- 1 HB710
- 2 119811-1
- 3 By Representative Wood
- 4 RFD: Health
- 5 First Read: 11-MAR-10

1	119811-1:n:03/09/2010:CAJ/th LRS2010-1719
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8	SYNOPSIS: Under existing law, there is no provision
9	for a state comprehensive stroke registry.
10	This bill would provide the level of stroke
11	care in Alabama by creating a statewide,
12	comprehensive stroke registry; would direct the
13	Alabama Department of Public Health to receive
14	pertinent data on stroke patients; and would direct
15	the Alabama Department of Public Health to adopt
16	rules as necessary.
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18	A BILL
19	TO BE ENTITLED
20	AN ACT
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22	To create a statewide, comprehensive stroke registry
23	to improve stroke care in Alabama; to direct the Alabama
24	Department of Public Health to receive pertinent data on
25	stroke patients; and to direct the Alabama Department of
26	Public Health to adopt rules as necessary.
27	BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. This act may be known and may be cited as the Alabama Stroke Improvement Act.

Section 2. The Legislature finds that stroke is the third leading killer in the United States and in Alabama; that stroke is a leading cause of serious long-term disability in this state; that an estimated 780,000 new and recurrent strokes occur each year in this country; that with the aging of the population, the number of persons having strokes is projected to increase; that this year in Alabama more than 5,000 people will fall victim to a potentially treatable stroke; that this tragic loss of life and viability creates an annual financial burden for the state of over \$540 million in medical costs, supportive care, and lost productivity; that increased quality improvement measures serve to provide for increased positive patient outcomes; and that understanding the care received by each stroke patient will assist in more quickly achieving these improved patient outcomes.

Section 3. It is the intent of the Legislature to provide for the rapid identification, diagnosis, and treatment of stroke that can save the lives of stroke victims and in some cases can reverse neurological damage such as paralysis and speech and language impairments, leaving stroke victims with few or no neurological deficits.

Section 4. (a) The Department of Public Health shall establish a Stroke Registry Task Force and implement a plan for achieving continuous quality improvement in the quality of

- care provided under the statewide system for stroke response and treatment.
- 3 (b) The Stroke Registry Task Force shall consist of 4 the following members:
 - (1) The State Health Officer or his or her designee.
 - (2) A neurologist.

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- (3) A designee from the American Stroke Association.
- (4) A member of the College of Emergency Physicians.
- 9 (5) A member of the Alabama Hospital Association or a large metropolitan hospital.
 - (6) A rural hospital representative.
- 12 (7) An Alabama Quality Improvement Organization designee.
- 14 (8) The Medical Director of the EMS and Trauma
 15 Division of the Department of Public Health or his or her
 16 designee.
 - (9) The Medical Director of the Chronic Disease
 Bureau of the Department of Public Health or his or her
 designee.
 - (10) An epidemiologist from a state college or university.
 - (c) The membership of the task force shall be inclusive and reflect the racial, gender, geographic, urban/rural and economic diversity of the state. The task force shall annually report to the Legislature by the second legislative day of each regular session the extent to which

the task force has complied with the diversity provisions
provided for in this act.

- (d) The Stroke Registry Task Force and Department of Public Health shall require all medical facilities licensed by the Department of Public Health except pediatric hospitals, orthopedic hospitals, psychiatric hospitals, and rehabilitative hospitals to report data consistent with nationally recognized guidelines on the treatment of individuals who have suffered a confirmed stroke within the statewide system for stroke response and treatment.
 - (e) The Stroke Registry Task Force shall do all of the following:
 - (1) Analyze data generated by the registry on stroke response and treatment.
 - (2) Identify potential interventions to improve stroke care in geographic areas or regions of the state.
 - (3) Provide recommendations to the Department of Public Health and the Legislature for the improvement of stroke care and delivery in Alabama.
 - (4) The Department of Public Health shall maintain a statewide stroke database that compiles information and statistics on stroke care that align with the stroke consensus metrics developed and approved by the American Heart Association/American Stroke Association, Centers for Disease Control and Prevention and the Joint Commission on Accreditation of Health Care Organizations. The department shall utilize the nationally recognized system as the stroke

registry data platform with confidentiality standards in accordance with federal statutes.

- (5) To every extent possible, the department shall coordinate with national voluntary health organizations involved in stroke quality improvement to avoid duplication of programs. The database shall be housed by the Department of Public Health.
- (6) Except to the extent necessary to address continuity of care issues, health care information shall not be released from the database in a format that contains individually identifiable information about a patient. The sharing of health care information containing personal information about patients shall be limited to that information necessary to address continuity of care issues, and shall otherwise be released in accordance with written agreements and subject to the confidentiality provisions required by relevant state and federal laws.

Section 5. On the earlier of July 1, 2012, or such date as may be required by the Center for Medicaid Services (CMS) and annually thereafter, the Department of Public Health and the Stroke Registry Task Force shall deliver a report to the Governor, the President of the Senate, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives on statewide progress toward improving quality of care and patient outcomes under the statewide system for stroke response and treatment.

Section 6. This act is not a medical practice 1 2 guideline and may not be used to restrict the authority of a hospital to provide services for which it has received a 3 license under state law. The Legislature intends that all 5 patients be treated individually based on each patient's needs and circumstances. 6 7 Section 7. The Department of Public Health shall adopt rules to implement and administer the provisions of this 8 9 act. 10 Section 8. This act shall become effective on the 11 first day of the third month following its passage and 12 approval by the Governor, or its otherwise becoming law.