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.)

Section 1. [Stroke ready hospitals and stroke centers.]

(1) Except as otherwise provided, for purposes of this section:
   (a) “Acute care hospital” means a licensed facility providing inpatient and outpatient medical or surgical services to an individual that seeks care and treatment, regardless of the individual's ability to pay for services, on an immediate and emergent basis through an established emergency department and a continuous treatment basis on its premises for more than twenty-four (24) hours; and
   (b) “Primary stroke center certification,” “acute stroke ready hospital certification” and “comprehensive stroke center certification” mean certification for acute care hospitals issued by the Joint Commission, the American Heart Association or another cabinet-approved nationally recognized organization that provides disease-specific certification for stroke care, that:
      1. Complies with census-based national standards and safety goals;
      2. Effectively uses evidence-based clinical practice guidelines to manage and optimize care; and

(2) The secretary of the [Cabinet for Health and Family Services] shall designate as a primary stroke center any acute care hospital which has received an acute stroke ready hospital certification, a comprehensive stroke center certification, or a primary stroke center certification.

(3) The secretary shall suspend or revoke an acute care hospital's designation as an acute stroke ready hospital, a comprehensive stroke center, or a primary stroke center if certification is withdrawn by the Joint Commission, the American Heart Association or another cabinet-approved certifying organization.

(4) The cabinet shall maintain a list of certified acute stroke ready hospitals, comprehensive stroke centers, and primary stroke centers and post the list on its Web site. The cabinet shall provide the list and periodic updates to the Kentucky Board of Emergency Medical Services.
(b) The Kentucky Board of Emergency Medical Services shall share the list with each local emergency medical services provider at least annually, and as new centers and hospitals are designated and certified.

Section 2. [Submission of emergency medical protocols.]

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

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

(b) His or her standing orders; and

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

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

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

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

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

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