

1 SB538
2 119811-1
3 By Senators Coleman, Dunn, and Smitherman
4 RFD: Health
5 First Read: 11-MAR-10

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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.

17
18 A BILL
19 TO BE ENTITLED
20 AN ACT

21
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:

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

3 Section 2. The Legislature finds that stroke is the
4 third leading killer in the United States and in Alabama; that
5 stroke is a leading cause of serious long-term disability in
6 this state; that an estimated 780,000 new and recurrent
7 strokes occur each year in this country; that with the aging
8 of the population, the number of persons having strokes is
9 projected to increase; that this year in Alabama more than
10 5,000 people will fall victim to a potentially treatable
11 stroke; that this tragic loss of life and viability creates an
12 annual financial burden for the state of over \$540 million in
13 medical costs, supportive care, and lost productivity; that
14 increased quality improvement measures serve to provide for
15 increased positive patient outcomes; and that understanding
16 the care received by each stroke patient will assist in more
17 quickly achieving these improved patient outcomes.

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

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

1 care provided under the statewide system for stroke response
2 and treatment.

3 (b) The Stroke Registry Task Force shall consist of
4 the following members:

5 (1) The State Health Officer or his or her designee.

6 (2) A neurologist.

7 (3) A designee from the American Stroke Association.

8 (4) A member of the College of Emergency Physicians.

9 (5) A member of the Alabama Hospital Association or
10 a large metropolitan hospital.

11 (6) A rural hospital representative.

12 (7) An Alabama Quality Improvement Organization
13 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.

17 (9) The Medical Director of the Chronic Disease
18 Bureau of the Department of Public Health or his or her
19 designee.

20 (10) An epidemiologist from a state college or
21 university.

22 (c) The membership of the task force shall be
23 inclusive and reflect the racial, gender, geographic,
24 urban/rural and economic diversity of the state. The task
25 force shall annually report to the Legislature by the second
26 legislative day of each regular session the extent to which

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

3 (d) The Stroke Registry Task Force and Department of
4 Public Health shall require all medical facilities licensed by
5 the Department of Public Health except pediatric hospitals,
6 orthopedic hospitals, psychiatric hospitals, and
7 rehabilitative hospitals to report data consistent with
8 nationally recognized guidelines on the treatment of
9 individuals who have suffered a confirmed stroke within the
10 statewide system for stroke response and treatment.

11 (e) The Stroke Registry Task Force shall do all of
12 the following:

13 (1) Analyze data generated by the registry on stroke
14 response and treatment.

15 (2) Identify potential interventions to improve
16 stroke care in geographic areas or regions of the state.

17 (3) Provide recommendations to the Department of
18 Public Health and the Legislature for the improvement of
19 stroke care and delivery in Alabama.

20 (4) The Department of Public Health shall maintain a
21 statewide stroke database that compiles information and
22 statistics on stroke care that align with the stroke consensus
23 metrics developed and approved by the American Heart
24 Association/American Stroke Association, Centers for Disease
25 Control and Prevention and the Joint Commission on
26 Accreditation of Health Care Organizations. The department
27 shall utilize the nationally recognized system as the stroke

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

3 (5) To every extent possible, the department shall
4 coordinate with national voluntary health organizations
5 involved in stroke quality improvement to avoid duplication of
6 programs. The database shall be housed by the Department of
7 Public Health.

8 (6) Except to the extent necessary to address
9 continuity of care issues, health care information shall not
10 be released from the database in a format that contains
11 individually identifiable information about a patient. The
12 sharing of health care information containing personal
13 information about patients shall be limited to that
14 information necessary to address continuity of care issues,
15 and shall otherwise be released in accordance with written
16 agreements and subject to the confidentiality provisions
17 required by relevant state and federal laws.

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

1 Section 6. This act is not a medical practice
2 guideline and may not be used to restrict the authority of a
3 hospital to provide services for which it has received a
4 license under state law. The Legislature intends that all
5 patients be treated individually based on each patient's needs
6 and circumstances.

7 Section 7. The Department of Public Health shall
8 adopt rules to implement and administer the provisions of this
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.