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State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 2227

02/25/2014 Authored by Johnson, C., and Zerwas

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

03/03/2014 Adoption of Report: Re-referred to the Committee on Civil Law

1.1 A bill for an act
1.2 relating to health; establishing a plan for achieving continuous quality
1.3 improvement in the care provided under the statewide system for ST elevation
1.4 myocardial infarction response and treatment; proposing coding for new law in
1.5 Minnesota Statutes, chapter 144.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. [144.497] ST ELEVATION MYOCARDIAL INFARCTION REGISTRY.

1.8 (a) The commissioner of health shall establish and implement a plan for achieving
1.9 continuous quality improvement in care provided under the statewide system for ST
1.10 elevation myocardial infarction response and treatment. In implementing this plan, the
1.11 commissioner shall:

1.12 (1) maintain a statewide ST elevation myocardial infarction heart attack database
1.13 that compiles information and statistics on heart attack care. The commissioner shall
1.14 utilize ACTION Registry-Get With the Guidelines or an equivalent data platform.

1.15 To the extent possible, the commissioner shall coordinate with national voluntary
1.16 health organizations involved in ST elevation myocardial infarction heart attack quality
1.17 improvement to avoid duplication and redundancy;

1.18 (2) encourage ST elevation myocardial infarction receiving centers to report data
1.19 consistent with nationally recognized guidelines on the treatment of individuals with
1.20 confirmed ST elevation myocardial infarction heart attacks within the state;

1.21 (3) encourage sharing of information and data among health care providers on ways
1.22 to improve the quality of care of ST elevation myocardial infarction patients in Minnesota;

1.23 (4) facilitate the communication and analysis of health information and data among
1.24 the health care professionals providing care for individuals with ST elevation myocardial
1.25 infarction;

2.1 (5) require the application of evidence-based treatment guidelines regarding the
2.2 transitioning of patients to community-based follow-up care in hospital outpatient,
2.3 physician office, and ambulatory clinic settings for ongoing care after hospital discharge
2.4 following acute treatment for ST elevation myocardial infarction heart attacks; and

2.5 (6) establish a data oversight process and implement a plan for achieving continuous
2.6 quality improvement in the care provided under the statewide system for ST elevation
2.7 myocardial infarction heart attack response and treatment which must:

2.8 (i) analyze data generated by the registry on ST elevation myocardial infarction
2.9 heart attack response and treatment;

2.10 (ii) identify potential interventions to improve ST elevation myocardial infarction
2.11 heart attack care in geographic areas or regions of the state; and

2.12 (iii) provide recommendations to the Department of Health, Emergency Medical
2.13 Services Regulatory Board, and the legislature for the improvement of ST elevation
2.14 myocardial infarction heart attack care and treatment delivery in the state.

2.15 (b) Data collected under paragraph (a) must not identify individuals or associate
2.16 specific ST elevation myocardial infarction heart attack events with an identifiable
2.17 individual.

2.18 (c) Subject to the requirements of chapter 13, all data reported under paragraph (a)
2.19 may be shared with the Department of Health and with any and all other government
2.20 entities or contractors of government entities that have responsibility for the management
2.21 and administration of emergency medical services throughout the state.

2.22 (d) On and annually thereafter, the commissioner shall provide a summary
2.23 report of the data collected pursuant to paragraph (a), clause (1). All data shall be reported
2.24 in the aggregate form and shall be posted on the Department of Health Web site and
2.25 presented to the governor and the legislative committees with jurisdiction over public
2.26 health to show progress toward improving the quality of care and patient outcomes.