15.0500.02000

FISCAL NOTE
Requested by Legislative Council
01/13/2015

Bill/Resolution No.: HB 1323

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This Bill eliminates obsolete language relating to the creation and implementation of a stroke system and provides clarification.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

This Bill has no fiscal impact.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

Name: Brenda M. Weisz
Agency: Department of Health
Telephone: 328-4542
Date Prepared: 01/16/2015

2015 HOUSE HUMAN SERVICES

HB 1323

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1323
1/21/2015
Job #22293 (starts at 57:38)
and Job #22295 (starts at .01)

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

The creation and implementation of a stroke system and provide a report to legislative management.

Minutes: Testimonies 1-4

Chairman Weisz opened the hearing on HB 1323.

Rep. Todd Porter: From district 34 in Mandan introduced and supported the bill. This is a very technical update and partial rewrite of stroke laws in ND. Cardiovascular is the leading cause of death in the U.S. Strokes and heart attacks causes are similar, but there are different types of strokes. One is hemorrhagic a natural bleed and the other an occlusion, where the plaque occludes the portion of the brain. Each requires a different treatment modalities. We will focus on today the non-hemorrhagic or the stroke caused by a clot. Many clot busting drugs that were invented to take care of heart attacks by dissolving the clots work in those instances. The key component is to get the patient to a facility that has a cat scan or MRI equipment. You can't give those medications to a patient until you find out what type of stroke they had. Time is of the essence. If you can keep someone from having permanent paralysis you can keep them out of nursing homes. Inside of the bill we have a registry which is already funded. The Fiscal Note has no fiscal impact with the rewrite of the stroke center language. The amendment is because of an error of wording in one of the sections. (Handed out amendment. See Handout #1)

Chairman Weisz: Is most of this change to reflect the change in national standards?

Rep. Porter: I don't know if the standards have necessarily changed. As the other states are looking at a uniform type system that kind of changes back into here with the protocols and the uniformity of the system across the state. This is to just updating to comply with the standards. I don't think that we are changing a lot as to how those patients are looked at.

Recording Job # 22295 (.01)

June Herman: Regional Vice President of Advocacy for the American Heart Association testified in support of the bill. (See Testimony #2)

9:03
Dr. Shiraz Hyder: Neurologist in Bismarck, ND testified in support of the bill. (See Testimony #3)

14:03
Celeste Hart: From Parshall, ND testified in support of the bill. (See Testimony #4)

NO OPPOSITION

Chairman Weisz closed the hearing on HB 1323.

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1323
1/21/2015
Job #22325

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

The creation and implementation of a stroke system and provide a report for legislative management.

Minutes: Attachment #1

Chairman Weisz took up HB 1323. The amendments on the top are what Rep. Porter gave to us and the additions that are written in are from the Health Dept. On page 4, line 10 they want to replace organization with criteria so they approve based on nationally recognized guidelines criteria. I asked Rep. Porter if he had any objections and he said no. (See Attachment #1)

Rep. Overson: I don't have a problem with the change, but I think on line 9 we would also have to remove "a".

Chairman Weisz: I think you are right. They should overstrike "a" on line 9.

Rep Mooney: Motioned to adopt the amendment.

Rep. Oversen: Second. Are we doing everything on this page?

Chairman Weisz: Correct. We are voting on everything on this page and your addition to the amendment.

VOICE VOTE: Motion Carried

Rep. Seibel: I motion a Do Pass as amended.

Rep. Mooney: Second.

VOTE: 11 yeas 0 no 2 absent
Motion Carried

Bill Carrier: Rep. Muscha

15.0500.02002
Title.03000

Adopted by the Human Services Committee
1-21-15

January 21, 2015

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1323

Page 4, line 9, remove "a"

Page 4, line 10, remove "organization, which"

Page 4, line 11, replace "provides acute stroke-ready hospital certification for stroke care" with "criteria"

Page 7, line 8, replace "a" with "nationally recognized"

Page 7, line 8, remove "developed and approved"

Page 7, remove line 9

Page 7, line 10, remove "American heart association and American stroke association"

Renumber accordingly

Date: 1-21-15
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1323

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 15.0500.02002

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Mooney Seconded By Rep. Oversen

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. Mooney		
Vice-Chair Hofstad			Rep. Muscha		
Rep. Bert Anderson			Rep. Oversen		
Rep. Dick Anderson					
Rep. Rich S. Becker					
Rep. Damschen					
Rep. Fehr					
Rep. Kiefert					
Rep. Porter					
Rep. Seibel					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

add additional amendment to 15.0500.02001 amendment on page 4, line 9, overstrike "a".

Voice Vote Motion Carried

Date: 1-21-15
Roll Call Vote #: 2

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1323

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 15.0500.02002

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Seibel Seconded By Rep. Mooney

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney	✓	
Vice-Chair Hofstad	✓		Rep. Muscha	✓	
Rep. Bert Anderson	✓		Rep. Oversen	✓	
Rep. Dick Anderson	✓				
Rep. Rich S. Becker	✓				
Rep. Damschen	✓				
Rep. Fehr	A				
Rep. Kiefert	✓				
Rep. Porter	A				
Rep. Seibel	✓				

Total (Yes) 11 No 0

Absent 2

Floor Assignment Rep. Muscha

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1323: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (11 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). HB 1323 was placed on the Sixth order on the calendar.

Page 4, line 9, remove "a"

Page 4, line 10, remove "organization, which"

Page 4, line 11, replace "provides acute stroke-ready hospital certification for stroke care" with "criteria"

Page 7, line 8, replace "a" with "nationally recognized"

Page 7, line 8, remove "developed and approved"

Page 7, remove line 9

Page 7, line 10, remove "American heart association and American stroke association"

Renumber accordingly

2015 SENATE HUMAN SERVICES

HB 1323

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1323
3/4/2015
24294

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Donald Mueller

Explanation or reason for introduction of bill/resolution:

A bill relating to the creation and implementation of a stroke system; and to provide for a report to the legislative management

Minutes:

Attach #1: Testimony by June Herman
Attach #2: Testimony by Dr. Shiraz Hyder
Attach #3: Testimony by Karalee Harper
Attach #4: Written Testimony by Celeste Hart

Representative Todd Porter, District 34, introduced HB 1323 to the Senate Human Services Committee. This is an update and rewrite of the strokes center bill that was passed several sessions ago. The prior bill was a landmark bill that did really good, as it put in requirements for Emergency Medical Service (EMS), for rural health hospitals and rural health systems, for tertiary care centers on how to treat stroke patients and provide public awareness. This bill has saved lives through the public awareness. The rewrite of the bill updates the language.

Senator Dever indicated that a key element is EMS, and most of these are volunteer. If someone has a stroke in rural area, are they well versed to what hospital to go to.

Representative Porter answered some are, some aren't. Some of the initial response is to get the patient back to their facility and let the physician or nurse practitioner deal with it. In those areas where there is equal difference in miles and the patient's condition is stable, they are going to come into those tertiary centers right away. It depends on the local protocols, but the key element is to get stroke patients to where a CT scan is. Many of the rural facilities now have a mobile CT scan and do the first line diagnosis. If a patient is north of Turtle Lake, and the EMS is a basic life support system and there is no CT scan at Turtle Lake hospital, it may be a helicopter out of Bismarck. From educational standpoint, all EMS has been educated on the delays and what it means.

Senator Dever provided an example in the past that if he wanted to drive to Pembina, should he take the interstate. Previously, the rural areas were not as equipped as they are today.

Representative Porter responded that the rural areas are more equipped. EMS training grants have helped, targeted the rural areas, so the rural EMS systems have staff, training, and equipment. One of the areas that put this to use was Wilton, which is 30 minutes from Washburn and Bismarck, which were covering their emergencies. The staffing grants allowed Wilton to hire EMT - makes a huge difference in how the EMS works. They can now do intercept when necessary from Bismarck. It falls down to training and staffing grant component.

Chairman Judy Lee recalled that some of the big hospitals also provided training in stroke. One of the things the legislation did was enable ambulance services to bypass a critical access hospital, that they don't have to stop and can get them to the right location.

Representative Porter confirmed that is correct. We didn't do a lot in the stroke with education component as in the trauma side, but they carry over. There are definitive things that need to happen. They now know on the local level.

Chairman Judy Lee offered that in a state where the majority of EMS and EMT is by volunteers, she can't imagine if there is a state that has more volunteers in rural area.

Senator Warner in discussion of comprehensive care - rehabilitation side after the acute care, when we create comprehensive centers, are we directing the rehabilitative care towards the larger cities and away from nursing homes in smaller areas.

Representative Porter deferred to Dr. Hyder. When looking at the continuum of care, there are only so many days inside of the system when the patient leaves the acute setting. The hope is that there is very little rehabilitative care required. On the bleed side where there isn't anything they can do but let the clot dissolve and then do the rehabilitation, the patient is monitored in the hospital by the neurologist and the hospitalist to the point where the acute event is done and then moved to rehab at the tertiary care centers. When rehab is done, then they look for permanent placement for the patient - whether they can take care of themselves, family support at home, transitional center, or nursing home setting. They use it all. The intent of the bill is to see the patient go home - they caught it quick enough, stopped the damage, and they go home.

Chairman Judy Lee one of the challenges is likely to be whether or not those professionals are available in a really small rural community skilled care facility. For a while, they may need to be in larger facility and then move closer to the home community.

Representative Porter agreed, a valid point. As case worker and physicians are looking at the progress of the patient, family members want them as close to home as possible, but they also want the best care. They will look for permanent placement when the patient has plateaued. The bills focus is on the front end saving the brain from injury will save on the long term.

June Herman, American Heart Association, testified IN FAVOR of HB 1323 (attach #1) (14:38-21:37)

Dr. Shiraz Hyder, a Neurologist in Bismarck, testified IN FAVOR of HB 1323 (attach #2) (21:50-27:45)

Senator Howard Anderson, Jr. explained that in Turtle Lake, they lost their cardiac rehab unit because they don't have a physician on staff all the time. Do you see that initiative in telemedicine could provide solution for that if a physician was available through that technology?

Dr. Hyder responded absolutely. Telemedicine can make a huge difference. Having Nurse Practitioners or Physician Assistants, also known as Advanced Practice Clinicians, working with physicians can provide great care through telemedicine - huge opportunity. At CHI-St. Alexius, they are doing e-ICU, which is similar. Our Intensivist are managing patients in Williston and Hettinger through telemedicine network. We are starting an e-Hospitalist for Turtle Lake and Garrison, so the Bismarck Hospitalist will help manage patients through the telemedicine network in these areas when their physicians are at home sleeping. The e-network will allow physicians a break at night. Also have e-ER, through telemedicine network.

Chairman Judy Lee the technology that allows some of the monitoring in less restrictive circumstances has improved.

Dr. Hyder provided another example of pediatric neurology, a sub-specialty that is very hard to find, CHI-St. Alexius has recently made an agreement with Mayo Clinic to do telemedicine.

Chairman Judy Lee stated how pleased she with the reception of telemedicine is now receiving from physicians, because several years ago there was tremendous resistance.

Dr. Hyder agrees, and it has been an evolving change.

Senator Dever asked if EMS services have the diagnostic equipment and the ability to communicate to different facilities that they should have.

Dr. Hyder indicated that most do, but some volunteer EMS could have more resources.

Karalee Harper, volunteer for American Heart Association, testified IN FAVOR of HB 1323 (attach #3) (32:17-36:50). Ms. Harper also provided written testimony by **Celeste Hart** (attach #4).

Dr. Hyder wrote the warning signs of a stroke on the white board, per **Chairman Judy Lee** request.

ACT FAST
Face Drop
Arm Drift
Speech slurred
Time is Critical

Warning signs of a stroke
1. Sudden onset of weakness on one side
2. Sudden onset of numbness on one side
3. Sudden onset of blurring or loss of vision
4. Sudden onset of slurring of speech or comprehension
5. Sudden onset of balance or walking difficulties
6. Sudden unexplained headaches

OPPOSITION TO HB 1323
No opposing testimony

NEUTRAL TO HB 1323
No neutral testimony

Committee Discussion
Chairman Judy Lee indicated this is the .03000 version. Was this the way it was presented to House Human Services Committee or were there amendments?

June Herman there were slight amendments made in House to bring clarity for the intent. Minor changes that both the Health Department and American Heart Association supported.

Senator Axness confirmed it was basic stuff, certification.

Tom Nehring, Health Department, indicated their division has the responsibility for the stroke system of care task force. This has been a huge team effort across the state. In regards to ambulance transport and bypass criteria, the language is already written into the new rules, so that every ambulance service has to have a transport plan and has to be reported to their division in the Department of Health on an annual basis. When looking at acute stroke ready hospitals, that is the hospital that will be able to render a degree of definitive care. The other hospitals that do not qualify cannot. We are no longer looking at basic support of patient, but need to have the patient at definitive care.

Chairman Judy Lee asked if is there anything we need to change in statute that would be more appropriate in rules so providers and Department can be more flexible

Mr. Nehring always a debate, even looking at policy within Department of Health, easier to be more dynamic. Because of 2 year that legislature meets, it can slow the process down, so sometimes it is better to be in rules, and sometimes in policy.

Chairman Judy Lee invited that if anyone wants to consider that would be more appropriate to be in rules versus statute, the committee would be open to this.

Senator Howard Anderson, Jr. referred to Representative Porter's testimony, that there were some language changes moving some of the references from the EMS department to the State Health Office. Please comment.

Mr. Nehring doesn't know if that was entirely accurate. It is more giving the responsibility to the health officer who then delegates to the department.

Senator Dever referred to Representative Porter's testimony of a hypothetical example of a person in Flasher to intercept. From there they could go 15 or 20 minutes west to Elgin or an hour northeast to Bismarck. As a result of the efforts on the system of care, would you say that they are in a good position to make an evaluation of which direction they should go?

Mr. Nehring indicated that is the essence of the entire bill. We are now giving people better direction of where patients need to go. In that particular scenario, the ambulance service in Flasher, North Dakota, takes a look at their transport plan for a stroke situation. They know specifically where they should be transporting the patient. The one caveat at this time is that the general public has not been good in calling ambulance services for strokes. Often times, they come in a privately owned vehicle. There is a big public campaign for educating the general public to utilize ambulance services. The general public may take a stroke patient to the wrong hospital setting for definitive care.

Closed public Hearing.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1323
3/17/2015
24977

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Donald Mueller

Explanation or reason for introduction of bill/resolution:

A bill relating to the creation and implementation of a stroke system; and to provide for a report to the legislative management

Minutes: No attachments

The Senate Human Services Committee reviewed HB 1323 in committee on March 17, 2015.

Chairman Judy Lee recapped the bill and testimony

Senator Axness moved the Senate Human Services Committee recommend a DO PASS for HB 1323. The motion was seconded by **Senator Dever**. No discussion.

Roll Call Vote
6 Yes, 0 No, 0 Absent. Motion passes.

Senator Dever will carry HB 1323 to the floor.

Date: 03/17 2015
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1323

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen. Axness Seconded By Sen Dever

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larsen (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. Dever

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1323, as engrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1323 was placed on the Fourteenth order on the calendar.

2015 TESTIMONY

HB 1323

Testimony 1
HB 1323 #1

15.0500.02001
Title.

1-21-15

Prepared by the Legislative Council staff for
Representative Porter
January 20, 2015

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1323

Page 7, line 8, replace "a" with "nationally recognized"

Page 7, line 8, remove "developed and approved"

Page 7, remove line 9

Page 7, line 10, remove "American heart association and American stroke association"

Renumber accordingly

American Heart Association | American Stroke Association
life is why

#2

1-21-15

House Bill 1323
House Human Services committee
Testimony
June Herman, American Heart Association

Good morning Chairman Weisz and members of the House Human Services Committee. For the record, I am June Herman, Regional Vice President of Advocacy for the American Heart Association. I am here today to ask for your Do Pass recommendation on HB 1323 and to walk you through the bill's construction.

As I walk you through the bill components, keep in mind this common graduation open house preparation analogy as to its approach: we are tossing out old, outdated elements, rearranging furniture, taking a few items from another room, and adding a few new accent items. For the purpose of this bill:

- Old dates are deleted
- Rearrangement of sections occurred to start with the duties of the health officer
- In 2009, when North Dakota first established Stroke System language, national consensus hospital designation language existed only for Primary Stroke Centers. Since then, new designations have been established for Comprehensive Stroke Centers of Care (CSC) and Acute Stroke Ready hospitals. As part of developing EMS transport guidance, your stroke system of care task force has been working to incorporate those other levels of care into system guidance.
- New elements: With state exploration of tele-medicine reimbursement, the task force should look at stroke care delivery systems which could benefit from such and identify to the appropriate bodies some key stroke interventions which might benefit from specific telemedicine care. Also, the language includes providing of an annual report that tracks work to achieve improved stroke outcomes.

Is company coming? Yes. The work accomplished in our state is a model for other states. However, our existing Century Code language needs updating to reflect our state's work. Let's review the following attachment as to changes, and then I'll be happy to answer any questions you may have.

HB 1323
January 21, 2015

North Dakota Stroke System of Care Legislative Draft Comparison

HB 1323	Key Component	Change	Proposed	Current – Adopted in 2009
	Outdated deliverable dates	Throws out outdated info	None	Yes, several 2010, 2011
Pg 1 – Page 2	System Responsibility	Realigns century code order. Current language dealt with hospital designation 1st. Better to start with responsibilities and duties.	State Health Officer	State Health Officer
	System Elements may include standards for these components		- System Plan - Pre-hospital EMS - Hospitals designation - Registry - Quality improvement program	- System Plan - Pre-hospital EMS - Hospital Designation, Primary Stroke Center, ability to adopt rules for appropriate routing based on TF recommendations
Pg 3 – pg 4	Designation of: -Comprehensive Stroke Centers - Primary Stroke Centers - Acute Stroke Ready	Adds: - CSC nat'l guidance/ consensus not available in 2009 -ASR nat'l guidance set in 2014. Continues: - PSC	- CSC, Yes - PSC, Yes - ASR, Yes	- PSC – yes - DOH shall establish a system of care, Authority to establish rules (pg 3 of HB 1323) - TF working on ASR now.
	Designation Criteria	Nationally recognized guidelines	Yes	Nationally recognized guidelines for PSC
	Hospital Coordination among levels		Yes	Yes
	Designation suspension		Yes	Yes – PSC
Pg 5	Notification to EMS of hospital designations		Yes – All	Yes – PSC
	EMS Triage Standards		Yes	Yes
	EMS care protocols		Yes	Yes
	EMS Training		Yes	Yes
	Dispatch Training		Yes	Silent, allowed through TF recommendations

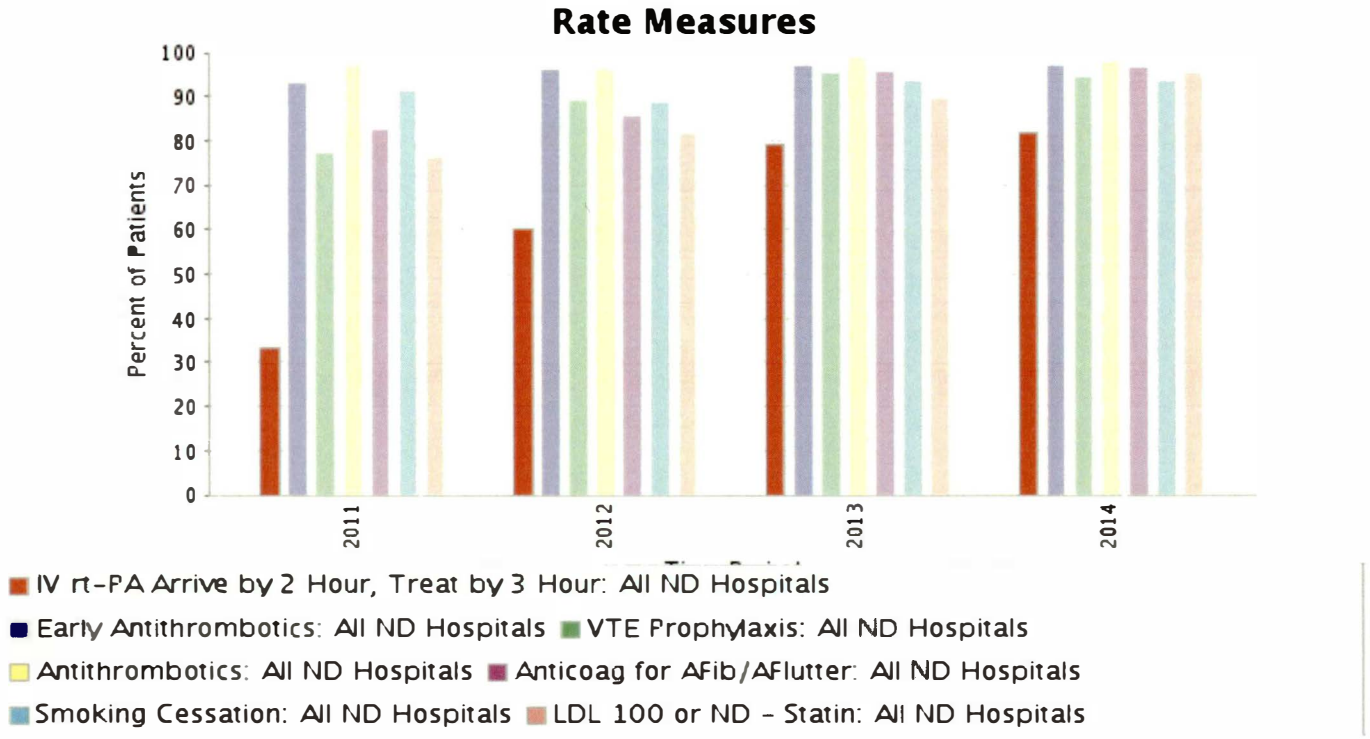
Pg 6	Quality Assessment/Data		Yes. CSC/PSC. ASR "encouraged"	Yes; PSC data required. Data tool funding available to all
	Reporting – system progress		Yes	Silent
Pg 8 - 9	Taskforce		Yes.	Yes
Pg 9	Telemedicine	TF able to recommend eligible essential services. Serves as guidance.	Yes.	Silent

House Bill 1323 1-21-15 #3

House Human Services Committee - Testimony - Dr. Shiraz Hyder

Good morning Chairman Weisz and members of the House Human Services Committee. For the record, I am Dr. Shiraz Hyder, a neurologist here in Bismarck, North Dakota. I am here today to ask for your Do Pass recommendation on HB 1323 – the Stroke System of Care bill.

One only needs to look at the following graph to see what our state has achieved to improve urgent stroke care in North Dakota. It speaks well to the collaborative work between large and small hospitals, hospitals and EMS, and care providers and vested partners such as the North Dakota legislature, Department of Health, Center for Rural Health, and the American Stroke Association.



You can see the dramatic increase in the use of rt-Pa, the recommended treatment for ischemic stroke, proven to improve outcomes when administered within a certain timeframe. It also shows the high achievement performance levels in all key categories.

While we still have work ahead – such as getting more people to call 9-1-1 in order for their stroke care to start timely – our work to develop system guidance and improve treatments is bearing fruit and interestingly, well deserved attention. North Dakota stroke partners have been invited to attend the International Stroke Conference this February in Nashville, TN, to present our work.

Based on an excellent stroke system of care being created in North Dakota, HB 1323 serves to provide a well-structured and well-articulated century code language to share as a model for other states.

It would be my pleasure to answer any questions you may have at this time.

1-21-15 #4

House Bill 1323

House Human Services committee

Celeste Hart
Testimony

Good morning Chairman Weisz and members of the House Human Services Committee. For the record, I am Celeste Hart, from Parshall, North Dakota. I am a 2nd grade teacher, a wife, a mom, and a stroke survivor. I am here today to ask for your Do Pass recommendation on HB 1323 – the Stroke System of Care bill.

In October 2013 over NDEA school break, I was in Fargo with my husband and our two sons. The boys and I were shopping while my husband was in the car. I was on the phone with my husband when suddenly my hand went limp. The cell phone fell to the floor. I bent down, but was unable to pick up the phone. My son picked up the phone and said, "Dad, something is wrong with mom". My husband ran into the mall from the car and quickly identified that I was having a stroke. In safety training at work, just weeks before he learned how to spot a stroke F.A.S.T.: F – Face dropping; A- Arm and leg weakness, S – Speech difficulties; and T- Time to call 9-1-1. My husband assisted me to a nearby bench and called 9-1-1. The ambulance arrived in minutes and notified the hospital to call a stroke code. The stroke team was waiting when I arrived. A CT scan confirmed an ischemic stroke (clot) diagnosis. A clot dissolving drug (tPA) was administered. Within minutes the drug began to work and the effects of the stroke slowly reversed. After 6 days in the hospital and weeks of 7 weeks of speech therapy, I was back teaching in my classroom after Christmas break.

I am thankful for a productive busy life after my stroke at 42 years old. I know the good outcome is due to the stroke system of care from the early recognition of my symptoms by my husband, to calling 9-1-1, fast response and trained EMS responder, to the stroke team at the hospital and a coordinated time sensitive system.

Parshall is 60 miles from Minot and 2 hours from Bismarck, I am glad I was in Fargo when I had my stroke and got immediate care. I hope more is done for people who live in rural areas to get a quick response to a stroke. More work needs to be done to ensure stroke system of care is strengthened in all areas of the state.

Do Pass HB 1323 – the Stroke System of Care bill so more North Dakotan's have outcomes like mine if they suffer a stroke.

#1

15.0500.02001
Title.

Prepared by the Legislative Council staff for
Representative Porter
January 20, 2015

1-21-15

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1323

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Renumber accordingly

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American Heart Association | American Stroke Association
life is why

SB 1323
03/04/15
Attach #1
24294

House Bill 1323
Senate Human Services committee
Testimony
June Herman, American Heart Association

Good morning Chairman Lee and members of the Senate Human Services Committee. For the record, I am June Herman, Regional Vice President of Advocacy for the American Heart Association. I am here today to ask for your Do Pass recommendation on HB 1323 and to walk you through the bill's construction.

As I walk you through the bill components, keep in mind this common "graduation open house preparation" analogy as to its approach: we are tossing out old, outdated elements, rearranging furniture, taking a few items from another room, and adding a few new accent items. For the purpose of this bill:

- Old dates are deleted
- Rearrangement of sections occurred to start with the duties of the health officer
- In 2009, when North Dakota first established Stroke System language, national consensus hospital designation language existed only for Primary Stroke Centers. Since then, new designations have been established for Comprehensive Stroke Centers of Care (CSC) and Acute Stroke Ready hospitals. As part of developing EMS transport guidance, your stroke system of care task force has been working to incorporate those other levels of care into system guidance.
- New elements: With state exploration of tele-medicine reimbursement, the task force should look at stroke care delivery systems which could benefit from such and identify to the appropriate bodies some key stroke interventions which might benefit from specific telemedicine care. Also, the language includes providing of an annual report that tracks work to achieve improved stroke outcomes.

Is company coming? Yes. The work accomplished in our state is a model for other states. However, our existing Century Code language needs updating to reflect our state's work. Let's review the following attachment as to changes, and then I'll be happy to answer any questions you may have.

North Dakota Stroke System of Care Legislative Draft Comparison

HB 1323	Key Component	Change	Proposed	Current – Adopted in 2009
	Outdated deliverable dates	Throws out outdated info	None	Yes, several 2010, 2011
Pg 1 – Page 2	System Responsibility	Realigns century code order. Current language dealt with hospital designation 1st. Better to start with responsibilities and duties.	State Health Officer	State Health Officer
	System Elements may include standards for these components		- System Plan - Pre-hospital EMS - Hospitals designation - Registry - Quality improvement program	- System Plan - Pre-hospital EMS - Hospital Designation, Primary Stroke Center, ability to adopt rules for appropriate routing based on TF recommendations
Pg 3 – pg 4	Designation of: -Comprehensive Stroke Centers - Primary Stroke Centers - Acute Stroke Ready	Adds: - CSC nat'l guidance/ consensus not available in 2009 -ASR nat'l guidance set in 2014. Continues: - PSC	- CSC, Yes - PSC, Yes - ASR, Yes	- PSC – yes - DOH shall establish a system of care, Authority to establish rules (pg 3 of HB 1323) - TF working on ASR now.
	Designation Criteria	Nationally recognized guidelines	Yes	Nationally recognized guidelines for PSC
	Hospital Coordination among levels		Yes	Yes
	Designation suspension		Yes	Yes – PSC
Pg 5	Notification to EMS of hospital designations		Yes – All	Yes – PSC
	EMS Triage Standards		Yes	Yes
	EMS care protocols		Yes	Yes
	EMS Training		Yes	Yes
	Dispatch Training		Yes	Silent, allowed through TF recommendations

Pg 6	Quality Assessment/Data		Yes. CSC/PSC. ASR "encouraged"	Yes; PSC data required. Data tool funding available to all
	Reporting – system progress		Yes	Silent
Pg 8 - 9	Taskforce		Yes.	Yes
Pg 9	Telemedicine	TF able to recommend eligible essential services. Serves as guidance.	Yes.	Silent

J# 24294

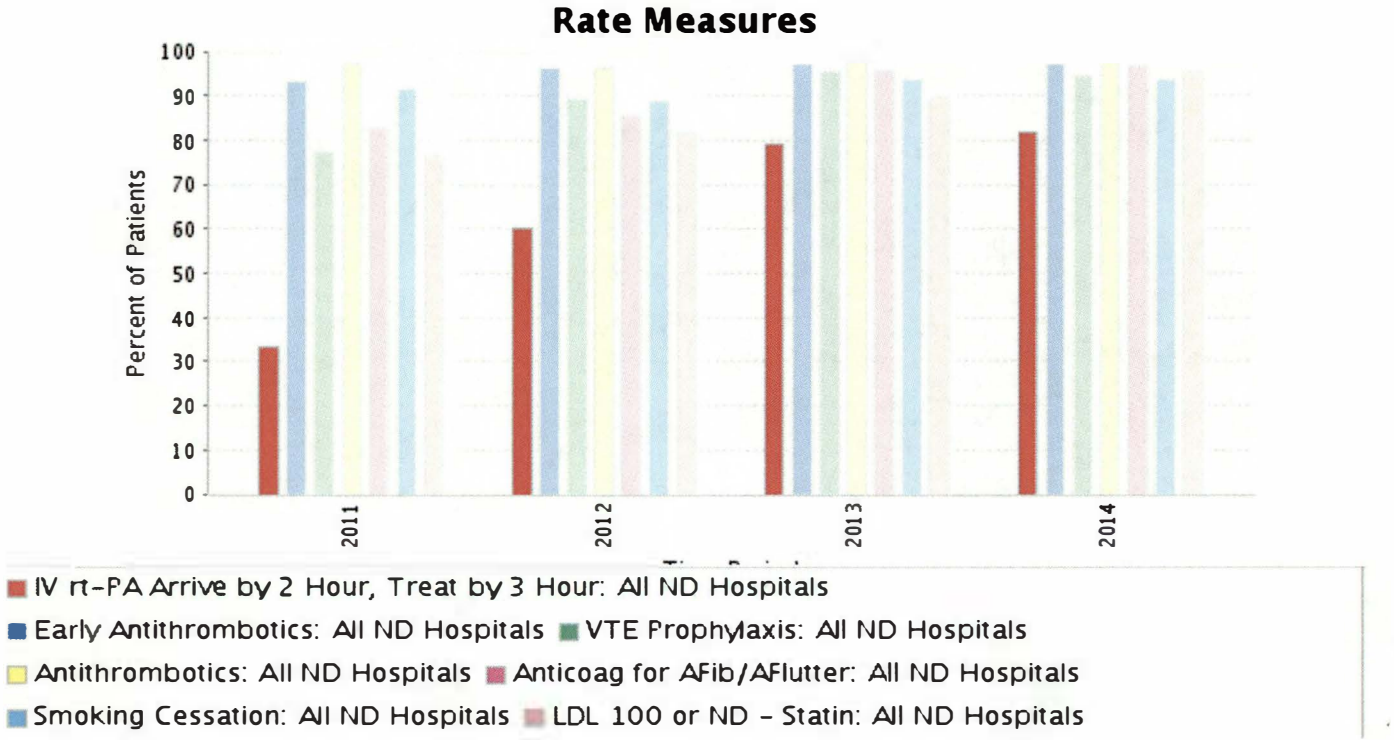
HB1323
03/04/15
Attach#2

House Bill 1323

Senate Human Services Committee - Testimony - Dr. Shiraz Hyder

Good morning Chairman Lee and members of the Senate Human Services Committee. For the record, I am Dr. Shiraz Hyder, a neurologist here in Bismarck, North Dakota. I am here today to ask for your Do Pass recommendation on HB 1323 – the Stroke System of Care bill.

One only needs to look at the following graph to see what our state has achieved to improve urgent stroke care in North Dakota. It speaks well to the collaborative work between large and small hospitals, hospitals and EMS, and care providers and vested partners such as the North Dakota legislature, Department of Health, Center for Rural Health, and the American Stroke Association.



You can see the dramatic increase in the use of rt-Pa, the recommended treatment for ischemic stroke, proven to improve outcomes when administered within a certain timeframe. It also shows the high achievement performance levels in all key categories.

While we still have work ahead – such as getting more people to call 9-1-1 in order for their stroke care to start timely – our work to develop system guidance and improve treatments is bearing fruit and interestingly, well deserved attention. North Dakota stroke partners have been invited to attend the International Stroke Conference this February in Nashville, TN, to present our work.

Based on an excellent stroke system of care being created in North Dakota, HB 1323 serves to provide a well-structured and well-articulated century code language to share as a model for other states.

It would be my pleasure to answer any questions you may have at this time.

SB1323
03/04/15
Attach#3
J# 24294

House Bill 1323

Senate Human Services committee

Karalee Harper
Testimony

Good morning Chairman Lee and members of the Senate Human Services Committee. For the record, I am Karalee Harper, from Bismarck, North Dakota. I am a volunteer with the American Heart Association, and in my previous work, I was the Department of Health staff lead for Stroke Systems of Care. I am here today to ask for your Do Pass recommendation on HB 1323 – the Stroke System of Care bill.

The "why" of the value of a stroke system of care is attached to my testimony – it is from a rural Parshall ND stroke survivor named Celeste – who at age 42 had a stroke. While her stroke did not occur in her rural community, her husband had access at his work to CPR training that included stroke signs and symptoms and the need to call 9-1-1. He used that knowledge when his wife had a stroke while in Fargo, and a prompt system of care was activated. Those systems are being implemented across the state, and improving time to care for all North Dakotans. What is also notable is that Celeste was discharged to her home community but in need of follow-up rehabilitative services. In her case, she was able to become the first survivor to enter a speech aphasia program within 60 miles of her home – a cooperative program supported by Stroke System of Care funding to develop local Minot State University speech program specialists and students with Trinity Hospital Stroke Care Partners. As a result, Celeste received the support she needed, closer to home, and regain her ability to return to teaching a 2nd grade class. That is the outcome we strive for when we talk about Stroke Systems of Care.

More work needs to be done and that is why stroke stakeholders support updating our state statute to reflect the work underway. As your committee will also address telehealth reimbursement parity capabilities and supporting referral services for traumatic brain injuries, we hope such work enhances the work being done through the leadership of our Stroke System of Care.

Addressing stroke also includes working at the front end, to prevent strokes in the first place. Our statewide Stroke Registry not only tracks care measures, it also identifies health risk factors.

High blood pressure and tobacco use are the leading risk factors for heart disease and stroke, North Dakota's leading killers. Stroke is the leading cause of admission to long term care. When we turn to our state's stroke treatment data, the toll of these risk factors are evident – on the individual and their families, our healthcare system, and to our communities.

Benchmark Group	Time Period	Hypertension	Smoker
All ND Hospitals Ischemic Stroke Diagnosis	2011	74.9%	17.1%
	2012	75.8%	18.8%
	2013	72.5%	20.9%

Other Key Data:

- 81% of ND strokes are under age 85, with 1/3 of those strokes under age 65.
- Only 1% of those ND hypertension cases were being treated prior to stroke for high blood pressure.
- 69% of Americans who have a first heart attack have blood pressure over 140/90.

To provide perspective of why reducing leading risk factors is important to our state: high blood pressure damages the walls of the arteries. If you have high blood pressure, the force exerted on your arteries is too high. It's so high that it creates microscopic tears in the artery walls that then turn into scar tissue. Damaged arteries accumulate circulating materials such as cholesterol, platelets, fats and plaque build up.

As a result, both the Stroke System of Care and the Cardiac System of Care have identified the need to address public understanding that high blood pressure control is not an issue to wait on "fixing" later rather than sooner.

In closing, great work is being accomplished in North Dakota related to stroke. I ask for a Do Pass HB 1323 – the Stroke System of Care bill to reflect current work and to be a model for other states.

SB 1323
Attach #4
03/04/15
J#24294

House Bill 1323

Senate Human Services committee

Celeste Hart
Testimony

Good morning Chairman Lee and members of the Senate Human Services Committee. For the record, I am Celeste Hart, from Parshall, North Dakota. I am a 2nd grade teacher, a wife, a mom, and a stroke survivor. I am here today to ask for your Do Pass recommendation on HB 1323 – the Stroke System of Care bill.

In October 2013 over NDEA school break, I was in Fargo with my husband and our two sons. The boys and I were shopping while my husband was in the car. I was on the phone with my husband when suddenly my hand went limp. The cell phone fell to the floor. I bent down, but was unable to pick up the phone. My son picked up the phone and said, "Dad, something is wrong with mom". My husband ran into the mall from the car and quickly identified that I was having a stroke. In safety training at work, just weeks before he learned how to spot a stroke F.A.S.T.: F – Face dropping; A- Arm and leg weakness, S – Speech difficulties; and T- Time to call 9-1-1. My husband assisted me to a nearby bench and called 9-1-1. The ambulance arrived in minutes and notified the hospital to call a stroke code. The stroke team was waiting when I arrived. A CT scan confirmed an ischemic stroke (clot) diagnosis. A clot dissolving drug (tPA) was administered. Within minutes the drug began to work and the effects of the stroke slowly reversed. After 6 days in the hospital and weeks of 7 weeks of speech therapy, I was back teaching in my classroom after Christmas break.

I am thankful for a productive busy life after my stroke at 42 years old. I know the good outcome is due to the stroke system of care from the early recognition of my symptoms by my husband, to calling 9-1-1, fast response and trained EMS responder, to the stroke team at the hospital and a coordinated time sensitive system.

Parshall is 60 miles from Minot and 2 hours from Bismarck, I am glad I was in Fargo when I had my stroke and got immediate care. I hope more is done for people who live in rural areas to get a quick response to a stroke. More work needs to be done to ensure stroke system of care is strengthened in all areas of the state.

Do Pass HB 1323 – the Stroke System of Care bill so more North Dakotan's have outcomes like mine if they suffer a stroke.