

AMENDMENTS TO LB722

Introduced by Health and Human Services.

1 1. Strike the original sections and insert the following new
2 sections:

3 Section 1. Sections 1 to 9 of this act shall be known and may be
4 cited as the Stroke System of Care Act.

5 Sec. 2. The Legislature finds that:

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

10 (2) Forecasting by the American Heart Association predicts stroke
11 prevalence to increase by twenty-four and nine-tenths percent between
12 2010 and 2030;

13 (3) The cost of stroke continues to increase as total hospital
14 charges for stroke in Nebraska increased by more than fifty-four million
15 dollars between 2001 and 2010, from fifty-four million dollars to one
16 hundred eight million dollars, with the average charge per stroke
17 hospitalization at thirty-one thousand dollars in 2010 according to the
18 2011 Nebraska Heart Disease and Stroke Prevention Program and Data
19 Summary by the Nebraska Department of Health and Human Services;

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

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

26 (6) Creation and enhancement of stroke systems of care provide
27 patients the highest quality care while ensuring seamless transitions

1 along the care continuum.

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

3 (1) Department means the Department of Health and Human Services;

4 and

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

7 Sec. 4. The department shall designate hospitals as comprehensive
8 stroke centers, primary stroke centers, and acute stroke-ready hospitals
9 based on certification from the American Heart Association, the Joint
10 Commission on Accreditation of Healthcare Organizations, or another
11 nationally recognized, guidelines-based organization that provides
12 certification for stroke care, as such certification existed on the
13 effective date of this act. The department shall compile and maintain a
14 list of such hospitals and post the list on the department's web site.
15 Before June 1 of each year, the department shall send the list to the
16 physician medical director of each emergency medical service licensed
17 pursuant to the Emergency Medical Services Practice Act.

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

23 (1) A transfer agreement for the transport and acceptance of any
24 stroke patient seen by the acute stroke-ready hospital for stroke
25 treatment therapies which the acute stroke-ready hospital is not capable
26 of providing; and

27 (2) Communication criteria and protocol with the acute stroke-ready
28 hospital.

29 Sec. 6. A hospital that does not have certification described under
30 section 4 of this act shall have a predetermined plan for the triage and
31 transfer of acute stroke patients and shall file the plan annually with

1 the department.

2 Sec. 7. The department shall adopt and distribute a nationally
3 recognized, standardized stroke triage assessment tool. The department
4 shall post the stroke triage assessment tool on the department's web site
5 and provide a copy of the assessment tool to each emergency medical
6 service licensed pursuant to the Emergency Medical Services Practice Act.

7 Sec. 8. (1) An emergency medical service licensed pursuant to the
8 Emergency Medical Services Practice Act shall use a stroke triage
9 assessment tool that is substantially similar to the stroke triage
10 assessment tool adopted by the department under section 7 of this act.

11 (2) A licensed emergency medical service shall establish prehospital
12 care protocols related to the assessment, treatment, and transport of a
13 stroke patient by the emergency medical service.

14 Sec. 9. (1) The department shall establish a stroke system of care
15 task force to address matters of triage, treatment, and transport of
16 possible acute stroke patients. The task force shall include
17 representation from the department, including a program created by the
18 department to address chronic disease prevention and control issues
19 including cardiovascular health, the Emergency Medical Services Program
20 created by the department, and the Office of Rural Health, the American
21 Stroke Association, the Nebraska State Stroke Association, hospitals
22 designated as comprehensive stroke centers under the Stroke System of
23 Care Act, hospitals designated as primary stroke centers under the act,
24 rural hospitals, physicians, and emergency medical services licensed
25 pursuant to the Emergency Medical Services Practice Act.

26 (2) The task force shall provide advice and recommendations to the
27 department regarding the implementation of the Stroke System of Care Act.
28 The task force shall focus on serving both rural and urban areas. The
29 task force shall provide advice regarding protocols for the assessment,
30 stabilization, and appropriate routing of stroke patients by emergency
31 medical services and for coordination and communication between

1 hospitals, comprehensive stroke centers, primary stroke centers, and
2 other support services necessary to assure all residents of Nebraska have
3 access to effective and efficient stroke care.

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

7 Sec. 10. Section 38-1217, Revised Statutes Cumulative Supplement,
8 2014, is amended to read:

9 38-1217 The board shall adopt rules and regulations necessary to:

10 (1)(a) For licenses issued prior to September 1, 2010, create the
11 following licensure classifications of out-of-hospital emergency care
12 providers: (i) First responder; (ii) emergency medical technician; (iii)
13 emergency medical technician-intermediate; and (iv) emergency medical
14 technician-paramedic; and (b) for licenses issued on or after September
15 1, 2010, create the following licensure classifications of out-of-
16 hospital emergency care providers: (i) Emergency medical responder; (ii)
17 emergency medical technician; (iii) advanced emergency medical
18 technician; and (iv) paramedic. The rules and regulations creating the
19 classifications shall include the practices and procedures authorized for
20 each classification, training and testing requirements, renewal and
21 reinstatement requirements, and other criteria and qualifications for
22 each classification determined to be necessary for protection of public
23 health and safety. A person holding a license issued prior to September
24 1, 2010, shall be authorized to practice in accordance with the laws,
25 rules, and regulations governing the license for the term of the license;

26 (2) Provide for temporary licensure of an out-of-hospital emergency
27 care provider who has completed the educational requirements for a
28 licensure classification enumerated in subdivision (1)(b) of this section
29 but has not completed the testing requirements for licensure under such
30 subdivision. Temporary licensure shall be valid for one year or until a
31 license is issued under such subdivision and shall not be subject to

1 renewal. The rules and regulations shall include qualifications and
2 training necessary for issuance of a temporary license, the practices and
3 procedures authorized for a temporary licensee, and supervision required
4 for a temporary licensee;

5 (3) Set standards for the licensure of basic life support services
6 and advanced life support services. The rules and regulations providing
7 for licensure shall include standards and requirements for: Vehicles,
8 equipment, maintenance, sanitation, inspections, personnel, training,
9 medical direction, records maintenance, practices and procedures to be
10 provided by employees or members of each classification of service, and
11 other criteria for licensure established by the board;

12 (4) Authorize emergency medical services to provide differing
13 practices and procedures depending upon the qualifications of out-of-
14 hospital emergency care providers available at the time of service
15 delivery. No emergency medical service shall be licensed to provide
16 practices or procedures without the use of personnel licensed to provide
17 the practices or procedures;

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

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

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

27 (8) Provide for the use of physician medical directors, qualified
28 physician surrogates, model protocols, standing orders, operating
29 procedures, and guidelines which may be necessary or appropriate to carry
30 out the purposes of the Emergency Medical Services Practice Act. The
31 model protocols, standing orders, operating procedures, and guidelines

1 may be modified by the physician medical director for use by any out-of-
2 hospital emergency care provider or emergency medical service before or
3 after adoption;

4 (9) Establish criteria for approval of organizations issuing
5 cardiopulmonary resuscitation certification which shall include criteria
6 for instructors, establishment of certification periods and minimum
7 curricula, and other aspects of training and certification;

8 (10) Establish renewal and reinstatement requirements for out-of-
9 hospital emergency care providers and emergency medical services and
10 establish continuing competency requirements. Continuing education is
11 sufficient to meet continuing competency requirements. The requirements
12 may also include, but not be limited to, one or more of the continuing
13 competency activities listed in section 38-145 which a licensed person
14 may select as an alternative to continuing education. The reinstatement
15 requirements for out-of-hospital emergency care providers shall allow
16 reinstatement at the same or any lower level of licensure for which the
17 out-of-hospital emergency care provider is determined to be qualified;

18 (11) Establish criteria for deployment and use of automated external
19 defibrillators as necessary for the protection of the public health and
20 safety;

21 (12) Create licensure, renewal, and reinstatement requirements for
22 emergency medical service instructors. The rules and regulations shall
23 include the practices and procedures for licensure, renewal, and
24 reinstatement;

25 (13) Establish criteria for emergency medical technicians-
26 intermediate, advanced emergency medical technicians, emergency medical
27 technicians-paramedic, or paramedics performing activities within their
28 scope of practice at a hospital or health clinic under subsection (3) of
29 section 38-1224. Such criteria shall include, but not be limited to: (a)
30 Requirements for the orientation of registered nurses, physician
31 assistants, and physicians involved in the supervision of such personnel;

1 (b) supervisory and training requirements for the physician medical
2 director or other person in charge of the medical staff at such hospital
3 or health clinic; and (c) a requirement that such activities shall only
4 be performed at the discretion of, and with the approval of, the
5 governing authority of such hospital or health clinic. For purposes of
6 this subdivision, health clinic has the definition found in section
7 71-416 and hospital has the definition found in section 71-419; ~~and~~

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

11 (15 14) Establish criteria and requirements for emergency medical
12 technicians-intermediate to renew licenses issued prior to September 1,
13 2010, and continue to practice after such classification has otherwise
14 terminated under subdivision (1) of this section. The rules and
15 regulations shall include the qualifications necessary to renew emergency
16 medical technicians-intermediate licenses after September 1, 2010, the
17 practices and procedures authorized for persons holding and renewing such
18 licenses, and the renewal and reinstatement requirements for holders of
19 such licenses.

20 Sec. 11. Section 38-1221, Revised Statutes Cumulative Supplement,
21 2014, is amended to read:

22 38-1221 (1) To be eligible for a license under the Emergency Medical
23 Services Practice Act, an individual shall have attained the age of
24 eighteen years and met the requirements established in accordance with
25 subdivision (1), (2), or (15 14) of section 38-1217.

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

28 (3) An individual holding a certificate under the Emergency Medical
29 Services Act on December 1, 2008, shall be deemed to be holding a license
30 under the Uniform Credentialing Act and the Emergency Medical Services
31 Practice Act on such date. The certificate holder may continue to

1 practice under such certificate as a license in accordance with the
2 Uniform Credentialing Act until the certificate would have expired under
3 its terms.

4 Sec. 12. Section 71-401, Revised Statutes Supplement, 2015, is
5 amended to read:

6 71-401 Sections 71-401 to 71-470 and section 13 of this act shall be
7 known and may be cited as the Health Care Facility Licensure Act.

8 Sec. 13. A person may not advertise to the public, by way of any
9 medium, that a hospital is a comprehensive stroke center, primary stroke
10 center, or acute stroke-ready hospital unless the hospital is listed as
11 such by the Department of Health and Human Services under the Stroke
12 System of Care Act.

13 Sec. 14. Original sections 38-1217 and 38-1221, Revised Statutes
14 Cumulative Supplement, 2014, and section 71-401, Revised Statutes
15 Supplement, 2015, are repealed.