

Emergency Care for Strokes

This Act requires that local emergency services have access to a list of stroke-ready hospitals, comprehensive stroke centers and primary stroke centers in the state. Emergency medical providers will set their own protocols for assessment, treatment and transport of stroke patients.

Submitted as:

Kentucky

[SB 10](#)

Status: Signed into law on March 19, 2015.

Suggested State Legislation

(Title, enacting clause, etc.)

- 1 Section 1. [*Stroke ready hospitals and stroke centers.*]
2 (1) Except as otherwise provided, for purposes of this section:
3 (a) “Acute care hospital” means a licensed facility providing inpatient and outpatient medical
4 or surgical services to an individual that seeks care and treatment, regardless of the
5 individual's ability to pay for services, on an immediate and emergent basis through an
6 established emergency department and a continuous treatment basis on its premises for
7 more than twenty-four (24) hours; and
8 (b) “Primary stroke center certification,” “acute stroke ready hospital certification” and
9 “comprehensive stroke center certification” mean certification for acute care hospitals
10 issued by the Joint Commission, the American Heart Association or another cabinet-
11 approved nationally recognized organization that provides disease-specific certification
12 for stroke care, that:
13 1. Complies with census-based national standards and safety goals;
14 2. Effectively uses evidence-based clinical practice guidelines to manage and optimize
15 care; and
16 3. Uses an organized approach to measure performance.
17 (2) The secretary of the [Cabinet for Health and Family Services] shall designate as a primary
18 stroke center any acute care hospital which has received an acute stroke ready hospital
19 certification, a comprehensive stroke center certification, or a primary stroke center
20 certification.
21 (3) The secretary shall suspend or revoke an acute care hospital's designation as an acute stroke
22 ready hospital, a comprehensive stroke center, or a primary stroke center if certification is
23 withdrawn by the Joint Commission, the American Heart Association, or another cabinet-
24 approved certifying organization.
25 (4)
26 (a) The cabinet shall maintain a list of certified acute stroke ready hospitals, comprehensive
27 stroke centers, and primary stroke centers and post the list on its Web site. The cabinet
28 shall provide the list and periodic updates to the Kentucky Board of Emergency Medical
29 Services.

1 (b) The Kentucky Board of Emergency Medical Services shall share the list with each local
2 emergency medical services provider at least annually, and as new centers and hospitals
3 are designated and certified.
4

5 Section 2. [*Submission of emergency medical protocols.*]

6 (1) Each emergency medical services medical director for an ambulance service, or other
7 emergency medical services provider, shall submit:

8 (a) His or her protocols, including the pre-hospital care protocols related to the assessment,
9 treatment, and transport of stroke patients;

10 (b) His or her standing orders; and

11 (c) Similar medical control documents to the board for approval prior to placing the
12 document in use.

13 (2) The medical advisor for the board shall review each document submitted to ascertain if it is
14 in accordance with accepted standards of medical care and in accordance with the provisions
15 of this chapter and administrative regulations promulgated thereunder. If the protocol,
16 standing order, or other medical control document clearly violates the accepted standards of
17 medical care, this chapter, or an administrative regulation, the medical advisor shall notify
18 the emergency medical services medical director of the exact violation and recommend a
19 correction thereof.

20 (3) Following review of protocol, standing order, and medical control documents and giving the
21 emergency medical services medical director who submitted the documents an opportunity to
22 review the medical advisor's comments, the medical advisor shall submit the documents
23 together with his or her comments to the board for approval or disapproval.

24 (4) The board shall approve, disapprove, or approve with modifications protocol, standing order,
25 and medical control documents submitted by the emergency medical services medical
26 director at its next regular or special meeting following the submission of the documents.

27 (5) If a protocol, standing order, or other medical control document is disapproved by the board,
28 the emergency medical services medical director who submitted it may appeal the decision to
29 the [Franklin Circuit Court.] If the decision of the board is appealed to the [Franklin Circuit
30 Court], the board shall bear the burden of proving that the protocol, standing order, or other
31 medical control document violates the accepted standards of medical care, or an
32 administrative regulation.

33 (6) The board shall, by administrative regulation, specify a schedule for submission and prompt
34 review and decision making with regard to protocols, standing orders, and medical control
35 documents submitted to the board.