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# A BILL FOR AN ACT

RELATING TO HEALTH.

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

1           SECTION 1. The legislature finds that stroke is the  
2 leading cause of chronic disability among adults in the State.  
3 Rapid identification, diagnosis, and treatment of stroke can  
4 improve outcomes for stroke patients.

5           The legislature finds that Hawaii needs an effective system  
6 to support the rapid assessment and triage of stroke patients,  
7 provide appropriate stroke treatment in a timely manner, and  
8 improve the overall care of stroke patients to increase their  
9 chances of survival and decrease the long term disabilities  
10 associated with stroke. A stroke system of care should be  
11 established in Hawaii to evaluate, stabilize, and provide  
12 emergency and inpatient care to patients with acute stroke.

13           The purpose of this Act is to:

14           (1) Establish a stroke system of care in the State by  
15                recognizing three levels of care: level I -  
16                comprehensive stroke center; level II - primary stroke  
17                center; and level III - stroke support facility.

18           Recognition will be based on criteria developed and



1 used by the American Heart Association, American  
 2 Stroke Association, or Brain Attack Coalition; and  
 3 (2) Establish requirements for the measuring, reporting,  
 4 and monitoring of stroke care performance through data  
 5 collection and creation of a stroke database.

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

9 **"PART . TREATMENT OF STROKE**

10 **§323-A Definitions.** As used in this part:

11 "Comprehensive stroke center" means a hospital or health  
 12 care facility with the necessary personnel, infrastructure,  
 13 expertise, and programs to diagnose and treat stroke patients  
 14 who require a high level of medical and surgical care,  
 15 specialized tests, or interventional therapy.

16 "Department" means the department of health.

17 "Emergency services provider" means any public employer  
 18 that employs persons to provide firefighting, water safety, or  
 19 emergency medical services.

20 "Health care facility" shall have the same meaning as in  
 21 section 323D-2.



1 "Hospital" means an institution with an organized medical  
2 staff that is regulated under section 321-11(10) and admits  
3 patients for inpatient care, diagnosis, observation, and  
4 treatment.

5 "Primary stroke center" means a hospital or health care  
6 facility with a program that stabilizes and provides emergent  
7 care to acute stroke patients, transfers patients to a  
8 comprehensive stroke center, or admits stroke patients and  
9 provides further care depending on the patient's needs and the  
10 center's capabilities.

11 "Stroke support facility" means a hospital or health care  
12 facility that provides timely access to stroke care but that  
13 does not meet all the criteria specified for a comprehensive  
14 stroke center or a primary stroke center. Stroke support  
15 facilities provide timely access to acute stroke care that would  
16 not otherwise be available such as in rural areas where  
17 transportation and access are limited and utilize stroke care  
18 methods commonly known as "drip and ship" or telemedicine  
19 approaches.

20 **§323-B Classification and recognition of stroke centers.**

21 (a) The department shall recognize the following  
22 classifications of stroke care programs:



- 1 (1) Level I comprehensive stroke center. To qualify as a  
2 level I comprehensive stroke center, a hospital or  
3 health care facility shall meet the requirements  
4 specified by the American Heart Association, American  
5 Stroke Association, or Brain Attack Coalition for  
6 comprehensive stroke centers. A comprehensive stroke  
7 center may act as a resource center for other  
8 facilities by providing expertise about case  
9 management, offering guidance for triage, making  
10 diagnostic tests or treatments available to patients  
11 initially treated at a different stroke center, and  
12 being an educational resource for other hospitals and  
13 health care professionals;
- 14 (2) Level II primary stroke center. To qualify as a level  
15 II primary stroke center, a hospital or health care  
16 facility shall meet the requirements specified by the  
17 American Heart Association, American Stroke  
18 Association, or Brain Attack Coalition for primary  
19 stroke centers.
- 20 (3) Level III stroke support facility. To qualify as a  
21 level III stroke support facility, a hospital or  
22 health care facility shall meet the requirements



1 specified by the American Heart Association, American  
2 Stroke Association, or Brain Attack Coalition for  
3 stroke support facilities, or meet the following  
4 requirements:

5 (A) Establish a plan specifying the elements of  
6 operation for stroke treatment;

7 (B) Enter into a collaborative written agreement with  
8 a level I comprehensive stroke center or a level  
9 II primary stroke center to accept stroke  
10 patients for whom the level I comprehensive  
11 stroke center or level II primary stroke center  
12 lacks the capacity to provide treatment; provided  
13 that the agreement shall contain the following  
14 provisions:

15 (i) Identification of the collaborating level I  
16 comprehensive stroke center or level II  
17 primary stroke center; and

18 (ii) Written protocols for the transportation of  
19 stroke patients; communications between the  
20 collaborating level I comprehensive stroke  
21 center or level II primary stroke center;  
22 administering of thrombolytics or other



1 approved acute stroke treatment therapy; and  
2 emergency access and transport plans for  
3 stroke care services within ninety minutes  
4 of identified need;

5 (C) Require and document emergency department  
6 personnel training in stroke care;

7 (D) Designate a stroke director who may be an  
8 emergency department physician or non-neurologist  
9 physician; and

10 (E) Employ the National Institutes of Health Stroke  
11 Scale for the evaluation of acute stroke  
12 patients.

13 (b) A hospital or health care facility shall submit an  
14 application to the department for recognition pursuant to this  
15 section and shall demonstrate to the satisfaction of the  
16 department that the hospital meets the applicable criteria in  
17 subsection (a).

18 (c) Hospitals or health care facilities that submit  
19 documentation showing accreditation or certification from the  
20 American Heart Association, American Stroke Association, or  
21 Brain Attack Coalition as a comprehensive stroke center, primary  
22 stroke center, or stroke support facility shall be presumed to



1 meet the criteria in subsection (a) for recognition as a level I  
2 comprehensive stroke center, level II primary stroke center, or  
3 level III stroke support facility, as applicable. The  
4 department may accept and consider an accreditation or  
5 certification from The Joint Commission or other nationally  
6 recognized organizations that use criteria consistent with the  
7 American Heart Association, American Stroke Association, or  
8 Brain Attack Coalition's criteria in determining whether a  
9 hospital or health care facility meets the criteria in  
10 subsection (a) for recognition as a level I comprehensive stroke  
11 center, level II primary stroke center, or level III stroke  
12 support facility.

13 (d) The department shall approve and recognize hospitals  
14 or health care facilities that in its determination meet the  
15 criteria in subsection (a) for comprehensive stroke centers,  
16 primary stroke centers, or stroke support facilities, as  
17 applicable.

18 (e) Each hospital or health care facility recognized by  
19 the department pursuant to this section shall submit annually an  
20 affidavit by its chief executive officer attesting that the  
21 organization continues to meet the criteria for recognition  
22 required by subsection (a). If a hospital or health care



1 facility fails to meet the criteria for recognition for more  
2 than six weeks or chooses not to maintain its recognition, the  
3 hospital or health care facility shall immediately notify the  
4 department by certified mail return receipt.

5       **§323-C Publication of recognition.** (a) The department  
6 shall publish and maintain on its website a list of hospitals or  
7 health care facilities that meet state-approved criteria and are  
8 recognized pursuant to this part together with the hospital or  
9 health care facility's applicable state level recognition.

10       (b) If a hospital or health care facility has been  
11 recognized by the department pursuant to section 323-B, the  
12 hospital or health care facility may advertise to the public its  
13 state-approved status and state level recognition. A level I  
14 comprehensive stroke center may use the words, "Hawaii-approved  
15 Level I Comprehensive Stroke Center". A level II primary stroke  
16 center may use the words, "Hawaii-approved Level II Primary  
17 Stroke Center". A level III stroke support facility may use the  
18 words "Hawaii-approved Level III Stroke Support Facility".

19       (c) If the hospital or health care facility fails to meet  
20 the criteria for recognition for more than six weeks or chooses  
21 not to maintain its recognition, it shall immediately cease  
22 advertising to the public that it is state-approved and





1 recognized and, where feasible, remove all such advertisements  
2 from public distribution. To the extent that immediate removal  
3 of an advertisement is not feasible, any automatic renewal of  
4 such advertisement shall be canceled immediately.

5       **§323-D Pre-hospital stroke-triage assessment.** The  
6 department shall adopt standardized pre-hospital stroke-triage  
7 assessment guidelines for use by recognized stroke centers and  
8 emergency medical services and publish the guidelines on its  
9 website.

10       **§323-E Continuous improvement of quality of care for**  
11 **stroke patients.** (a) The department shall require all  
12 recognized stroke centers and emergency medical services to  
13 demonstrate effective use of recommendations and clinical  
14 practice guidelines to manage care and maintain a quality  
15 assurance program that includes performance measurements and  
16 improvement activities.

17       (b) Performance measurements shall be reported to the  
18 department using a standardized stroke measure set containing  
19 data that is consistent with nationally recognized guidelines on  
20 the treatment of individuals with confirmed stroke within the  
21 State such as the American Heart Association's "Get With The



1 Guidelines - Stroke" or The Joint Commission's "Stroke  
2 Performance Measurement Implementation Guide".

3 **§323-F Data collection.** (a) The department shall  
4 establish and maintain a statewide stroke database that contains  
5 compiled stroke care information and statistics.

6 (b) The department shall:

7 (1) Obtain and utilize periodic regional level reports  
8 containing aggregated state provider data with or  
9 without national benchmark or comparisons for the  
10 standardized stroke care measures; and

11 (2) Require reporting regarding the transitioning of  
12 patients to community-based follow-up care in  
13 hospital-outpatient, physician-office, and ambulatory-  
14 clinic settings for ongoing care after discharge from  
15 a hospital or health care facility following acute  
16 treatment for stroke.

17 All hospitals and health care facilities shall be afforded  
18 access to the department's database.

19 **§323-G Rules.** The department may adopt rules, pursuant to  
20 chapter 91, to effectuate the purposes of this part.

21 **§323-H Interpretation.** (a) This part is not a medical  
22 practice guideline and shall not be construed to restrict the



1 authority of a hospital or health care facility to provide  
2 services for which it holds a license under state law. This  
3 part is intended to effectuate patient care based on the needs  
4 and circumstances of the individual patient.

5 (b) Nothing in this part shall be construed to require  
6 disclosure of any confidential health information or data  
7 protected by the Health Insurance Portability and Accountability  
8 Act of 1996, Public Law 104-191, and its related regulations, as  
9 amended; chapter 323B; or any other law prohibiting the  
10 disclosure of confidential health information or data."

11 SECTION 3. In codifying the new sections added by section  
12 2 of this Act, the revisor of statutes shall substitute  
13 appropriate section numbers for the letters used in designating  
14 the new sections in this Act.

15 SECTION 4. This Act shall take effect on July 1, 2050.



**Report Title:**

Stroke; Hospitals; Health Care Facilities; Recognition;  
Advertising; Stroke Data Collection and Reporting

**Description:**

Requires the department of health to classify and recognize qualified hospitals and health care facilities that provide care to stroke patients. Allows hospitals and health care facilities to publicly advertise their recognition. Requires hospitals and health care facilities to report data to the department. Requires the department to create guidelines for pre-hospital stroke-triage assessment and maintain a statewide stroke database. Takes effect on July 1, 2050. (HB1482 HD1)

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

