

**Sixty-third Legislative Assembly of North Dakota  
In Regular Session Commencing Tuesday, January 8, 2013**

HOUSE BILL NO. 1175  
(Representatives Porter, Bellew, J. Nelson)  
(Senators Carlisle, Dever, O'Connell)

AN ACT to create and enact a new chapter to title 23 of the North Dakota Century Code, relating to an acute cardiovascular emergency medical system.

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

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

**Definitions.**

As used in this chapter:

1. "Department" means the state department of health.
2. "STEMI" means ST-elevation myocardial infarction.

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

1. Following consultation with and receipt of a recommendation of the acute cardiovascular emergency medical system of care advisory committee, the department shall establish and maintain a comprehensive emergency cardiovascular medical system for the state. The system must include standards for the following components:
  - a. A system plan.
  - b. Prehospital emergency medical services.
  - c. Hospitals, for which the standards must include:
    - (1) Standards for designation, redesignation, and dedesignation of receiving and referring centers.
    - (2) Standards for evaluation and quality improvement programs for designated centers.
    - (3) Recognition of a hospital as a STEMI receiving center or as a STEMI referring center. In making such recognition, the standards must include consideration of whether the hospital is:
      - (a) Accredited as a mission: lifeline STEMI receiving center or mission: lifeline STEMI referring center by the society of cardiovascular patient care and the American heart association accreditation process; or
      - (b) Accredited by a department-approved, nationally recognized organization that provides mission: lifeline STEMI receiving center and mission: lifeline STEMI referring center accreditation or a substantive equivalent.
  - d. System registries, for which the components must include a plan for achieving continuous quality improvement in the quality of care provided under the statewide system, including for STEMI response and treatment.

- (1) In implementing this plan, the department shall maintain a statewide STEMI heart attack database that aggregates information and statistics on heart attack care. The department shall utilize the ACTION registry-get with the guidelines data platform, or other equivalent platform.
  - (2) To the extent possible, the department shall coordinate with national voluntary health organizations involved in STEMI heart attack quality improvement to avoid duplication and redundancy.
  - (3) Designated receiving centers shall participate in the registry.
2. The proceedings and records of the program are not subject to subpoena, discovery, or introduction into evidence in any civil action arising out of any matter that is the subject of consideration by the program.

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

1. The state health officer shall appoint the members of the acute cardiovascular emergency medical system of care advisory committee. The state health officer, or the officer's designee, is an ex officio member of the advisory committee. The state health officer shall appoint to the committee members who represent referring and receiving hospitals, physicians who treat patients, and members who represent emergency medical services operations that provide services in rural and urban areas of the state. Members of the acute cardiovascular emergency medical system of care advisory committee serve at the pleasure of the state health officer.
2. The purpose of the acute cardiovascular emergency medical system of care advisory committee is to advise the department on the establishment of an effective system of acute cardiovascular emergency care throughout the state and to take steps to ensure and facilitate the implementation of the system of acute cardiovascular emergency care. The advisory committee shall:
  - a. Encourage sharing of information and data among health care providers on ways to improve the quality of care of acute cardiovascular patients in this state.
  - b. Facilitate the communication and analysis of health information and aggregate data among health care professionals providing care for acute cardiovascular events.
  - c. Advise the department on how best to require the application of evidence-based treatment guidelines regarding the transitioning of patients to community-based followup care in hospital outpatient, physician office, and ambulatory clinic settings for ongoing care after hospital discharge following acute treatments.
  - d. Develop and advise the department to adopt a data oversight process and plan for achieving continuous quality improvement in the quality of care provided under the system of acute cardiovascular emergency care. The plan must be based on aggregate data analysis and the identification of potential interventions to improve heart attack care in geographic areas or regions of the state.
  - e. Recommend improvements for acute cardiovascular emergency medical system response.
3. A physician serving as a member of the acute cardiovascular emergency medical system of care advisory committee is immune from professional liability in providing the advisory committee with voluntary medical direction.
4. Except for a member of the acute cardiovascular emergency medical system of care advisory committee serving on the advisory committee in the member's capacity as a department

employee and who is therefore entitled to receive reimbursement of mileage and expenses from the department, a member of the advisory committee serves without compensation or reimbursement of mileage and expenses from the department but may receive compensation and reimbursement from the advisory committee member's employer or sponsoring entity.

**Standard of care.**

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

\_\_\_\_\_  
Speaker of the House

\_\_\_\_\_  
President of the Senate

\_\_\_\_\_  
Chief Clerk of the House

\_\_\_\_\_  
Secretary of the Senate

This certifies that the within bill originated in the House of Representatives of the Sixty-third Legislative Assembly of North Dakota and is known on the records of that body as House Bill No. 1175.

House Vote:      Yeas 91              Nays 0              Absent 3

Senate Vote:    Yeas 46              Nays 0              Absent 1

\_\_\_\_\_  
Chief Clerk of the House

Received by the Governor at \_\_\_\_\_ M. on \_\_\_\_\_, 2013.

Approved at \_\_\_\_\_ M. on \_\_\_\_\_, 2013.

\_\_\_\_\_  
Governor

Filed in this office this \_\_\_\_\_ day of \_\_\_\_\_, 2013,

at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

\_\_\_\_\_  
Secretary of State