

ONE HUNDRED FOURTH LEGISLATURE - SECOND SESSION - 2016
COMMITTEE STATEMENT
LB722

Hearing Date: Friday January 22, 2016
Committee On: Health and Human Services
Introducer: Baker
One Liner: Adopt the Stroke System of Care Act

Roll Call Vote - Final Committee Action:
Advanced to General File with amendment(s)

Vote Results:

Aye:	6	Senators Baker, Campbell, Crawford, Fox, Howard, Kolterman
Nay:	1	Senator Riepe
Absent:		
Present Not Voting:		

Verbal Testimony:

Proponents:

Senator Roy Baker
Denise Gorski
James Bobenhouse
Jill Davis
Brian Kranamitter

Representing:

District 30
Nebraska Medicine
Self
Self
American Heart Association

Opponents:

Representing:

Neutral:

Representing:

Summary of purpose and/or changes:

LB722 allows hospitals to obtain a designation noting their readiness to treat stroke patients. Such designation would be shared with the ambulance companies for their information when transporting stroke victims. Requires a written agreement between hospitals with varying levels of stroke care certifications that choose to enter into a coordinating stroke care agreement and specifies requirements for the content of the written agreements. Requires hospitals with a stroke care designation to have a stroke care plan and file the plan annually with the Department of Health and Human Services (DHHS).

Requires DHHS to maintain a list of stroke centers and to send the list annually to each licensed emergency medical service. Requires DHHS to adopt in regulation a stroke triage assessment tool. Requires DHHS to establish and implement a plan for continuous quality improvement of care and for stroke treatment, maintain a database compiling stroke information and statistics, and establish a data oversight process. Requires DHHS to establish a stroke system of care task force and makes requirements of the task force. The task force would be comprised of agencies of DHHS, stroke associations, hospitals, and emergency medical services. Requires the task force to make recommendations to the department.

Requires licensed emergency medical services (EMS) to use a stroke triage assessment tool, establish prehospital care protocols for stroke patients, and to receive stroke assessment and treatment related training.

Amends the Uniform Credentialing Act, the Emergency Practice Act, and the Health Care Facility Licensure Act to add sections of this act.

Restricts individuals from advertising that a hospital is a stroke center unless it has actually received that designation

from DHHS.

Explanation of amendments:

AM2126 removes the requirement for DHHS to promulgate rules and regulations, removes the database, removes the requirement for EMS training and assessment, and removes the quality improvement planning. Keeps the DHHS designation of three levels of stroke centers and requirement for DHHS to maintain a list of designated hospitals and post it and distribute it to EMS providers. Requires hospitals without the designation to have a plan to transfer patients on file with DHHS. Requires DHHS to develop a stroke triage assessment tool and requires EMS to use such tools and protocols for transport of stroke patients. Creates a task force. Specifies the use of designation by hospitals.

Kathy Campbell, Chairperson