

LEGISLATURE OF NEBRASKA
ONE HUNDRED FOURTH LEGISLATURE
SECOND SESSION

LEGISLATIVE BILL 722

Introduced by Baker, 30.

Read first time January 06, 2016

Committee: Health and Human Services

1 A BILL FOR AN ACT relating to public health and welfare; to amend
2 sections 38-1217 and 38-1221, Revised Statutes Cumulative
3 Supplement, 2014, and section 71-401, Revised Statutes Supplement,
4 2015; to adopt the Stroke System of Care Act; to provide for
5 establishment of model protocols under the Emergency Medical
6 Services Practice Act; to restrict advertising by hospitals; to
7 harmonize provisions; and to repeal the original sections.
8 Be it enacted by the people of the State of Nebraska,

1 Section 1. Sections 1 to 11 of this act shall be known and may be
2 cited as the Stroke System of Care Act.

3 Sec. 2. The Legislature finds that:

4 (1) Stroke is the fifth leading cause of death and the leading cause
5 of disability according to the Centers for Disease Control and Prevention
6 of the United States Public Health Service of the United States
7 Department of Health and Human Services;

8 (2) Forecasting by the American Heart Association predicts stroke
9 prevalence to increase by twenty-four and nine-tenths percent between
10 2010 and 2030;

11 (3) The cost of stroke continues to increase as total hospital
12 charges for stroke in Nebraska increased by more than fifty-four million
13 dollars between 2001 and 2010, from fifty-four million dollars to one
14 hundred eight million dollars, with the average charge per stroke
15 hospitalization at thirty-one thousand dollars in 2010 according to the
16 2011 Nebraska Heart Disease and Stroke Prevention Program and Data
17 Summary by the Nebraska Department of Health and Human Services;

18 (4) The rapid identification, diagnosis, and treatment of stroke can
19 save the lives of stroke patients and in some cases reverse neurological
20 damage such as paralysis and speech and language impairments;

21 (5) An effective system is needed in Nebraska communities in order
22 to treat stroke patients in a timely manner and to improve the overall
23 outcomes of stroke patients; and

24 (6) Creation and enhancement of stroke systems of care provide
25 patients the highest quality care while ensuring seamless transitions
26 along the care continuum.

27 Sec. 3. For purposes of the Stroke System of Care Act:

28 (1) Criteria means criteria adopted pursuant to section 4 of this
29 act for designation of a hospital under the Stroke System of Care Act;

30 (2) Department means the Department of Health and Human Services;
31 and

1 (3) Hospital means a hospital as defined in section 71-419 and
2 licensed under the Health Care Facility Licensure Act.

3 Sec. 4. (1) The department shall adopt and promulgate rules and
4 regulations to carry out the Stroke System of Care Act. The rules and
5 regulations shall include the criteria for designation of a hospital as a
6 comprehensive stroke center, primary stroke center, or acute stroke-ready
7 hospital. The criteria shall include certification approved by the
8 department from the American Heart Association, the Joint Commission on
9 Accreditation of Healthcare Organizations, or another nationally
10 recognized, guidelines-based organization that provides certification for
11 stroke care, as such certification existed on the effective date of this
12 act.

13 (2) In order to maintain such designation, a hospital shall maintain
14 its department-approved certification.

15 Sec. 5. A hospital that is designated as a comprehensive stroke
16 center or a primary stroke center may enter into a coordinating stroke
17 care agreement with an acute stroke-ready hospital to provide appropriate
18 access to care for acute stroke patients. The agreement shall be in
19 writing and shall include, at a minimum:

20 (1) A transfer agreement for the transport and acceptance of a
21 stroke patient seen by the acute stroke-ready hospital for stroke
22 treatment therapies that the comprehensive stroke center or primary
23 stroke center is not capable of providing; and

24 (2) Communication criteria and protocol with the acute stroke-ready
25 hospital.

26 Sec. 6. A health care facility as defined in section 71-413 that
27 does not have a designation under section 4 of this act shall have a
28 predetermined plan for the triage and transfer of acute stroke patients
29 and shall file the plan annually with the department.

30 Sec. 7. The department shall compile and maintain a list of
31 comprehensive stroke centers, primary stroke centers, and acute stroke-

1 ready hospitals and shall post the list on the department's web site.
2 Before June 1 of each year, the department shall send the list to the
3 physician medical director of each emergency medical service licensed
4 pursuant to the Emergency Medical Services Practice Act.

5 Sec. 8. As part of the rules and regulations adopted and
6 promulgated under the Stroke System of Care Act, the department shall
7 adopt and distribute a nationally recognized, standardized stroke triage
8 assessment tool. The department shall post the stroke triage assessment
9 tool on the department's web site and provide a copy of the assessment
10 tool to each emergency medical service licensed pursuant to the Emergency
11 Medical Services Practice Act.

12 Sec. 9. (1) An emergency medical service licensed pursuant to the
13 Emergency Medical Services Practice Act shall use a stroke triage
14 assessment tool that is substantially similar to the stroke triage
15 assessment tool adopted by the department under section 8 of this act.

16 (2) A licensed emergency medical service shall establish prehospital
17 care protocols related to the assessment, treatment, and transport of a
18 stroke patient by the emergency medical service. The protocols shall
19 include plans for the triage and transport of an acute stroke patient to
20 the closest comprehensive stroke center or primary stroke center or, when
21 appropriate, to an acute stroke-ready hospital, within a specified
22 timeframe of the onset of symptoms.

23 (3) A licensed emergency medical service shall establish protocols
24 to assure that the out-of-hospital emergency care providers and
25 dispatchers employed by the emergency medical service receive regular
26 training on the assessment and treatment of stroke patients.

27 Sec. 10. (1) The department shall establish and implement a plan
28 for achieving continuous quality improvement in the quality of care
29 provided under the comprehensive stroke system for stroke response and
30 treatment. The department shall:

31 (a) Maintain a statewide stroke data base that compiles information

1 and statistics on stroke care which align with nationally recognized
2 stroke consensus metrics;

3 (b) Require comprehensive stroke centers and primary stroke centers
4 and encourage acute stroke-ready hospitals and emergency medical services
5 to report data consistent with nationally recognized guidelines on the
6 treatment of individuals with confirmed stroke within the state;

7 (c) Encourage sharing of information and data among health care
8 providers on ways to improve the quality of care of stroke patients in
9 this state;

10 (d) Facilitate the communication and analysis of health information
11 and data among the health care professionals providing care for
12 individuals with stroke; and

13 (e) Require the application of evidence-based treatment guidelines
14 regarding the transition of patients to community-based followup care in
15 hospital outpatient, physician office, and ambulatory clinic settings for
16 ongoing care after hospital discharge following acute treatment for
17 stroke.

18 (2) The department shall establish a data oversight process and
19 implement a plan for achieving continuous quality improvement in the
20 quality of care provided under the comprehensive stroke system for stroke
21 response and treatment. The department shall provide for:

22 (a) The analysis of data generated by the stroke registry on stroke
23 response and treatment; and

24 (b) The identification of potential interventions to improve stroke
25 care in geographic areas or regions of the state.

26 Sec. 11. (1) The department shall establish a stroke system of care
27 task force to address matters of triage, treatment, and transport of
28 possible acute stroke patients. The task force shall include
29 representation from the department, including the Nebraska Cardiovascular
30 Health Program created by the department, the Emergency Medical Services
31 Program created by the department, and the Office of Rural Health, the

1 American Stroke Association, the Nebraska State Stroke Association,
2 hospitals designated as comprehensive stroke centers under the Stroke
3 System of Care Act, hospitals designated as primary stroke centers under
4 the act, rural hospitals, physicians, and emergency medical services
5 licensed pursuant to the Emergency Medical Services Practice Act.

6 (2) The task force shall provide advice to the department regarding
7 the implementation of the Stroke System of Care Act and the rules and
8 regulations adopted and promulgated pursuant to the act necessary to
9 establish an effective stroke system of care in the state. The task force
10 shall focus on serving both rural and urban areas. The task force shall
11 provide advice regarding protocols for the assessment, stabilization, and
12 appropriate routing of stroke patients by emergency medical services and
13 for coordination and communication between hospitals, comprehensive
14 stroke centers, primary stroke centers, and other support services
15 necessary to assure all residents of Nebraska have access to effective
16 and efficient stroke care.

17 (3) The task force shall make recommendations to the department.
18 Upon receiving such recommendations, the department may adopt and
19 promulgate rules and regulations implementing the recommendations.

20 (4) The task force shall recommend eligible essential health care
21 services for acute stroke care provided through telehealth as defined in
22 section 71-8503.

23 Sec. 12. Section 38-1217, Revised Statutes Cumulative Supplement,
24 2014, is amended to read:

25 38-1217 The board shall adopt rules and regulations necessary to:

26 (1)(a) For licenses issued prior to September 1, 2010, create the
27 following licensure classifications of out-of-hospital emergency care
28 providers: (i) First responder; (ii) emergency medical technician; (iii)
29 emergency medical technician-intermediate; and (iv) emergency medical
30 technician-paramedic; and (b) for licenses issued on or after September
31 1, 2010, create the following licensure classifications of out-of-

1 hospital emergency care providers: (i) Emergency medical responder; (ii)
2 emergency medical technician; (iii) advanced emergency medical
3 technician; and (iv) paramedic. The rules and regulations creating the
4 classifications shall include the practices and procedures authorized for
5 each classification, training and testing requirements, renewal and
6 reinstatement requirements, and other criteria and qualifications for
7 each classification determined to be necessary for protection of public
8 health and safety. A person holding a license issued prior to September
9 1, 2010, shall be authorized to practice in accordance with the laws,
10 rules, and regulations governing the license for the term of the license;

11 (2) Provide for temporary licensure of an out-of-hospital emergency
12 care provider who has completed the educational requirements for a
13 licensure classification enumerated in subdivision (1)(b) of this section
14 but has not completed the testing requirements for licensure under such
15 subdivision. Temporary licensure shall be valid for one year or until a
16 license is issued under such subdivision and shall not be subject to
17 renewal. The rules and regulations shall include qualifications and
18 training necessary for issuance of a temporary license, the practices and
19 procedures authorized for a temporary licensee, and supervision required
20 for a temporary licensee;

21 (3) Set standards for the licensure of basic life support services
22 and advanced life support services. The rules and regulations providing
23 for licensure shall include standards and requirements for: Vehicles,
24 equipment, maintenance, sanitation, inspections, personnel, training,
25 medical direction, records maintenance, practices and procedures to be
26 provided by employees or members of each classification of service, and
27 other criteria for licensure established by the board;

28 (4) Authorize emergency medical services to provide differing
29 practices and procedures depending upon the qualifications of out-of-
30 hospital emergency care providers available at the time of service
31 delivery. No emergency medical service shall be licensed to provide

1 practices or procedures without the use of personnel licensed to provide
2 the practices or procedures;

3 (5) Authorize out-of-hospital emergency care providers to perform
4 any practice or procedure which they are authorized to perform with an
5 emergency medical service other than the service with which they are
6 affiliated when requested by the other service and when the patient for
7 whom they are to render services is in danger of loss of life;

8 (6) Provide for the approval of training agencies and establish
9 minimum standards for services provided by training agencies;

10 (7) Provide for the minimum qualifications of a physician medical
11 director in addition to the licensure required by section 38-1212;

12 (8) Provide for the use of physician medical directors, qualified
13 physician surrogates, model protocols, standing orders, operating
14 procedures, and guidelines which may be necessary or appropriate to carry
15 out the purposes of the Emergency Medical Services Practice Act. The
16 model protocols, standing orders, operating procedures, and guidelines
17 may be modified by the physician medical director for use by any out-of-
18 hospital emergency care provider or emergency medical service before or
19 after adoption;

20 (9) Establish criteria for approval of organizations issuing
21 cardiopulmonary resuscitation certification which shall include criteria
22 for instructors, establishment of certification periods and minimum
23 curricula, and other aspects of training and certification;

24 (10) Establish renewal and reinstatement requirements for out-of-
25 hospital emergency care providers and emergency medical services and
26 establish continuing competency requirements. Continuing education is
27 sufficient to meet continuing competency requirements. The requirements
28 may also include, but not be limited to, one or more of the continuing
29 competency activities listed in section 38-145 which a licensed person
30 may select as an alternative to continuing education. The reinstatement
31 requirements for out-of-hospital emergency care providers shall allow

1 reinstatement at the same or any lower level of licensure for which the
2 out-of-hospital emergency care provider is determined to be qualified;

3 (11) Establish criteria for deployment and use of automated external
4 defibrillators as necessary for the protection of the public health and
5 safety;

6 (12) Create licensure, renewal, and reinstatement requirements for
7 emergency medical service instructors. The rules and regulations shall
8 include the practices and procedures for licensure, renewal, and
9 reinstatement;

10 (13) Establish criteria for emergency medical technicians-
11 intermediate, advanced emergency medical technicians, emergency medical
12 technicians-paramedic, or paramedics performing activities within their
13 scope of practice at a hospital or health clinic under subsection (3) of
14 section 38-1224. Such criteria shall include, but not be limited to: (a)
15 Requirements for the orientation of registered nurses, physician
16 assistants, and physicians involved in the supervision of such personnel;
17 (b) supervisory and training requirements for the physician medical
18 director or other person in charge of the medical staff at such hospital
19 or health clinic; and (c) a requirement that such activities shall only
20 be performed at the discretion of, and with the approval of, the
21 governing authority of such hospital or health clinic. For purposes of
22 this subdivision, health clinic has the definition found in section
23 71-416 and hospital has the definition found in section 71-419; ~~and~~

24 (14) Establish model protocols for compliance with the Stroke System
25 of Care Act by an emergency medical service and an out-of-hospital
26 emergency care provider; and

27 (15 14) Establish criteria and requirements for emergency medical
28 technicians-intermediate to renew licenses issued prior to September 1,
29 2010, and continue to practice after such classification has otherwise
30 terminated under subdivision (1) of this section. The rules and
31 regulations shall include the qualifications necessary to renew emergency

1 medical technicians-intermediate licenses after September 1, 2010, the
2 practices and procedures authorized for persons holding and renewing such
3 licenses, and the renewal and reinstatement requirements for holders of
4 such licenses.

5 Sec. 13. Section 38-1221, Revised Statutes Cumulative Supplement,
6 2014, is amended to read:

7 38-1221 (1) To be eligible for a license under the Emergency Medical
8 Services Practice Act, an individual shall have attained the age of
9 eighteen years and met the requirements established in accordance with
10 subdivision (1), (2), or (~~15~~ 14) of section 38-1217.

11 (2) All licenses issued under the act other than temporary licenses
12 shall expire the second year after issuance.

13 (3) An individual holding a certificate under the Emergency Medical
14 Services Act on December 1, 2008, shall be deemed to be holding a license
15 under the Uniform Credentialing Act and the Emergency Medical Services
16 Practice Act on such date. The certificate holder may continue to
17 practice under such certificate as a license in accordance with the
18 Uniform Credentialing Act until the certificate would have expired under
19 its terms.

20 Sec. 14. Section 71-401, Revised Statutes Supplement, 2015, is
21 amended to read:

22 71-401 Sections 71-401 to 71-470 and section 15 of this act shall be
23 known and may be cited as the Health Care Facility Licensure Act.

24 Sec. 15. A person may not advertise to the public, by way of any
25 medium, that a hospital is a comprehensive stroke center, primary stroke
26 center, or acute stroke-ready hospital unless the hospital is designated
27 as such by the Department of Health and Human Services under the Stroke
28 System of Care Act.

29 Sec. 16. Original sections 38-1217 and 38-1221, Revised Statutes
30 Cumulative Supplement, 2014, and section 71-401, Revised Statutes
31 Supplement, 2015, are repealed.