

**First Regular Session
Sixty-ninth General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 13-0622.01 Christy Chase x2008

SENATE BILL 13-225

SENATE SPONSORSHIP

Giron, Guzman, Aguilar, Newell, Nicholson

HOUSE SPONSORSHIP

Ginal and Primavera, Schafer

Senate Committees

Health & Human Services
Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING THE DEVELOPMENT OF A SYSTEM TO IMPROVE QUALITY**
102 **OF CARE TO PATIENTS SUFFERING SPECIFIED ACUTE INCIDENTS,**
103 **AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.**
104 **==**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/billsummaries>.)

The bill requires the department of public health and environment (department) to:

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
*Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.*

- ! Develop a system for designating qualified hospitals as STEMI (heart attack) receiving centers, STEMI referring centers, comprehensive stroke centers, or primary stroke centers, as appropriate; and
- ! Maintain a STEMI database and a stroke database to collect data pertaining to individuals with confirmed STEMI heart attacks and strokes, respectively.

The bill requires hospitals designated as STEMI receiving centers, comprehensive stroke centers, and primary stroke centers to report to the respective databases and encourages all other hospitals to report data to the databases. The bill also allows for a designation of a hospital as an acute stroke-ready hospital if a national accreditation program becomes available, after which hospitals attaining that designation would also be required to report to the stroke database.

The department is required to submit an annual summary report to the governor and specified committees of the general assembly and to post the report on its web site.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. In Colorado Revised Statutes, add 25-3-114,**
 3 **25-3-115, and 25-3-116 as follows:**

4 **25-3-114. STEMI task force - creation - membership - duties**
 5 **- report - repeal. (1) (a) THERE IS HEREBY CREATED IN THE DEPARTMENT**
 6 **THE STEMI TASK FORCE. NO LATER THAN AUGUST 1, 2013, THE**
 7 **GOVERNOR SHALL APPOINT FIFTEEN MEMBERS TO THE TASK FORCE AS**
 8 **FOLLOWS:**

9 **(I) ONE MEMBER WHO IS A COLORADO RESIDENT REPRESENTING A**
 10 **NATIONAL ASSOCIATION WHOSE GOAL IS TO ELIMINATE CARDIOVASCULAR**
 11 **DISEASE AND STROKE;**

12 **(II) ONE MEMBER WHO IS A CARDIOLOGIST PRACTICING IN THIS**
 13 **STATE;**

14 **(III) ONE MEMBER WHO IS AN INTERVENTIONAL CARDIOLOGIST**
 15 **PRACTICING IN THE WESTERN SLOPE AREA OF THE STATE;**

16 **(IV) ONE MEMBER WHO IS AN INTERVENTIONAL CARDIOLOGIST**

1 PRACTICING IN THE FRONT RANGE AREA OF THE STATE;
2 (V) ONE MEMBER REPRESENTING A STATEWIDE ASSOCIATION OF
3 CARDIOLOGISTS;
4 (VI) ONE MEMBER REPRESENTING A STATEWIDE ASSOCIATION OF
5 PHYSICIANS;
6 (VII) ONE MEMBER REPRESENTING A STATEWIDE HOSPITAL
7 ASSOCIATION;
8 (VIII) ONE MEMBER REPRESENTING AN EMERGENCY PHYSICIANS
9 ASSOCIATION;
10 (IX) ONE MEMBER WHO IS AN EMERGENCY MEDICAL SERVICE
11 PROVIDER, AS DEFINED IN SECTION 25-3.5-103 (8);
12 (X) ONE MEMBER WHO IS A REGISTERED NURSE INVOLVED IN
13 CARDIAC CARE;
14 (XI) ONE HOSPITAL ADMINISTRATOR FROM A HOSPITAL LOCATED
15 IN A RURAL AREA OF THE STATE;
16 (XII) ONE HOSPITAL ADMINISTRATOR FROM A HOSPITAL LOCATED
17 IN AN URBAN AREA OF THE STATE;
18 (XIII) ONE MEMBER OF THE PUBLIC WHO HAS SUFFERED A STEMI
19 HEART ATTACK; AND
20 (XIV) TWO MEMBERS WITH EXPERTISE IN CARDIOVASCULAR DATA
21 REGISTRIES, ONE OF WHOM IS A CARDIOLOGIST.
22 (b) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OR THE
23 EXECUTIVE DIRECTOR'S DESIGNEE SHALL SERVE AS AN EX OFFICIO MEMBER
24 OF THE TASK FORCE.
25 (c) MEMBERS OF THE TASK FORCE SERVE WITHOUT COMPENSATION
26 AND ARE NOT ENTITLED TO REIMBURSEMENT OF EXPENSES INCURRED IN
27 SERVING ON OR PERFORMING DUTIES OF THE TASK FORCE.

1 (2) (a) THE TASK FORCE SHALL STUDY AND MAKE
2 RECOMMENDATIONS FOR DEVELOPING A STATEWIDE PLAN TO IMPROVE
3 QUALITY OF CARE TO STEMI PATIENTS. IN CONDUCTING THE STUDY, THE
4 TASK FORCE SHALL EXPLORE THE FOLLOWING ISSUES, WITHOUT
5 LIMITATION:

6 (I) CREATION OF A STATE DATABASE OR REGISTRY CONSISTING OF
7 DATA ON STEMI CARE THAT MIRRORS THE DATA HOSPITALS SUBMIT TO
8 NATIONALLY RECOGNIZED ORGANIZATIONS;

9 (II) ACCESS TO AGGREGATED STEMI DATA, WHICH MUST
10 EXCLUDE ANY IDENTIFYING OR CONFIDENTIAL INFORMATION ABOUT THE
11 REPORTING HOSPITAL OR PATIENTS TREATED BY THE HOSPITAL, FROM A
12 STATE DATABASE THAT MAY BE DEVELOPED OR FROM A NATIONALLY
13 RECOGNIZED ORGANIZATION;

14 (III) A PLAN THAT WOULD ENCOURAGE RURAL AND URBAN
15 HOSPITALS TO COORDINATE SERVICES FOR THE NECESSARY REFERRAL OR
16 RECEIPT OF PATIENTS REQUIRING STEMI CARE IN THE STATE; AND

17 (IV) THE CRITERIA USED BY NATIONALLY RECOGNIZED BODIES FOR
18 DESIGNATING A HOSPITAL IN STEMI CARE AND WHETHER A DESIGNATION
19 IS APPROPRIATE OR NEEDED TO ASSURE ACCESS TO THE BEST QUALITY
20 CARE FOR COLORADO RESIDENTS WITH STEMI EVENTS..

21 (b) BY JANUARY 31, 2014, THE TASK FORCE SHALL SUBMIT AN
22 INITIAL REPORT, AND BY JULY 31, 2015, THE TASK FORCE SHALL SUBMIT
23 ITS FINAL REPORT, SPECIFYING ITS FINDINGS AND RECOMMENDATIONS TO
24 THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, THE
25 HEALTH, INSURANCE, AND ENVIRONMENT COMMITTEE OF THE HOUSE OF
26 REPRESENTATIVES, OR THEIR SUCCESSOR COMMITTEES, AND THE
27 DEPARTMENT. THE TASK FORCE SHALL INCLUDE IN ITS REPORTS A

1 RECOMMENDATION ON WHETHER A DESIGNATION OF A HOSPITAL IN STEMI
2 CARE IS APPROPRIATE OR NEEDED TO ASSURE ACCESS TO THE BEST
3 QUALITY CARE FOR COLORADO RESIDENTS WITH STEMI EVENTS.

4 (3) THE DEPARTMENT MAY ACCEPT AND EXPEND, SUBJECT TO
5 APPROPRIATION BY THE GENERAL ASSEMBLY, GIFTS, GRANTS, AND
6 DONATIONS TO PAY THE DIRECT EXPENSES OF THE DEPARTMENT IN
7 ASSISTING AND STAFFING THE TASK FORCE. THE DEPARTMENT SHALL
8 TRANSMIT ANY MONETARY GIFTS, GRANTS, OR DONATIONS IT RECEIVES TO
9 THE STATE TREASURER FOR DEPOSIT IN THE HEALTH FACILITIES GENERAL
10 LICENSURE CASH FUND, AND THOSE MONEYS MAY BE USED ONLY TO PAY
11 THE DIRECT EXPENSES OF THE DEPARTMENT.

12 (4) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
13 REQUIRES:

14 (a) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH
15 AND ENVIRONMENT.

16 (b) "STEMI" MEANS ST-ELEVATION MYOCARDIAL INFARCTION.

17 (5) THIS SECTION IS REPEALED, EFFECTIVE AUGUST 1, 2015.

18 **25-3-115. Stroke advisory board - creation - membership -**
19 **duties - report - repeal.** (1) (a) THERE IS HEREBY CREATED IN THE
20 DEPARTMENT THE STROKE ADVISORY BOARD, THE PURPOSE OF WHICH IS
21 TO EVALUATE POTENTIAL STRATEGIES FOR STROKE PREVENTION AND
22 TREATMENT AND DEVELOP A STATEWIDE NEEDS ASSESSMENT IDENTIFYING
23 RELEVANT RESOURCES. NO LATER THAN AUGUST 1, 2013, THE GOVERNOR
24 SHALL APPOINT SEVENTEEN MEMBERS TO THE STROKE ADVISORY BOARD
25 AS FOLLOWS:

26 (I) SIX PHYSICIANS WHO ARE ACTIVELY INVOLVED IN STROKE CARE
27 AND WHO SATISFY THE FOLLOWING CRITERIA: ONE PHYSICIAN WHO IS

1 BOARD-CERTIFIED IN PRIMARY CARE; ONE PHYSICIAN WHO IS
2 BOARD-CERTIFIED IN VASCULAR NEUROLOGY; ONE PHYSICIAN WHO IS
3 PRIVILEGED AND ACTIVELY PRACTICING INTERVENTIONAL
4 NEURORADIOLOGY; ONE PHYSICIAN WHO IS BOARD-CERTIFIED IN
5 NEUROSURGERY; ONE PHYSICIAN REPRESENTING A STATEWIDE CHAPTER
6 OF EMERGENCY PHYSICIANS; AND ONE PHYSICIAN WHO IS A
7 BOARD-CERTIFIED NEUROLOGIST SERVING PATIENTS IN A RURAL AREA OF
8 THE STATE;

9 (II) ONE MEMBER REPRESENTING A STATEWIDE ASSOCIATION OF
10 PHYSICIANS;

11 (III) ONE MEMBER REPRESENTING A STATEWIDE HOSPITAL
12 ASSOCIATION;

13 (IV) ONE MEMBER WHO IS AN EMERGENCY MEDICAL SERVICE
14 PROVIDER, AS DEFINED IN SECTION 25-3.5-103 (8);

15 (V) ONE MEMBER WHO IS A REGISTERED NURSE INVOLVED IN
16 STROKE CARE;

17 (VI) ONE HOSPITAL ADMINISTRATOR FROM A HOSPITAL LOCATED
18 IN A RURAL AREA OF THE STATE;

19 (VII) ONE HOSPITAL ADMINISTRATOR FROM A HOSPITAL LOCATED
20 IN AN URBAN AREA OF THE STATE;

21 (VIII) ONE REPRESENTATIVE FROM A STROKE REHABILITATION
22 FACILITY;

23 (IX) ONE MEMBER WHO IS A COLORADO RESIDENT REPRESENTING
24 A NATIONAL ASSOCIATION WHOSE GOAL IS TO ELIMINATE
25 CARDIOVASCULAR DISEASE AND STROKE;

26 (X) ONE MEMBER WHO IS A PHYSICAL OR OCCUPATIONAL
27 THERAPIST ACTIVELY INVOLVED IN STROKE CARE;

1 (XI) ONE MEMBER OF THE PUBLIC WHO HAS SUFFERED A STROKE
2 OR IS THE CARE GIVER OF A PERSON WHO HAS SUFFERED A STROKE; AND

3 (XII) ONE MEMBER WHO IS AN EXPERT IN STROKE DATABASE
4 MANAGEMENT.

5 (b) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OR THE
6 EXECUTIVE DIRECTOR'S DESIGNEE SHALL SERVE AS AN EX OFFICIO MEMBER
7 OF THE STROKE ADVISORY BOARD.

8 (c) MEMBERS OF THE STROKE ADVISORY BOARD SERVE WITHOUT
9 COMPENSATION AND ARE NOT ENTITLED TO REIMBURSEMENT OF EXPENSES
10 INCURRED IN SERVING ON OR PERFORMING DUTIES OF THE ADVISORY
11 BOARD.

12 (2) (a) THE STROKE ADVISORY BOARD SHALL STUDY AND MAKE
13 RECOMMENDATIONS FOR DEVELOPING A STATEWIDE PLAN TO IMPROVE
14 QUALITY OF CARE FOR STROKE PATIENTS. IN CONDUCTING THE STUDY, THE
15 STROKE ADVISORY BOARD SHALL EXPLORE THE FOLLOWING ISSUES,
16 WITHOUT LIMITATION:

17 (I) CREATION OF A STATE DATABASE OR REGISTRY CONSISTING OF
18 DATA ON STROKE CARE THAT MIRRORS THE DATA HOSPITALS SUBMIT TO
19 NATIONALLY RECOGNIZED ORGANIZATIONS;

20 (II) ACCESS TO AGGREGATED STROKE DATA, WHICH MUST
21 EXCLUDE ANY IDENTIFYING OR CONFIDENTIAL INFORMATION ABOUT THE
22 REPORTING HOSPITAL OR PATIENTS TREATED BY THE HOSPITAL, FROM A
23 STATE DATABASE THAT MAY BE DEVELOPED OR FROM A NATIONALLY
24 RECOGNIZED ORGANIZATION BY THE ADVISORY BOARD, BY ANY PERSON
25 WHO SUBMITS A WRITTEN REQUEST FOR THE DATA;

26 (III) EVALUATION OF CURRENTLY AVAILABLE STROKE
27 TREATMENTS AND THE DEVELOPMENT OF RECOMMENDATIONS, BASED ON

1 MEDICAL EVIDENCE, FOR WAYS TO IMPROVE STROKE PREVENTION AND
2 TREATMENT;

3 (IV) A PLAN THAT WOULD ENCOURAGE RURAL AND URBAN
4 HOSPITALS TO COORDINATE SERVICES FOR THE NECESSARY REFERRAL OR
5 RECEIPT OF PATIENTS REQUIRING STROKE CARE IN THE STATE; AND

6 (V) THE CRITERIA USED BY NATIONALLY RECOGNIZED BODIES FOR
7 DESIGNATING A HOSPITAL IN STROKE CARE AND WHETHER A DESIGNATION
8 IS APPROPRIATE OR NEEDED TO ASSURE ACCESS TO THE BEST QUALITY
9 CARE FOR COLORADO RESIDENTS WITH STROKE EVENTS.

10 (b) BY JANUARY 31, 2014, AND BY EACH JANUARY 1 THEREAFTER,
11 THE STROKE ADVISORY BOARD SHALL SUBMIT A REPORT SPECIFYING ITS
12 FINDINGS AND RECOMMENDATIONS TO THE HEALTH AND HUMAN SERVICES
13 COMMITTEE OF THE SENATE, THE HEALTH, INSURANCE, AND ENVIRONMENT
14 COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR THEIR SUCCESSOR
15 COMMITTEES, AND THE DEPARTMENT. THE STROKE ADVISORY BOARD
16 SHALL INCLUDE IN ITS REPORT A RECOMMENDATION ON WHETHER A
17 DESIGNATION OF A HOSPITAL IN STROKE CARE IS APPROPRIATE OR NEEDED
18 TO ASSURE ACCESS TO THE BEST QUALITY CARE FOR COLORADO
19 RESIDENTS WITH STROKE EVENTS.

20 (3) THE DEPARTMENT MAY ACCEPT AND EXPEND, SUBJECT TO
21 APPROPRIATION BY THE GENERAL ASSEMBLY, GIFTS, GRANTS, AND
22 DONATIONS TO PAY THE DIRECT EXPENSES OF THE DEPARTMENT IN
23 ASSISTING AND STAFFING THE STROKE ADVISORY BOARD. THE
24 DEPARTMENT SHALL TRANSMIT ANY MONETARY GIFTS, GRANTS, OR
25 DONATIONS IT RECEIVES TO THE STATE TREASURER FOR DEPOSIT IN THE
26 HEALTH FACILITIES GENERAL LICENSURE CASH FUND, AND THOSE MONEYS
27 MAY BE USED ONLY TO PAY THE DIRECT EXPENSES OF THE DEPARTMENT.

1 (4) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
2 REQUIRES, "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH
3 AND ENVIRONMENT.

4 (5) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2018.
5 PRIOR TO THE REPEAL, THE DEPARTMENT OF REGULATORY AGENCIES
6 SHALL REVIEW THE FUNCTIONS OF THE STROKE ADVISORY BOARD IN
7 ACCORDANCE WITH SECTION 2-3-1203, C.R.S.

8 **25-3-116. Department recognition of national certification -**
9 **suspension or revocation of recognition.** (1) A HOSPITAL THAT HAS AN
10 ACCREDITATION, CERTIFICATION, OR DESIGNATION IN STROKE OR STEMI
11 CARE FROM A NATIONALLY RECOGNIZED ACCREDITING BODY, INCLUDING
12 BUT NOT LIMITED TO A CERTIFICATION AS A COMPREHENSIVE STROKE
13 CENTER OR PRIMARY STROKE CENTER BY THE JOINT COMMISSION ON
14 ACCREDITATION OF HEALTH CARE ORGANIZATIONS AND PROGRAMS OR ITS
15 SUCCESSOR ORGANIZATION OR AN ACCREDITATION AS A STEMI
16 RECEIVING CENTER OR STEMI REFERRAL CENTER BY THE SOCIETY FOR
17 CARDIOVASCULAR PATIENT CARE OR ITS SUCCESSOR ORGANIZATION, MAY
18 SEND INFORMATION AND SUPPORTING DOCUMENTATION TO THE
19 DEPARTMENT. THE DEPARTMENT SHALL MAKE A HOSPITAL'S NATIONAL
20 ACCREDITATION, CERTIFICATION, OR DESIGNATION AVAILABLE TO THE
21 PUBLIC IN A MANNER DETERMINED BY THE DEPARTMENT.

22 (2) THE DEPARTMENT SHALL DEEM A HOSPITAL THAT IS
23 CURRENTLY ACCREDITED, CERTIFIED, OR DESIGNATED BY A NATIONALLY
24 RECOGNIZED ACCREDITING BODY AS SATISFYING THE REQUIREMENTS FOR
25 RECOGNITION AND PUBLICATION BY THE DEPARTMENT. THE DEPARTMENT
26 MAY SUSPEND OR REVOKE A RECOGNITION AND PUBLICATION OF A
27 HOSPITAL'S ACCREDITATION, CERTIFICATION, OR DESIGNATION IF THE

1 DEPARTMENT DETERMINES, AFTER NOTICE AND HEARING IN ACCORDANCE
2 WITH THE "STATE ADMINISTRATIVE PROCEDURE ACT", ARTICLE 4 OF TITLE
3 24, C.R.S., THAT THE HOSPITAL NO LONGER HOLDS AN ACTIVE
4 ACCREDITATION, CERTIFICATION, OR DESIGNATION FROM A NATIONALLY
5 RECOGNIZED CERTIFYING BODY.

6 (3) WHETHER A HOSPITAL ATTAINS A NATIONAL ACCREDITATION,
7 CERTIFICATION, OR DESIGNATION IN STROKE OR STEMI CARE HAS NO
8 BEARING ON, OR CONNECTION WITH, THE LICENSING OR CERTIFICATION OF
9 THE HOSPITAL BY THE DEPARTMENT PURSUANT TO SECTION 25-1.5-103 (1)

10 (a).

11 (4) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
12 REQUIRES:

13 (a) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH
14 AND ENVIRONMENT.

15 (b) "STEMI" MEANS ST-ELEVATION MYOCARDIAL INFARCTION.

16 **SECTION 2.** In Colorado Revised Statutes, 2-3-1203, add (3)
17 (ee.5) as follows:

18 **2-3-1203. Sunset review of advisory committees.** (3) The
19 following dates are the dates for which the statutory authorization for the
20 designated advisory committees is scheduled for repeal:

21 (ee.5) SEPTEMBER 1, 2018:

22 (I) THE STROKE ADVISORY BOARD CREATED IN SECTION 25-3-115,
23 C.R.S.:

24 **SECTION 3. Appropriation.** In addition to any other
25 appropriation, there is hereby appropriated, out of any moneys in the
26 general fund not otherwise appropriated, to the department of public
27 health and environment, for the fiscal year beginning July 1, 2013, the

1 sum of \$41,402 and 0.6 FTE, or so much thereof as may be necessary, for
2 allocation to the emergency preparedness and response division for the
3 stroke and STEMI heart attack designation line item related to the
4 implementation of this act.

5 **SECTION 4. Safety clause.** The general assembly hereby finds,
6 determines, and declares that this act is necessary for the immediate
7 preservation of the public peace, health, and safety.