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## A BILL FOR AN ACT

RELATING TO STROKE TREATMENT.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1           SECTION 1. The legislature finds that the rapid  
2 identification, diagnosis, and treatment of stroke can save the  
3 lives of stroke patients and in some cases can reverse  
4 neurological damage such as paralysis, and speech and language  
5 impairments, leaving stroke patients with few or no neurological  
6 deficits.

7           Despite significant advances in diagnosis, treatment, and  
8 prevention, stroke is the third leading cause of death and a  
9 leading cause of disability in the United States. An estimated  
10 seven hundred eighty thousand new and recurrent strokes occur  
11 each year in this country. With the aging of the population,  
12 the number of persons who have strokes is projected to increase.

13           Although new treatments are available to improve the  
14 clinical outcomes of stroke, many acute care hospitals lack the  
15 necessary staff and equipment to optimally triage and treat  
16 stroke patients including the provision of optimal, safe, and  
17 effective emergency care for these patients.



1           The legislature finds that Hawaii's communities need an  
2 effective system to support stroke survival, to treat stroke  
3 patients in a timely manner, and to improve the overall  
4 treatment of stroke patients to increase survival and decrease  
5 the disabilities associated with stroke. There is a public  
6 health need for acute care hospitals in this State to establish  
7 primary stroke centers to ensure the rapid triage, diagnostic  
8 evaluation, and treatment of patients suffering a stroke.

9           Primary stroke centers should be established for the  
10 treatment of acute stroke, and these centers should be  
11 established in as many acute care hospitals as possible. These  
12 centers would evaluate, stabilize, and provide emergency and  
13 inpatient care to patients with acute stroke.

14           Because access to stroke care is limited in the rural areas  
15 of the State due to the limited availability of professional  
16 specialists, high-tech imaging equipment, and transportation  
17 services, stroke centers in rural areas should be established to  
18 evaluate, stabilize, and provide treatment to patients diagnosed  
19 with acute stroke in rural parts of the State.

20           Coordination between stroke centers and centers that are in  
21 rural areas should be encouraged through the establishment of



1 coordinated stroke care agreements between primary stroke  
2 centers and those centers in rural areas.

3       Therefore, the legislature finds it is in the best interest  
4 of the residents of this State to establish a program to  
5 facilitate development of stroke treatment capabilities  
6 throughout the State. This program will establish specific  
7 patient care and support services criteria that stroke centers  
8 must meet to ensure that stroke patients receive safe and  
9 effective care.

10       Further, it is in the best interest of the people of this  
11 State to modify the State's emergency medical response system to  
12 ensure that stroke patients may be quickly identified,  
13 transported, and treated in facilities that have specialized  
14 programs for providing timely and effective treatment for stroke  
15 patients.

16       The purpose of this Act is to:

- 17       (1) Establish a statewide stroke system of care by  
18             designating primary stroke centers and acute stroke  
19             capable centers;
- 20       (2) Define emergency services training and transport  
21             protocols;
- 22       (3) Establish a stroke registry working group;



1 (4) Require health insurance coverage for telemedicine  
2 services; and

3 (5) Establish a stroke system of care task force.

4 SECTION 2. Chapter 323, Hawaii Revised Statutes, is  
5 amended by adding a new part to be appropriately designated and  
6 to read as follows:

7 "PART . TREATMENT OF STROKE

8 §323- Interpretation. This part is not a medical  
9 practice guideline and shall not be used to restrict the  
10 authority of a hospital to provide services for which it has  
11 received a license under state law. This part shall be  
12 construed to effectuate patient care based on each individual  
13 patient's needs and circumstances.

14 §323- Definitions. As used in this part:

15 "Emergency services provider" means any public employer  
16 that employs persons to provide firefighting, water safety, and  
17 emergency medical services.

18 "Hospital" means an institution with an organized medical  
19 staff, regulated under section 321-11(10) which admits patients  
20 for inpatient care, diagnosis, observation, and treatment.

21 §323- Designation of primary stroke centers and acute  
22 stroke capable centers. (a) The department of health shall



1 designate hospitals that meet the criteria set forth in this  
2 part as primary stroke centers or acute stroke capable centers.

3 (b) A hospital shall apply to the department of health for  
4 such designation and shall demonstrate to the satisfaction of  
5 the department that the hospital meets the applicable criteria  
6 set forth in this part.

7 (c) The department of health shall designate accredited  
8 hospitals as primary stroke centers that are certified as a  
9 primary stroke center by the Joint Commission on Accreditation  
10 of Healthcare Organizations, or any nationally-recognized  
11 organization approved by the United State Department of Health  
12 and Human Services that provides disease specific certification  
13 for stroke care.

14 (d) The department of health may suspend or revoke a  
15 hospital's designation as a stroke center, after notice and  
16 hearing, if the department of health determines that the  
17 hospital is not in compliance with the requirements of this  
18 part.

19 (e) Acute stroke capable centers shall be certified and  
20 identified by the department of health through an application  
21 process to be determined by the department. The process shall  
22 contain, at minimum, the following requirements:



- 1           (1) Acute stroke capable center certifications and  
2           identifications by the department to those hospitals  
3           that use current and acceptable telemedicine protocols  
4           relative to acute stroke treatment as defined by the  
5           department of health;
- 6           (2) Upon receipt of complete and proper application for  
7           certification as an acute stroke capable center, the  
8           department shall schedule and conduct an inspection of  
9           the applicant's facility no later than ninety days  
10          after receipt of the application and every two years  
11          thereafter to verify continued adherence to criteria;  
12          and
- 13          (3) Any hospital, upon certification by the department as  
14          an acute stroke capable center, shall automatically be  
15          identified as an acute stroke capable center and shall  
16          be added to the list of such hospitals as defined in  
17          this part.
- 18          (f) Primary stroke centers are encouraged to coordinate,  
19          through agreement, with acute stroke capable centers throughout  
20          the State to provide appropriate access to care for acute stroke  
21          patients. The coordinating stroke care agreements shall be in  
22          writing and include, at a minimum:



1 (1) Transfer agreements for the transport and acceptance  
2 of stroke patients seen by the acute stroke capable  
3 center for stroke treatment therapies which are not  
4 capable of being provided in rural areas; and

5 (2) Communication criteria and protocols with the acute  
6 stroke capable centers.

7 (g) A person shall not advertise to the public, by way of  
8 any medium whatsoever, that a hospital is a primary stroke  
9 center or acute stroke capable center unless the hospital has  
10 been designated as such by the department of health as required  
11 by this part.

12 **§323- Hospitals; assessment and transportation of stroke**  
13 **patients to a primary stroke center.** (a) By June 1 of each  
14 year, the department of health shall:

15 (1) Send the list of primary stroke centers and acute  
16 stroke capable centers to the medical director of each  
17 licensed hospital in the State;

18 (2) Maintain a copy of the list in the office designated  
19 with the emergency medical services and injury  
20 prevention system branch of the department of health;  
21 and



1           (3) Post a list of primary stroke centers and acute stroke  
2           capable centers to the department of health's website.

3           (b) The department of health shall adopt and distribute a  
4 nationally recognized standardized stroke-triage assessment  
5 tool. The department of health and emergency medical services  
6 and injury prevention system branch shall post the stroke  
7 assessment tool on their respective websites and provide a copy  
8 of the assessment tool to each licensed hospital no later than  
9 January 1, 2013. Each licensed hospital shall use a stroke-  
10 triage assessment tool adopted by the department of health.

11          (c) The department of health shall establish pre-hospital  
12 care protocols related to the assessment, treatment, and  
13 transport of stroke patients by emergency services providers in  
14 this State. Such protocols shall include plans for the triage  
15 and transport of acute stroke patients to the closest primary  
16 stroke center or acute stroke capable center, as appropriate and  
17 within a specified timeframe of onset of symptoms.

18          (d) The department of health shall establish, as part of  
19 current training requirements, protocols to assure that  
20 emergency services providers and 911 dispatch personnel receive  
21 regular training on the assessment and treatment of stroke  
22 patients.





1           **§323-       Continuous improvement of quality of care for**  
2 **individuals with stroke.** (a) The department of health shall  
3 establish and implement a plan for achieving continuous quality  
4 improvement in the quality of care provided under the statewide  
5 system for stroke response and treatment. In implementing this  
6 plan, the department of health shall:

7           (1) Maintain a statewide stroke database that compiles  
8           information and statistics on stroke care that align  
9           with the stroke consensus metrics developed and  
10          approved by the American Heart Association/American  
11          Stroke Association, Centers for Disease Control and  
12          Prevention and the Joint Commission on Accreditation  
13          of Healthcare Organizations. The department of health  
14          shall use, "Get With The Guidelines - Stroke," or  
15          another nationally recognized data set platform with  
16          confidentiality standards no less secure, as the  
17          stroke registry data platform. To every extent  
18          possible, the department of health shall coordinate  
19          with national voluntary health organizations involved  
20          in stroke quality improvement to avoid duplication and  
21          redundancy;



- 1           (2) Require primary stroke centers, acute stroke capable  
2           centers, and emergency services providers to report  
3           data consistent with nationally recognized guidelines  
4           on the treatment of individuals with confirmed stroke  
5           within the State;
- 6           (3) Encourage sharing of information and data among health  
7           care providers on ways to improve the quality of care  
8           of stroke patients in this State;
- 9           (4) Facilitate the communication and analysis of health  
10          information and data among the health care  
11          professionals providing care for individuals with  
12          stroke;
- 13          (5) Require the application of evidenced-based treatment  
14          guidelines regarding the transitioning of patients to  
15          community-based follow-up care in hospital outpatient,  
16          physician office, and ambulatory clinic settings for  
17          ongoing care after hospital discharge following acute  
18          treatment for stroke; and
- 19          (6) Establish a stroke registry working group to provide  
20          recommendations for a plan that achieves continuous  
21          quality improvement in the quality of care provided



1 under the statewide system for stroke response and  
2 treatment. The working group shall:

3 (A) Analyze data generated by the stroke registry on  
4 response and treatment;

5 (B) Identify potential interventions to improve  
6 stroke care in geographic areas or regions of the  
7 State; and

8 (C) Provide recommendations to the department of  
9 health and the legislature by a specific deadline  
10 for the improvement of stroke care and delivery  
11 in the State.

12 (b) The director of health shall be the chairperson of and  
13 convene the stroke registry working group. The working group  
14 shall include the following members or their designees:

15 (1) Chief of the emergency medical services and injury  
16 prevention system branch;

17 (2) Director of the city and county of Honolulu emergency  
18 services department;

19 (3) Director of the Hawaii state office of rural health  
20 and primary care;

21 (3) A representative of the American Stroke Association;



- 1 (4) Two representatives each from primary stroke centers
- 2 and acute stroke capable centers;
- 3 (5) Two representatives from rural hospitals;
- 4 (6) Two physicians; and
- 5 (7) Two emergency medical service providers.

6 The members of the working group shall serve without  
7 compensation, and shall not be reimbursed for their expenses.  
8 No member shall be made subject to chapter 84, solely because of  
9 that member's participation as a member of the working group.

10 (c) All data reported under this section shall be made  
11 available to the department of health and to any and all other  
12 government agencies or contractors of government agencies that  
13 have responsibility for the management and administration of  
14 emergency services throughout the State.

15 (d) On June 1 and annually thereafter, the department of  
16 health shall provide a summary report of the data collected  
17 pursuant to subsection (a)(1). All data shall be reported in  
18 the aggregate form and shall be posted on the department of  
19 health's website and presented to the governor, the president of  
20 the senate, and the speaker of the house of representatives to  
21 show statewide progress toward improving quality of care and  
22 patient outcomes.



1 (e) This part shall not be construed to require disclosure  
2 of any confidential information or other data in violation of  
3 the federal Health Insurance Portability and Accountability Act  
4 of 1996, P.L. 104-191.

5 §323- Rules. The department of health is authorized to  
6 adopt rules, pursuant to chapter 91, for purposes of this part."

7 SECTION 3. Chapter 431, article 10A, Hawaii Revised  
8 Statutes, is amended by adding a new section to part I to be  
9 appropriately designated and to read as follows:

10 "§431:10A- Coverage for telemedicine services. (a)  
11 Commencing on January 1, 2013, each insurer that offers a health  
12 care plan for health care services shall provide coverage for  
13 the cost of health care services that are provided through  
14 telemedicine services.

15 (b) Each insurer that meets the criterion of subsection  
16 (a) shall reimburse the treating provider or the consulting  
17 provider for the diagnosis, consultation, or treatment of the  
18 insured that is delivered through telemedicine services on the  
19 same basis that the insurer reimburses the service when provided  
20 through face-to-face consultation or contact.

21 (c) As used in this section, "telemedicine services", in  
22 the context of the delivery of health care services, means the



1 use of interactive audio, video, or other electronic media used  
2 for the purpose of diagnosis, consultation, or treatment of  
3 acute stroke."

4 SECTION 4. Chapter 431, article 10A, Hawaii Revised  
5 Statutes, is amended by adding a new section to part II to be  
6 appropriately designated and to read as follows:

7 "§431:10A- Coverage for telemedicine services. (a)  
8 Commencing on January 1, 2013, each insurer that offers a group  
9 health care plan for health care services shall provide coverage  
10 for the cost of health care services that are provided through  
11 telemedicine services.

12 (b) Each insurer that meets the criterion of subsection  
13 (a) shall reimburse the treating provider or the consulting  
14 provider for the diagnosis, consultation, or treatment of the  
15 insured that is delivered through telemedicine services on the  
16 same basis that the insurer reimburses the service when provided  
17 through face-to-face consultation or contact.

18 (c) As used in this section, "telemedicine services", in  
19 the context of the delivery of health care services, means the  
20 use of interactive audio, video, or other electronic media used  
21 for the purpose of diagnosis, consultation, or treatment of  
22 acute stroke."



1 SECTION 5. Chapter 432, article I, Hawaii Revised  
2 Statutes, is amended by adding a new section to part VI to be  
3 appropriately designated and to read as follows:

4 "§432:1- Coverage for telemedicine services. (a)  
5 Commencing on January 1, 2013, each mutual benefit society that  
6 offers a health care plan for health care services shall provide  
7 coverage for the cost of health care services that are provided  
8 through telemedicine services.

9 (b) Each mutual benefit society that meets the criterion  
10 of subsection (a) shall reimburse the treating provider or the  
11 consulting provider for the diagnosis, consultation, or  
12 treatment of the insured that is delivered through telemedicine  
13 services on the same basis that the insurer reimburses the  
14 service when provided through face-to-face consultation or  
15 contact.

16 (c) As used in this section, "telemedicine services", in  
17 the context of the delivery of health care services, means the  
18 use of interactive audio, video, or other electronic media used  
19 for the purpose of diagnosis, consultation, or treatment of  
20 acute stroke."

21 SECTION 6. Section 432D-23, Hawaii Revised Statutes, is  
22 amended to read as follows:



1           **"§432D-23 Required provisions and benefits.**

2 Notwithstanding any provision of law to the contrary, each  
3 policy, contract, plan, or agreement issued in the State after  
4 January 1, 1995, by health maintenance organizations pursuant to  
5 this chapter, shall include benefits provided in sections  
6 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A-  
7 116.5, 431:10A-116.6, 431:10A-119, 431:10A-120, 431:10A-121,  
8 431:10A-125, 431:10A-126, 431:10A-\_\_\_\_\_, and 431:10A-122, and  
9 chapter 431M."

10           **SECTION 7. Stroke system of care task force.** (a) There  
11 is established within the department of health a stroke system  
12 of care task force.

13           (b) To ensure the implementation of a strong statewide  
14 stroke system of care, the task force shall address:

15           (1) Triage;

16           (2) Treatment; and

17           (3) Transport of possible acute stroke patients.

18           (c) The task force shall also provide recommendations to  
19 establish an effective stroke system of care in the State,  
20 particularly in rural areas. The recommendations shall include:





- 1           (1) Protocols for the assessment, stabilization, and
- 2           appropriate routing of stroke patients by emergency
- 3           service providers, particularly in rural areas; and
- 4           (2) Coordination and communication between hospitals and
- 5           primary stroke centers and acute stroke capable
- 6           centers and other support services necessary to assure
- 7           that all residents have access to effective and
- 8           efficient stroke care.
- 9           (d) The director of health shall be the chairperson of and
- 10          convene the stroke system of care task force. The task force
- 11          shall include the following members or their designees:
- 12           (1) Chief of the emergency medical services and injury
- 13           prevention system branch;
- 14           (2) Director of the city and county of Honolulu emergency
- 15           services department;
- 16           (3) Director of the Hawaii state office of rural health
- 17           and primary care;
- 18           (3) A representative from the American Stroke Association;
- 19           (4) Two representatives each from primary stroke centers
- 20           and acute stroke capable centers;
- 21           (5) Two representatives from rural hospitals;
- 22           (6) Two physicians; and



1 (7) Two emergency service providers.

2 A simple majority of the members of the task force shall  
3 constitute a quorum for the transaction of business, and all  
4 actions of the task force shall require the affirmative vote of  
5 a majority of the members present.

6 The members of the task force shall serve without  
7 compensation, and shall not be reimbursed for their expenses.  
8 No member shall be made subject to chapter 84, Hawaii Revised  
9 Statutes, solely because of that member's participation as a  
10 member of the task force.

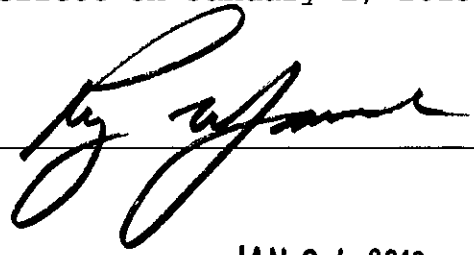
11 (e) The task force shall submit a report that recommends  
12 measures and strategies to the legislature no later than twenty  
13 days prior to the convening of the regular session of 2013.

14 The task force shall cease to exist on June 30, 2013.

15 SECTION 8. New statutory material is underscored.

16 SECTION 9. This Act shall take effect upon its approval;  
17 provided that section 6 shall take effect on January 1, 2013.

18

INTRODUCED BY: 

JAN 24 2012



**Report Title:**

Statewide Stroke System of Care; Primary Stroke Center; Acute Stroke Capable Center; Training and Transport Protocol

**Description:**

Establishes a statewide stroke system of care by designating primary stroke centers and acute stroke capable centers; defines emergency services training and transport protocols; establishes a stroke registry working group; requires health insurance coverage for telemedicine services; and establishes a stroke system of care task force.

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