1 A bill to be entitled 2 An act relating to stroke centers; amending s. 3 395.3038, F.S.; revising the criteria for hospitals to 4 be included on the state list of stroke centers by the 5 Agency for Health Care Administration; removing 6 provisions requiring the agency to adopt rules 7 establishing the criteria for such list; amending s. 8 395.30381, F.S.; revising provisions relating to the 9 statewide stroke registry to conform to changes made 10 by the act; amending s. 395.3039, F.S.; revising 11 provisions prohibiting the advertisement of a hospital 12 as a state-listed stroke center, unless certain conditions are met, to conform to changes made by the 13 14 act; amending s. 395.3041, F.S.; requiring the 15 Department of Health and the medical director of each 16 licensed emergency medical services provider to 17 develop and implement protocols for the assessment, treatment, transport, and rerouting of suspected 18 19 stroke patients to certain stroke centers; requiring 20 that such protocols include specified plans for the 21 triage and transport of suspected stroke patients; 22 providing an effective date. 23 24 Be It Enacted by the Legislature of the State of Florida: 25 Page 1 of 6

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26 Section 1. Subsection (1), paragraph (a) of subsection 27 (2), and subsection (3) of section 395.3038, Florida Statutes, 28 are amended to read:

29 395.3038 State-listed stroke centers; notification of 30 hospitals.-

31 The agency shall make available on its website and to (1)32 the department a list of the name and address of each hospital 33 that is certified by a nationally recognized certifying organization as meets the criteria for an acute stroke ready 34 35 center, a primary stroke center, a thrombectomy-capable stroke center, or a comprehensive stroke center. The list of stroke 36 37 centers must include only those hospitals that have submitted documentation to the agency verifying their certification as an 38 39 acute stroke ready center, a primary stroke center, a 40 thrombectomy-capable stroke center, or a comprehensive stroke 41 center, which may include, but is not limited to, any stroke 42 center that offers and performs mechanical endovascular therapy 43 consistent with the rigorous standards identified by the Joint 44 Commission, the American Heart Association, the American Stroke 45 Association, or any other nationally recognized guidelines-based 46 organization approved by the agency that attest in an affidavit 47 submitted to the agency that the hospital meets the named 48 criteria, or those hospitals that attest in an affidavit submitted to the agency that the hospital is certified as an 49 50 acute stroke ready center, a primary stroke center, or a

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51	comprehensive stroke center by a nationally recognized				
52	accrediting organization.				
53	(2)(a) If a hospital no longer chooses to <u>be certified by</u>				
54	a nationally recognized certifying organization or has not				
55	attained certification consistent with meet the criteria in				
56	<u>subsection (1) as</u> for an acute stroke ready center, a primary				
57	stroke center, <u>a thrombectomy-capable stroke center,</u> or a				
58	comprehensive stroke center, the hospital shall notify the				
59	agency and the agency shall immediately remove the hospital from				
60	the list of stroke centers.				
61	(3) The agency shall adopt by rule criteria for an acute				
62	stroke ready center, a primary stroke center, and a				
63	comprehensive stroke center which are substantially similar to				
64	the certification standards for the same categories of stroke				
65	centers of a nationally recognized accrediting organization.				
66	Section 2. Section 395.30381, Florida Statutes, is amended				
67	to read:				
68	395.30381 Statewide stroke registry				
69	(1) Subject to a specific appropriation, the department				
70	shall contract with a private entity to establish and maintain a				
71	statewide stroke registry to ensure that the stroke performance				
72	measures required to be submitted under subsection (2) are				
73	maintained and available for use to improve or modify the stroke				
74	care system, ensure compliance with standards and nationally				
75	recognized guidelines, and monitor stroke patient outcomes.				
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(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 <u>containing</u> 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) <u>A</u> 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</u>
<u>stroke center</u>, or comprehensive stroke center by reason of
having provided such information to the statewide stroke
registry.

92 Section 3. Section 395.3039, Florida Statutes, is amended 93 to read:

94 395.3039 Advertising restrictions.—A person may not 95 advertise to the public, by way of any medium whatsoever, that a 96 hospital is a state-listed primary or comprehensive stroke 97 center unless the hospital has <u>submitted documentation to the</u> 98 <u>agency verifying that it is certified and meets the criteria</u> 99 provided notice to the agency as required <u>in s. 395.3038</u> by this 100 act.

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101 Section 4. Subsections (1), (3), and (4) of section 102 395.3041, Florida Statutes, are amended to read: 103 395.3041 Emergency medical services providers; triage and 104 transportation of stroke victims to a stroke center.-105 (1)By June 1 of each year, the department shall send the 106 list of acute stroke ready centers, primary stroke centers, 107 thrombectomy-capable stroke centers, and comprehensive stroke centers to the medical director of each licensed emergency 108 medical services provider in the this state. 109 110 (3)The department and the medical director of each licensed emergency medical services provider shall develop and 111 112 implement assessment, treatment, transport, and rerouting 113 transport destination protocols for stroke patients with the 114 intent to assess, treat, and transport, and reroute stroke 115 patients to acute stroke ready centers, primary stroke centers, 116 thrombectomy-capable stroke centers, and comprehensive stroke 117 centers. The protocols must include plans for the triage and 118 transport of suspected stroke patients, including, but not 119 limited to, patients who may have an emergent large vessel 120 occlusion, to an appropriate facility within a specified 121 timeframe after such patients exhibit the sudden onset of 122 stroke-related symptoms. In developing the protocols, the department and the medical director of each licensed emergency 123 124 medical services provider must consider the capability of an 125 emergency receiving facility to improve outcomes for patients

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who are suspected, based on clinical severity, of having an 126 127 emergent large vessel occlusion the most appropriate hospital. 128 (4) Each emergency medical services provider licensed under chapter 401 must comply with all sections of this section 129 130 and ss. 395.3038-395.3039 act. Section 5. This act shall take effect July 1, 2019. 131

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