By the Committee on Health Policy; and Senators Book and Powell

588-03172-19 20191460c1

A bill to be entitled

An act relating to stroke centers; amending s. 395.3038, F.S.; revising the criteria for hospitals to be included on the state list of stroke centers by the Agency for Health Care Administration; removing provisions requiring the agency to adopt rules establishing the criteria for such list; amending s. 395.30381, F.S.; revising provisions relating to the statewide stroke registry to conform to changes made by the act; amending s. 395.3039, F.S.; revising provisions prohibiting the advertisement of a hospital as a state-listed stroke center, unless certain conditions are met, to conform to changes made by the act; amending s. 395.3041, F.S.; requiring the medical director of each licensed emergency medical services provider to develop and implement protocols for the assessment, treatment, transport, and rerouting of suspected stroke patients to certain stroke centers; requiring that such protocols include specified plans for the triage and transport of suspected stroke patients; providing an effective date.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. Subsection (1), paragraph (a) of subsection (2), and subsection (3) of section 395.3038, Florida Statutes, are amended to read:

395.3038 State-listed stroke centers; notification of hospitals.—

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(1) The agency shall make available on its website and to the department a list of the name and address of each hospital that is certified by a nationally recognized certifying organization as meets the criteria for an acute stroke ready center, a primary stroke center, a thrombectomy-capable stroke center, or a comprehensive stroke center. The list of stroke centers must include only those hospitals that have submitted documentation to the agency verifying their certification as an acute stroke ready center, a primary stroke center, a thrombectomy-capable stroke center, or a comprehensive stroke center, which may include, but is not limited to, any stroke center that offers and performs mechanical endovascular therapy consistent with the standards identified by a nationally recognized guidelines-based organization approved by the agency that attest in an affidavit submitted to the agency that the hospital meets the named criteria, or those hospitals that attest in an affidavit submitted to the agency that the hospital is certified as an acute stroke ready center, a primary stroke center, comprehensive stroke center by a nationally recognized accrediting organization.

- (2) (a) If a hospital no longer chooses to be certified by a nationally recognized certifying organization or has not attained certification consistent with meet the criteria in subsection (1) as for an acute stroke ready center, a primary stroke center, a thrombectomy-capable stroke center, or a comprehensive stroke center, the hospital shall notify the agency and the agency shall immediately remove the hospital from the list of stroke centers.
 - (3) The agency shall adopt by rule criteria for an acute

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stroke ready center, a primary stroke center, and a comprehensive stroke center which are substantially similar to the certification standards for the same categories of stroke centers of a nationally recognized accrediting organization.

Section 2. Section 395.30381, Florida Statutes, is amended to read:

395.30381 Statewide stroke registry.-

- (1) Subject to a specific appropriation, the department shall contract with a private entity to establish and maintain a statewide stroke registry to ensure that the stroke performance measures required to be submitted under subsection (2) are maintained and available for use to improve or modify the stroke care system, ensure compliance with standards and nationally recognized guidelines, and monitor stroke patient outcomes.
- (2) Each acute stroke ready center, primary stroke center, thrombectomy-capable stroke center, and comprehensive stroke center shall regularly report to the statewide stroke registry information containing specified by the department, including nationally recognized stroke performance measures.
- (3) The department shall require the contracted <u>private</u> entity to use a nationally recognized platform to collect data from each stroke center on the stroke performance measures required in subsection (2). The contracted <u>private</u> entity shall provide regular reports to the department on the data collected.
- (4) \underline{A} No liability of any kind or character for damages or other relief shall <u>not</u> arise or be enforced against any acute stroke ready center, primary stroke center, <u>thrombectomy-capable stroke center</u>, or comprehensive stroke center by reason of having provided such information to the statewide stroke

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Section 3. Section 395.3039, Florida Statutes, is amended to read:

395.3039 Advertising restrictions.—A person may not advertise to the public, by way of any medium whatsoever, that a hospital is a state-listed primary or comprehensive stroke center unless the hospital has submitted documentation to the agency verifying that it is certified and meets the criteria provided notice to the agency as required in s. 395.3038 by this act.

Section 4. Subsections (1), (3), and (4) of section 395.3041, Florida Statutes, are amended to read:

395.3041 Emergency medical services providers; triage and transportation of stroke victims to a stroke center.—

- (1) By June 1 of each year, the department shall send the list of acute stroke ready centers, primary stroke centers, thrombectomy-capable stroke centers, and comprehensive stroke centers to the medical director of each licensed emergency medical services provider in the this state.
- (3) The medical director of each licensed emergency medical services provider shall develop and implement assessment, treatment, transport, and rerouting transport-destination protocols for stroke patients with the intent to assess, treat, and transport, and reroute stroke patients to acute stroke ready centers, primary stroke centers, thrombectomy-capable stroke centers, and comprehensive stroke centers. The protocols must include plans for the triage and transport of suspected stroke patients, including, but not limited to, patients who may have an emergent large vessel occlusion, to an appropriate facility

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within a specified timeframe after such patients exhibit the sudden onset of stroke-related symptoms. In developing the protocols, the department and the medical director of each licensed emergency medical services provider must consider the capability of an emergency receiving facility to improve outcomes for patients who are suspected, based on clinical severity, of having an emergent large vessel occlusion the most appropriate hospital.

(4) Each emergency medical services provider licensed under chapter 401 must comply with all sections of this section and ss. 395.3038-395.3039 act.

Section 5. This act shall take effect July 1, 2019.