

SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION

S.F. No. 2508

(SENATE AUTHORS: MANN, Lang, Hoffman, Draheim and Lieske)		
DATE	D-PG	OFFICIAL STATUS
03/06/2023	1337	Introduction and first reading
		Referred to Health and Human Services
02/19/2024	11659	Author added Lieske

1.1

A bill for an act

1.2

relating to health; designating thrombectomy-capable stroke centers; amending

1.3

Minnesota Statutes 2022, sections 144.493, by adding a subdivision; 144.494,

1.4

subdivision 2; 144E.16, subdivision 7.

1.5

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

1.6

Section 1. Minnesota Statutes 2022, section 144.493, is amended by adding a subdivision

1.7

to read:

1.8

Subd. 2a. **Thrombectomy-capable stroke center.** A hospital meets the criteria for a

1.9

thrombectomy-capable stroke center if the hospital has been certified as a

1.10

thrombectomy-capable stroke center by the joint commission or another nationally recognized

1.11

accreditation entity, or is a primary stroke center that is not certified as a thrombectomy-based

1.12

capable stroke center but the hospital has attained a level of stroke care distinction by offering

1.13

mechanical endovascular therapies and has been certified by a department approved certifying

1.14

body that is a nationally recognized guidelines-based organization.

1.15

Sec. 2. Minnesota Statutes 2022, section 144.494, subdivision 2, is amended to read:

1.16

Subd. 2. **Designation.** A hospital that voluntarily meets the criteria for a comprehensive

1.17

stroke center, thrombectomy-capable stroke center, primary stroke center, or acute stroke

1.18

ready hospital may apply to the commissioner for designation, and upon the commissioner's

1.19

review and approval of the application, shall be designated as a comprehensive stroke center,

1.20

a thrombectomy-capable stroke center, a primary stroke center, or an acute stroke ready

1.21

hospital for a three-year period. If a hospital loses its certification as a comprehensive stroke

1.22

center or primary stroke center from the joint commission or other nationally recognized

1.23

accreditation entity, or no longer participates in the Minnesota stroke registry program, its

2.1 Minnesota designation shall be immediately withdrawn. Prior to the expiration of the
2.2 ~~three-year~~ designation period, a hospital seeking to remain part of the voluntary acute stroke
2.3 system may reapply to the commissioner for designation.

2.4 Sec. 3. Minnesota Statutes 2022, section 144E.16, subdivision 7, is amended to read:

2.5 Subd. 7. **Stroke transport protocols.** Regional emergency medical services programs
2.6 and any ambulance service licensed under this chapter must develop stroke transport
2.7 protocols. The protocols must include standards of care for triage and transport of acute
2.8 stroke patients within a specific time frame from symptom onset until transport to the most
2.9 appropriate designated acute stroke ready hospital, primary stroke center,
2.10 thrombectomy-capable stroke center, or comprehensive stroke center.