CHAPTER 2004-325

Committee Substitute for Senate Bill No. 1590

An act relating to primary and comprehensive stroke centers; providing legislative intent relating to primary and comprehensive stroke centers; providing definitions; directing the Agency for Health Care Administration to create a list of primary and comprehensive stroke centers; directing the agency to adopt rules establishing criteria for primary and comprehensive stroke centers; requiring the Department of Health to distribute the list to certain persons and entities; prohibiting a person from advertising that a facility is a state-listed stroke center unless the facility meets the established criteria; directing the department to develop a stroke triage assessment tool; requiring licensed emergency medical services providers to use the stroke triage assessment tool; requiring licensed emergency medical services providers to develop and use certain specified protocols; providing an effective date.

WHEREAS, stroke is the third leading killer in the United States and in Florida, and

WHEREAS, stroke is also a leading cause of serious long-term disability in this state, and

WHEREAS, 165,000 people die from stroke in the United States every year, including 10,000 persons in this state, and

WHEREAS, 60 percent of death from strokes occurs in women, and

WHEREAS, approximately 4.5 million survivors of a stroke are alive today, and as many as 25 percent are permanently disabled, and

WHEREAS, nearly 30 percent of all people who suffer a stroke are younger than 65 years of age, and

WHEREAS, it is estimated that strokes cost the United States nearly \$50 billion a year in total costs, with direct costs estimated at \$28 billion, and

WHEREAS, as the population ages, death and disability from stroke will increase dramatically if this state does not implement strategies that will improve the survival of victims of stroke in all communities across this state, and

WHEREAS, emergency medical services may currently be transporting stroke victims to hospitals that do not have specialized programs to provide timely and effective treatment for stroke victims, NOW, THEREFORE,

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

Section 1. Legislative intent.—

(1) The Legislature finds that rapid identification, diagnosis, and treatment of stroke can save the lives of stroke victims and in some cases can

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reverse impairments such as paralysis, leaving stroke victims with few or <u>no neurological deficits.</u>

(2) The Legislature further finds that a strong system to support stroke survival is needed in our communities in order to treat stroke victims in a timely manner and to improve the overall treatment of stroke victims. Therefore, the Legislature intends to promote the development of an emergency treatment system in this state which will provide that stroke victims may be quickly identified and transported to and treated in facilities that have specialized programs for providing timely and effective treatment for stroke victims.

Section 2. <u>Definitions.—As used in this act, the term:</u>

(1) "Department" means the Department of Health.

(2) "Agency" means the Agency for Health Care Administration.

Section 3. <u>State-listed primary stroke centers and comprehensive stroke</u> <u>centers; notification of hospitals.</u>

(1) The agency shall make available on its website and to the department a list of the name and address of each hospital that meets the criteria for a primary stroke center and the name and address of each hospital that meets the criteria for a comprehensive stroke center. The list of primary and comprehensive stroke centers shall include only those hospitals 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 a primary or a comprehensive stroke center by the Joint Commission on Accreditation of Healthcare Organizations.

(2)(a) If a hospital no longer chooses to meet the criteria for a primary or comprehensive stroke center, the hospital shall notify the agency and the agency shall immediately remove the hospital from the list.

(b)1. This subsection does not apply if the hospital is unable to provide stroke treatment services for a period of time not to exceed 2 months. The hospital shall immediately notify all local emergency medical services providers when the temporary unavailability of stroke treatment services begins and when the services resume.

2. If stroke treatment services are unavailable for more than 2 months, the agency shall remove the hospital from the list of primary or comprehensive stroke centers until the hospital notifies the agency that stroke treatment services have been resumed.

(3) The agency shall notify all hospitals in this state by February 15, 2005, that the agency is compiling a list of primary stroke centers and comprehensive stroke centers in this state. The notice shall include an explanation of the criteria necessary for designation as a primary stroke center and the criteria necessary for designation as a comprehensive stroke center. The notice shall also advise hospitals of the process by which a hospital might be added to the list of primary or comprehensive stroke centers.

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(4) The agency shall adopt by rule criteria for a primary stroke center which are substantially similar to the certification standards for primary stroke centers of the Joint Commission on Accreditation of Healthcare Organizations.

(5) The agency shall adopt by rule criteria for a comprehensive stroke center. However, if the Joint Commission on Accreditation of Healthcare Organizations establishes criteria for a comprehensive stroke center, the agency shall establish criteria for a comprehensive stroke center which are substantially similar to those criteria established by the Joint Commission on Accreditation of Healthcare Organizations.

(6) This act is not a medical practice guideline and may not be used to restrict the authority of a hospital to provide services for which it has received a license under chapter 395, Florida Statutes. The Legislature intends that all patients be treated individually based on each patient's needs and circumstances.

Section 4. <u>Advertising restrictions.—A person may not advertise to the</u> <u>public, by way of any medium whatsoever, that a hospital is a state-listed</u> <u>primary or comprehensive stroke center unless the hospital has provided</u> <u>notice to the agency as required by this act.</u>

Section 5. <u>Emergency medical services providers; triage and transporta-</u> tion of stroke victims to a stroke center.—

(1) By June 1 of each year, the department shall send the list of primary stroke centers and comprehensive stroke centers to the medical director of each licensed emergency medical services provider in this state.

(2) The department shall develop a sample stroke-triage assessment tool. The department must post this sample assessment tool on its website and provide a copy of the assessment tool to each licensed emergency medical services provider no later than June 1, 2005. Each licensed emergency medical services provider must use a stroke-triage assessment tool that is substantially similar to the sample stroke-triage assessment tool provided by the department.

(3) The medical director of each licensed emergency medical services provider shall develop and implement assessment, treatment, and transport-destination protocols for stroke patients with the intent to assess, treat, and transport stroke patients to the most appropriate hospital.

(4) Each emergency medical services provider licensed under chapter 401, Florida Statutes, must comply with all sections of this act by July 1, 2005.

Section 6. This act shall take effect July 1, 2004.

Approved by the Governor June 17, 2004.

Filed in Office Secretary of State June 17, 2004.

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