

Introduced by

Representatives Porter, Bellew, J. Nelson

Senators Carlisle, Dever, O'Connell

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 an acute cardiovascular emergency medical system.

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

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

6 **Definitions.**

7 As used in this chapter:

8 1. "Department" means the state department of health.

9 2. "STEMI" means ST-elevation myocardial infarction.

10 **Acute cardiovascular emergency medical system - Duties of state department of**  
11 **health.**

12 1. Following consultation with and receipt of a recommendation of the acute  
13 cardiovascular emergency medical system of care advisory committee, the  
14 department shall establish and maintain a comprehensive emergency cardiovascular  
15 medical system for the state. The system must include standards for the following  
16 components:

17 a. A system plan.

18 b. Prehospital emergency medical services.

19 c. Hospitals, for which the standards must include:

20 (1) Standards for designation, redesignation, and dedesignation of receiving  
21 and referring centers.

22 (2) Standards for evaluation and quality improvement programs for designated  
23 centers.

- 1           (3) Recognition of a hospital as a STEMI receiving center or as a STEMI  
2           referring center. In making such recognition, the standards much include  
3           consideration of whether the hospital is:  
4           (a) Accredited as a mission: lifeline STEMI receiving center or mission:  
5           lifeline STEMI referring center by the society of cardiovascular patient  
6           care and the American heart association accreditation process; or  
7           (b) Accredited by a department-approved, nationally recognized  
8           organization that provides mission: lifeline STEMI receiving center  
9           and mission: lifeline STEMI referring center accreditation or a  
10          substantive equivalent.  
11          d. System registries, for which the components must include a plan for achieving  
12          continuous quality improvement in the quality of care provided under the  
13          statewide system, including for STEMI response and treatment.  
14          (1) In implementing this plan, the department shall maintain a statewide STEMI  
15          heart attack database that aggregates information and statistics on heart  
16          attack care. The department shall utilize the ACTION registry-get with the  
17          guidelines data platform, or other equivalent platform.  
18          (2) To the extent possible, the department shall coordinate with national  
19          voluntary health organizations involved in STEMI heart attack quality  
20          improvement to avoid duplication and redundancy.  
21          (3) Designated receiving centers shall participate in the registry.  
22          2. The proceedings and records of the program are not subject to subpoena, discovery,  
23          or introduction into evidence in any civil action arising out of any matter that is the  
24          subject of consideration by the program.

25          **Acute cardiovascular emergency medical system of care advisory committee.**

- 26          1. The state health officer shall appoint the members of the acute cardiovascular  
27          emergency medical system of care advisory committee. The state health officer, or the  
28          officer's designee, is an ex officio member of the advisory committee. The state health  
29          officer shall appoint to the committee members who represent referring and receiving  
30          hospitals, physicians who treat patients, and members who represent emergency  
31          medical services operations that provide services in rural and urban areas of the state.

- 1           Members of the acute cardiovascular emergency medical system of care advisory  
2           committee serve at the pleasure of the state health officer.
- 3           2. The purpose of the acute cardiovascular emergency medical system of care advisory  
4           committee is to advise the department on the establishment of an effective system of  
5           acute cardiovascular emergency care throughout the state and to take steps to ensure  
6           and facilitate the implementation of the system of acute cardiovascular emergency  
7           care. The advisory committee shall:
- 8           a. Encourage sharing of information and data among health care providers on ways  
9           to improve the quality of care of acute cardiovascular patients in this state.
- 10           b. Facilitate the communication and analysis of health information and aggregate  
11           data among health care professionals providing care for acute cardiovascular  
12           events.
- 13           c. Advise the department on how best to require the application of evidence-based  
14           treatment guidelines regarding the transitioning of patients to community-based  
15           followup care in hospital outpatient, physician office, and ambulatory clinic  
16           settings for ongoing care after hospital discharge following acute treatments.
- 17           d. Develop and advise the department to adopt a data oversight process and plan  
18           for achieving continuous quality improvement in the quality of care provided  
19           under the system of acute cardiovascular emergency care. The plan must be  
20           based on aggregate data analysis and the identification of potential interventions  
21           to improve heart attack care in geographic areas or regions of the state.
- 22           e. Recommend improvements for acute cardiovascular emergency medical system  
23           response.
- 24           3. A physician serving as a member of the acute cardiovascular emergency medical  
25           system of care advisory committee is immune from professional liability in providing  
26           the advisory committee with voluntary medical direction.

27           **Standard of care.**

28           This chapter is not a medical practice guideline and may not be used to restrict the authority  
29           of a hospital to provide services for which the hospital has been licensed. This chapter must be  
30           interpreted to recognize that all patients should be treated individually based on each patient's  
31           needs and circumstances.