

Sixty-fourth
Legislative Assembly
of North Dakota

ENGROSSED HOUSE BILL NO. 1323

Introduced by

Representatives Porter, D. Anderson, Hogan, Holman, J. Nelson

Senators Axness, Dever, Erbele, Larsen

1 A BILL for an Act to amend and reenact sections 23-43-01, 23-43-02, 23-43-03, 23-43-04,
2 23-43-05, and 23-43-06 of the North Dakota Century Code, relating to the creation and
3 implementation of a stroke system; and to provide for a report to the legislative management.

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

5 **SECTION 1. AMENDMENT.** Section 23-43-01 of the North Dakota Century Code is
6 amended and reenacted as follows:

7 **23-43-01. Primary stroke centers. Stroke system - Duties of state health officer.**

- 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 stroke~~
10 ~~center shall apply to the department for that designation and shall demonstrate to the~~
11 ~~department that the hospital meets the applicable criteria established by the~~
12 ~~department.~~
- 13 2. ~~The criteria established by the department for designation as a primary stroke center~~
14 ~~must include a requirement that the hospital be certified as a primary stroke center by~~
15 ~~the joint commission on accreditation of health care organizations or by a similar~~
16 ~~accrediting or certifying organization possessing hospital standards recognized~~
17 ~~nationally 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 stroke~~
19 ~~center, after notice and opportunity for a hearing, if the department determines the~~
20 ~~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 as~~
22 ~~primary stroke centers to each emergency medical services operation licensed in this~~
23 ~~state. The department shall post to the department's website a list of the hospitals~~
24 ~~designated as primary stroke centers.~~

1 The state health officer shall establish and maintain a comprehensive stroke system for the
2 state. The program must comply with this chapter; be based on department-approved,
3 nationally recognized guidelines and protocols; and provide specific patient care and support
4 services criteria stroke centers shall meet to ensure stroke patients receive safe and effective
5 care, and must modify the state's emergency medical response system to assure stroke
6 patients are quickly identified and transported to and treated in facilities that have specialized
7 programs for providing timely and effective treatment for stroke patients. The stroke system
8 must include standards for the following components:

9 1. A system plan.

10 2. Prehospital emergency medical services.

11 3. Hospitals, for which the standards must include:

12 a. Standards for designation, redesignation, and removal of designation.

13 b. Standards for evaluation and quality improvement programs for designated
14 facilities. The standards must require each facility to collect quality improvement
15 data and to provide specified portions to the department for use in state and
16 regional stroke quality improvement programs.

17 4. A stroke registry. Data in the stroke registry is not subject to subpoena or discovery or
18 introduction into evidence in any civil action. A designated facility shall participate in
19 the stroke registry. A hospital not designated shall provide to the stroke registry a
20 minimum set of data elements for all stroke patients as determined by the stroke
21 system of care advisory task force.

22 5. A stroke quality improvement program to monitor the performance of the stroke
23 system. The proceedings and records of the stroke quality improvement program are
24 not subject to subpoena or discovery or introduction into evidence in any civil action
25 arising out of any matter that is the subject of consideration by the stroke quality
26 improvement program.

27 **SECTION 2. AMENDMENT.** Section 23-43-02 of the North Dakota Century Code is
28 amended and reenacted as follows:

1 **23-43-02. Stroke system of care task force-Designation of comprehensive stroke**
2 **center, primary stroke centers, and acute stroke-ready hospitals.**

3 1. ~~The state department of health shall establish a stroke system of care task force. The~~
4 ~~purpose of the task force is to encourage and ensure the establishment of an effective~~
5 ~~stroke system of care throughout the state. The state health officer, or the officer's~~
6 ~~designee, shall serve on the task force. The state health officer shall appoint members~~
7 ~~to the task force who represent rural hospitals, physicians who treat patients in rural~~
8 ~~areas, and members representing emergency medical services operations that~~
9 ~~provide services in rural areas of the state. Members of the task force serve at the~~
10 ~~pleasure of the state health officer.~~

11 2. ~~Before April 1, 2010, the stroke system of care task force shall provide the state~~
12 ~~department of health with recommendations regarding the establishment of an~~
13 ~~effective stroke system of care in the rural areas of this state. The initial~~
14 ~~recommendations must include:~~

15 a. ~~Protocols for the triage, stabilization, and appropriate routing of stroke patients by~~
16 ~~emergency medical services operations in rural areas; and~~

17 b. ~~A plan to provide for coordination and communication between rural hospitals,~~
18 ~~primary stroke centers, and other support services in order to assure that~~
19 ~~residents of all regions of the state have access to effective and efficient stroke~~
20 ~~care.~~

21 3. ~~The state health council may adopt rules, based on the task force's recommendations.~~

22 1. The state department of health shall identify hospitals that meet the criteria as a
23 comprehensive stroke center, primary stroke center, or acute stroke-ready hospital. In
24 order to receive a designation under this section, a hospital shall apply to the state
25 department of health and shall demonstrate to the satisfaction of the department the
26 hospital meets the applicable criteria.

27 2. In order to qualify for designation as a comprehensive stroke center, an accredited
28 acute care hospital must be certified as a comprehensive stroke center by a
29 department-approved, nationally recognized guidelines-based organization, which
30 provides comprehensive stroke center hospital certification for stroke care. As a

- 1 condition of retaining designation as a comprehensive stroke center, an acute care
2 hospital shall maintain its certification.
- 3 3. In order to qualify for designation as a primary stroke center, an accredited acute care
4 hospital must be certified as a primary stroke center by a department-approved,
5 nationally recognized guidelines-based organization, which provides primary stroke
6 center certification for stroke care. As a condition of retaining designation as a primary
7 stroke center, an acute care hospital shall maintain its certification.
- 8 4. In order to qualify for designation as an acute stroke-ready hospital, an accredited
9 acute care hospital must be certified as an acute stroke-ready hospital by
10 department-approved, nationally recognized guidelines-based criteria. As a condition
11 of retaining designation as an acute stroke-ready hospital, an acute care hospital shall
12 maintain its certification.
- 13 5. Through agreement, a comprehensive stroke center and primary stroke center may
14 coordinate with an acute stroke-ready hospital to provide appropriate access to care
15 for acute stroke patients. The coordinating stroke care agreement must be in writing
16 and include, at a minimum:
- 17 a. The transfer agreement for the transport and acceptance of a stroke patient seen
18 by the acute stroke-ready hospital for stroke treatment therapies the stroke
19 center or primary care center is not capable of providing; and
- 20 b. Communication criteria and protocol with the acute stroke-ready hospital.
- 21 6. If the department determines the hospital is not in compliance with the requirements
22 set for designation level, after notice and a hearing, the state department of health
23 may suspend or revoke a hospital's state designation as a comprehensive stroke
24 center, primary stroke center, or acute stroke-ready hospital.
- 25 7. Any facility that is not designated, must have a predetermined plan for the triage of
26 acute stroke patients. The plan must be filed annually with the state department of
27 health, division of emergency medical services and trauma.

28 **SECTION 3. AMENDMENT.** Section 23-43-03 of the North Dakota Century Code is
29 amended and reenacted as follows:

1 **23-43-03. Stroke triage – Emergency medical services operations - Assessment and**
2 **transportation of stroke patients to a comprehensive stroke center, primary stroke**
3 **center, or acute stroke-ready hospital.**

- 4 1. ~~Before January 1, 2011, the state department of health shall adopt a nationally-~~
5 ~~recognized standardized stroke triage assessment tool. The department shall post this~~
6 ~~standardized stroke triage assessment tool to the department's website and shall~~
7 ~~provide a copy to each emergency medical services operation licensed in this state.~~
8 ~~As a term of licensure under chapter 23-27, each licensed emergency medical~~
9 ~~services operation shall adopt and implement a stroke triage assessment tool that is~~
10 ~~substantially similar to the standardized stroke triage assessment tool adopted by the~~
11 ~~department.~~
- 12 2. ~~The department shall work with the stroke task force to establish protocols related to~~
13 ~~the assessment, treatment, and transport of stroke patients by emergency medical~~
14 ~~services operations licensed by the state. The protocols may include regional transport~~
15 ~~plans for the triage and transport of stroke patients to the closest, most appropriate~~
16 ~~facility, including the bypass of health care facilities not designated as primary stroke~~
17 ~~centers when it is safe to do so.~~
- 18 3. ~~Effective April 1, 2012, each emergency medical services operation licensed under~~
19 ~~chapter 23-27 shall comply with this chapter.~~
- 20 1. Before June first of each year the state department of health shall send the list of
21 comprehensive stroke centers, primary stroke centers, and acute stroke-ready
22 hospitals to the medical director of each licensed emergency medical services
23 operation in this state. The state department of health shall maintain a copy of the list
24 and shall post a list of comprehensive stroke centers, primary stroke centers, and
25 acute stroke-ready hospitals to the state department of health's website.
- 26 2. The state department of health shall adopt and distribute a nationally recognized,
27 standardized stroke triage assessment tool. The department shall post this stroke
28 triage assessment tool on the department's website and provide a copy of the
29 assessment tool to each licensed emergency medical services operation. Each
30 licensed emergency medical services operation shall use a stroke triage assessment

- 1 tool that is substantially similar to the sample stroke triage assessment tool provided
2 by the state department of health.
- 3 3. Each emergency medical services operation in the state shall establish prehospital
4 care protocols related to the assessment, treatment, and transport of a stroke patient
5 by a licensed emergency medical services operation. Such protocols must include
6 plans for the triage and transport of an acute stroke patient to the closest
7 comprehensive or primary stroke center or when appropriate to an acute stroke-ready
8 hospital, within a specified timeframe of onset of symptoms.
- 9 4. As part of current training requirements, each emergency medical services operation
10 in the state shall establish protocols to assure licensed emergency medical services
11 providers and 911 dispatch personnel receive regular training on the assessment and
12 treatment of stroke patients.
- 13 5. An emergency medical services operation shall comply with this chapter.
- 14 6. All data reported under this chapter must be made available to the state department of
15 health and to all other government agencies, or contractors of government agencies,
16 which have responsibility for the management and administration of emergency
17 medical services throughout the state.
- 18 7. This chapter may not be construed to require disclosure of any confidential information
19 or other data in violation of the federal Health Insurance Portability and Accountability
20 Act of 1996 [Pub. L. 104-191; 110 Stat. 1936; 29 U.S.C. 1181 et seq.].

21 **SECTION 4. AMENDMENT.** Section 23-43-04 of the North Dakota Century Code is
22 amended and reenacted as follows:

23 **23-43-04. Reports. Continuous improvement of quality of care for individuals with**
24 **stroke - Recommendations - Report to legislative management.**

25 ~~Semiannually, each hospital designated as a primary stroke center shall provide the state-~~
26 ~~department of health a report on the center's quality initiatives. The data in the report is an~~
27 ~~exempt record and is not subject to the state's open records law. However, the department shall~~
28 ~~make the data in these reports available to state and local government entities that have~~
29 ~~responsibility for the management and administration of emergency medical services~~
30 ~~throughout the state. Annually, the department shall compile the report data in aggregate form~~

1 as a report card and post this report card to the department's website. The results of this report
2 card may be used by the department to conduct training.

3 1. The state department of health shall establish and implement a plan for achieving
4 continuous quality improvement in the quality of care provided under the state
5 comprehensive stroke system for stroke response and treatment. In implementing this
6 plan, the state department of health shall:

7 a. Maintain a statewide stroke database that compiles information and statistics on
8 stroke care which align with nationally recognized stroke consensus metrics. The
9 state department of health shall utilize a nationally recognized data set platform
10 with confidentiality standards no less secure than the stroke registry data
11 platform. The state department of health shall coordinate with national voluntary
12 health organizations involved in stroke quality improvement to avoid duplication
13 and redundancy.

14 b. Require comprehensive stroke centers and primary stroke centers and
15 encourage acute stroke-ready hospitals and emergency medical services
16 operations to report data consistent with nationally recognized guidelines on the
17 treatment of individuals with confirmed stroke within the state.

18 c. Encourage sharing of information and data among health care providers on ways
19 to improve the quality of care of stroke patients in this state.

20 d. Facilitate the communication and analysis of health information and data among
21 the health care professionals providing care for individuals with stroke.

22 e. Require the application of evidence-based treatment guidelines regarding the
23 transitioning of patients to community-based followup care in hospital outpatient,
24 physician office, and ambulatory clinic settings for ongoing care after hospital
25 discharge following acute treatment for stroke.

26 2. The state department of health shall establish a data oversight process and implement
27 a plan for achieving continuous quality improvement in the quality of care provided
28 under the state comprehensive stroke system for stroke response and treatment which
29 must:

30 a. Analyze data generated by the stroke registry on stroke response and treatment;

- 1 b. Identify potential interventions to improve stroke care in geographic areas or
2 regions of the state; and
- 3 c. Provide recommendations to the state department of health, emergency medical
4 services advisory council, and legislative assembly for the improvement of stroke
5 care and delivery in the state.
- 6 3. Data reported under this section must be made available to the state department of
7 health and to other government agencies, or contractors of government agencies,
8 which have responsibility for the management and administration of emergency
9 medical services throughout the state.
- 10 4. Before June first of each even-numbered year, the state department of health shall
11 provide a report to the legislative management regarding progress made toward the
12 recommendations provided in this chapter and any recommendations for future
13 legislation.

14 **SECTION 5. AMENDMENT.** Section 23-43-05 of the North Dakota Century Code is
15 amended and reenacted as follows:

16 **23-43-05. Standard of care-Stroke system of care task force.**

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

- 21 1. The state department of health shall establish a stroke system of care task force to
22 address matters of triage, treatment, and transport of possible acute stroke patients.
23 The stroke system of care task force must include representation from the state
24 department of health, the emergency medical services advisory council, the university
25 of North Dakota's center for rural health, the American stroke association or similar
26 entity, comprehensive stroke centers, primary stroke centers, rural hospitals,
27 physicians, and emergency medical services operations.
- 28 2. The task force shall implement the regulations necessary to establish an effective
29 stroke system of care in the state, with a focus on serving rural areas. The regulations
30 must include protocols for the assessment, stabilization, and appropriate routing of
31 stroke patients by emergency medical services operations, and for coordination and

1 communication between hospitals, comprehensive stroke centers, primary stroke
2 centers, and other support services necessary to assure all residents have access to
3 effective and efficient stroke care.

4 3. The stroke system of care task force shall make recommendations to the state
5 department of health and health council. Upon receiving such recommendations, the
6 health council may adopt rules implementing the recommendations.

7 4. As used in this subsection, "telemedicine services" means the use of interactive audio,
8 video, and other electronic media used for the purpose of diagnosis, consultation, or
9 treatment of acute stroke. The stroke system of care task force shall recommend
10 eligible essential health care services for acute stroke care provided through
11 telemedicine services.

12 **SECTION 6. AMENDMENT.** Section 23-43-06 of the North Dakota Century Code is
13 amended and reenacted as follows:

14 **23-43-06. Advertisement.General provisions.**

15 ~~A person may not advertise to the public that a hospital is a primary stroke center unless the~~
16 ~~hospital has been designated as such under this chapter.~~

17 1. This chapter is not a medical practice guideline and may not be used to restrict the
18 authority of a hospital to provide services for which the hospital received a license
19 under state law. Patients must be treated individually based on the needs and
20 circumstances of each patient.

21 2. A person may not advertise to the public, by way of any medium, that a hospital is a
22 comprehensive stroke center, primary stroke center, or acute stroke ready hospital
23 unless the hospital is designated as such by the state department of health.

24 3. The health council may adopt rules to implement this chapter.