dakota

HOUSE BILL NO.

Introduced by

Representative Porter

1 A BILL for an Act to create and enact a new chapter to title 23 of the North Dakota Century
2 Code, relating to hospital designation as a primary stroke center and related services offered by
3 emergency medical services operations.

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

5 **SECTION 1.** A new chapter to title 23 of the North Dakota Century Code is created and
6 enacted as follows:

7 **Primary stroke centers.**

- 8 1. Effective January 1, 2010, the state department of health shall designate qualified
9 hospitals as primary stroke centers. A hospital seeking designation as a primary
10 stroke center shall apply to the department for that designation and shall
11 demonstrate to the department that the hospital meets the applicable criteria
12 established by the department.
- 13 2. The criteria established by the department for designation as a primary stroke
14 center may include a requirement that the hospital be certified as a primary stroke
15 center by the joint commission on accreditation of health care organizations or by a
16 similar accrediting or certifying organization possessing hospital standards
17 recognized by the health care industry and accepted by the department.
- 18 3. The department may suspend or revoke a hospital's designation as a primary
19 stroke center, after notice and opportunity for a hearing, if the department
20 determines the hospital is not in compliance with the requirements of this chapter.
- 21 4. Annually, the state department of health shall provide a list of hospitals designated
22 as primary stroke centers to each emergency medical services operation licensed
23 in this state. The department shall post to the department's web site a list of the
24 hospitals designated as primary stroke centers.

Stroke system of care task force.

1. The state department of health shall establish a stroke system of care task force. The purpose of the task force is to encourage and ensure the establishment of primary stroke centers throughout the state. The state health officer, or the officer's designee, shall serve on the task force. The state health officer shall appoint members to the task force who represent rural hospitals, physicians who treat patients in rural areas, and members representing emergency medical services operations that provide services in rural areas of the state. Members of the task force serve at the pleasure of the state health officer.
2. Before April 1, 2010, the stroke system of care task force shall provide the state department of health with recommendations regarding the establishment of an effective stroke system of care in the rural areas of this state. The recommendations must include:
 - a. Protocols for the triage, stabilization, and appropriate routing of stroke patients by emergency medical services operations in rural areas; and
 - b. A plan to provide for coordination and communication between rural hospitals, primary stroke centers, and other support services in order to assure that residents of all regions of the state have access to effective and efficient stroke care.
3. The state health council shall adopt rules, based on the task force's recommendations, which become effective January 1, 2011.

Stroke triage - Emergency medical services.

1. Before January 1, 2011, the state department of health shall adopt a standardized stroke-triage assessment tool. The department shall post this standardized stroke-triage assessment tool to the department's web site and shall provide a copy to each emergency medical services operation licensed in this state. As a term of licensure under chapter 23-27, each licensed emergency medical services operation shall adopt and implement a stroke-triage assessment tool that is substantially similar to the standardized stroke-triage assessment tool adopted by the department.

- 1 2. The department shall work with designated primary stroke centers to establish
2 protocols related to the assessment, treatment, and transport of stroke patients by
3 emergency medical services operations licensed by the state. The protocols must
4 include regional transport plans for the triage and transport of stroke patients to the
5 closest, most appropriate facility, including the bypass of health care facilities not
6 designated as primary stroke centers when it is safe to do so.
- 7 3. Effective April 1, 2011, each emergency medical services operation licensed under
8 chapter 23-27 shall comply with this chapter.

9 **Reports.** Semiannually, each hospital designated as a primary stroke center shall
10 provide the state department of health a report on the center's quality initiatives. The data in
11 the report is an exempt record and is not subject to the state's open records law. However, the
12 department shall make the data in these reports available to state and local government entities
13 that have responsibility for the management and administration of emergency medical services
14 throughout the state. Annually, the department shall compile the report data in aggregate form
15 as a report card and post this report card to the department's web site. The results of this
16 report card may be used by the department to conduct training with designated primary stroke
17 centers regarding best practices in the treatment of stroke.

18 **Standard of care.** This chapter is not a medical practice guideline and may not be
19 used to restrict the authority of a hospital to provide services for which the hospital has been
20 licensed. This chapter must be interpreted to recognize that all patients should be treated
21 individually based on each patient's needs and circumstances.

22 **Advertisement.** A person may not advertise to the public that a hospital is a primary
23 stroke center unless the hospital has been designated as such under this chapter.