

SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH LEGISLATURE

S.F. No. 598

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DATE	D-PG	OFFICIAL STATUS
02/21/2013	344	Introduction and first reading Referred to Health, Human Services and Housing
02/28/2013		Comm report: To pass as amended and re-refer to Finance

1.1 A bill for an act
 1.2 relating to health; establishing a system to deal with acute strokes; proposing
 coding for new law in Minnesota Statutes, chapter 144.

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

1.4 Section 1. **[144.492] DEFINITIONS.**

1.5 Subdivision 1. **Applicability.** For the purposes of sections 144.492 to 144.494, the
 1.6 terms defined in this section have the meanings given them.

1.7 Subd. 2. **Commissioner.** "Commissioner" means the commissioner of health.

1.8 Subd. 3. **Stroke.** "Stroke" means the sudden death of brain cells in a localized
 1.9 area due to inadequate blood flow.

1.10 Sec. 2. **[144.493] CRITERIA.**

1.11 Subdivision 1. **Comprehensive stroke center.** A hospital meets the criteria for a
 1.12 comprehensive stroke center if the hospital has been certified as a comprehensive stroke
 1.13 center by the joint commission or another nationally recognized accreditation entity.

1.14 Subd. 2. **Primary stroke center.** A hospital meets the criteria for a primary stroke
 1.15 center if the hospital has been certified as a primary stroke center by the joint commission
 1.16 or another nationally recognized accreditation entity.

1.17 Subd. 3. **Acute stroke ready hospital.** A hospital meets the criteria for an acute
 1.18 stroke ready hospital if the hospital has the following elements of an acute stroke ready
 1.19 hospital:

1.20 (1) an acute stroke team available and/or on-call 24 hours a days, seven days a week;

1.21 (2) written stroke protocols, including triage, stabilization of vital functions, initial
 1.22 diagnostic tests, and use of medications;

- 2.1 (3) a written plan and letter of cooperation with emergency medical services regarding
2.2 triage and communication that are consistent with regional patient care procedures;
- 2.3 (4) emergency department personnel who are trained in diagnosing and treating
2.4 acute stroke;
- 2.5 (5) the capacity to complete basic laboratory tests, electrocardiograms, and chest
2.6 x-rays 24 hours a day, seven days a week;
- 2.7 (6) the capacity to perform and interpret brain injury imaging studies 24 hours a
2.8 days, seven days a week;
- 2.9 (7) written protocols that detail available emergent therapies and reflect current
2.10 treatment guidelines, which include performance measures and are revised at least annually;
- 2.11 (8) a neurosurgery coverage plan, call schedule, and a triage and transportation plan;
2.12 (9) transfer protocols and agreements for stroke patients; and
- 2.13 (10) a designated medical director with experience and expertise in acute stroke care.

2.14 **Sec. 3. [144.494] DESIGNATING STROKE HOSPITALS.**

2.15 Subdivision 1. **Naming privileges.** Unless it has been designated a stroke hospital
2.16 by the commissioner, the joint commission, or another nationally recognized accreditation
2.17 entity, no hospital shall use the term "stroke center" or "stroke hospital" in its name or its
2.18 advertising or shall otherwise indicate it has stroke treatment capabilities.

2.19 Subd. 2. **Designation.** A hospital that voluntarily meets the criteria for a
2.20 comprehensive stroke center, primary stroke center, or acute stroke ready hospital may
2.21 apply to the commissioner for designation, and upon the commissioner's review and
2.22 approval of the application, shall be designated as a comprehensive stroke center, a
2.23 primary stroke center, or an acute stroke ready hospital for a three-year period. If a hospital
2.24 loses its certification as a comprehensive stroke center or primary stroke center from
2.25 the joint commission or other nationally recognized accreditation entity, its Minnesota
2.26 designation will be immediately withdrawn. Prior to the expiration of the three-year
2.27 designation, a hospital seeking to remain part of the voluntary acute stroke system may
2.28 reapply to the commissioner for designation.