

Senate Bill 102

By: Senators Miller of the 49th, Unterman of the 45th, Burke of the 11th, Watson of the 1st, Hufstetler of the 52nd and others

AS PASSED

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to
2 emergency medical services, so as to provide for the designation of emergency cardiac care
3 centers; to provide for legislative findings; to provide for definitions; to provide for the
4 establishment of the Office of Cardiac Care within the Department of Public Health; to
5 establish a three-level designation system; to provide for criteria for each level of emergency
6 cardiac care center; to provide for applications from hospitals; to provide for a data reporting
7 system; to provide for a grant program; to provide for the distribution of a list of emergency
8 cardiac care centers to emergency medical services providers; to provide for the development
9 of a model cardiac care triage assessment tool; to provide for the establishment of protocols
10 related to the triage, assessment, treatment, and transport of cardiac care patients by licensed
11 emergency medical services providers; to provide for statutory construction; to provide that
12 a hospital shall not advertise as an emergency cardiac care center unless designated by the
13 state; to provide for rules and regulations; to provide for related matters; to repeal conflicting
14 laws; and for other purposes.

15 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

16 style="text-align:center">**SECTION 1.**

17 Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to emergency
18 medical services, is amended by adding a new article to read as follows:

19 style="text-align:center">"ARTICLE 7

20 31-11-130.

21 The General Assembly finds and declares that:

22 (1) Cardiovascular disease is the number one cause of death in the United States and in
23 Georgia;

- 24 (2) Georgia ranks as the thirty-eighth worst in the nation for numbers of deaths from
 25 cardiovascular disease;
- 26 (3) There were 79,901 deaths in Georgia in 2015, and cardiovascular disease (excluding
 27 stroke) accounted for 23.6 percent of such deaths;
- 28 (4) Approximately 40 percent of cardiac deaths occur suddenly, the result of a heart
 29 attack that is manifested by an out-of-hospital cardiac arrest;
- 30 (5) As of 2016, several states, but notably Arizona and Washington, have designated
 31 hospitals that are expert in cardiovascular disease care, much in the way that Georgia has
 32 stroke and trauma centers; Arizona and Washington have some of the lowest death rates
 33 for patients who have heart attacks, in part due to their designated cardiac centers; and
 34 (6) Therefore, it is in the best interest of the residents of this state to establish a program
 35 to identify emergency cardiac care centers throughout the state to ensure the rapid triage,
 36 assessment, treatment, and transport of patients experiencing out-of-hospital cardiac
 37 arrest or heart attack or its complications.

38 31-11-131.

39 As used in this article, the term:

- 40 (1) 'Emergency cardiac care center' means a hospital that has been designated by the
 41 office pursuant to this article as meeting the criteria set forth in this article.
- 42 (2) 'Office' means the Office of Cardiac Care established pursuant to this article.

43 31-11-132.

44 (a) There shall be established the Office of Cardiac Care within the Department of Public
 45 Health. The office shall administer the designation process provided for in this article,
 46 including, but not limited to, data collection, analysis and reporting, and site visits.

47 (b) The office shall designate hospitals that meet the criteria set forth in this article as
 48 emergency cardiac care centers. Each emergency cardiac care center shall be further
 49 designated as Level I, Level II, or Level III by the office. The criteria for each level
 50 designation shall be established by the office and shall include, at a minimum, the
 51 following:

52 (1) Level I shall have:

53 (A) Cardiac catheterization and angioplasty facilities available 24 hours, seven days
 54 per week, 365 days per year;

55 (B) On-site cardiothoracic surgery capability available 24 hours, seven days per week,
 56 365 days per year;

57 (C) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest
 58 patients;

59 (D) The ability to implant percutaneous left ventricular assist devices for support of
 60 hemodynamically unstable patients experiencing out-of-hospital cardiac arrest or heart
 61 attack;

62 (E) Neurologic protocols to measure functional status at hospital discharge; and

63 (F) The ability to implant automatic implantable cardioverter defibrillators;

64 (2) Level II shall have:

65 (A) Cardiac catheterization and angioplasty facilities available 24 hours, seven days
 66 per week, 365 days per year, but no on-site cardiothoracic surgery capability;

67 (B) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest
 68 patients;

69 (C) Neurologic protocols to measure functional status at hospital discharge; and

70 (D) A written transfer plan with one or more Level I emergency cardiac care centers
 71 for patients who need left ventricular assist devices or cardiothoracic surgery;

72 (3) Level III shall have:

73 (A) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest
 74 patients; and

75 (B) A written plan for systematic transfer to a Level I or Level II facility; and

76 (4) The department shall be authorized to establish one or more additional levels of
 77 cardiac care centers as necessary based upon advancements in medicine and patient care.

78 (c) Emergency cardiac care centers are encouraged to coordinate, through agreement, with
 79 other level emergency cardiac care centers throughout the state to provide appropriate
 80 access to care for cardiac patients. The coordinating agreements shall be in writing and
 81 include at a minimum:

82 (1) Transfer agreements for the transport and acceptance of:

83 (A) Cardiac patients seen by a Level I emergency cardiac care center which a Level II
 84 or III emergency cardiac care center is not capable of providing; or

85 (B) Cardiac patients seen by a Level II emergency cardiac care center which a Level
 86 III emergency cardiac care center is not capable of providing; and

87 (2) Communication criteria and protocols between the emergency cardiac care centers.

88 31-11-133.

89 (a) A hospital shall apply to the office for designation as an emergency cardiac care center
 90 through an application process to be determined by the office. A hospital shall demonstrate
 91 to the satisfaction of the office that the hospital meets the applicable criteria set forth in this
 92 article. The application process may include an on-site inspection of the hospital at the
 93 discretion of the office.

94 (b) The office shall establish requirements for the periodic redesignation of emergency
95 cardiac care centers.

96 (c) The office may suspend or revoke a hospital's identification as an emergency cardiac
97 care center, after notice and hearing, if the office determines that the hospital is not in
98 compliance with the requirements or criteria of this article.

99 31-11-134.

100 (a) The office shall establish a data reporting system which may be composed of one or
101 more data bases for the reporting of data on all out-of-hospital cardiac arrest patients and
102 all heart attack patients. The data reporting system may be composed of data bases
103 established or designated by the office, including, but not limited to, data bases newly
104 created and managed by or on behalf of the office, existing state data bases modified to
105 include such additional reporting, existing regional or national data bases, or any
106 combination thereof.

107 (b) Each emergency cardiac care center shall:

108 (1) Report to the data base specified by the office data on all out-of-hospital cardiac
109 arrest patients and data on all heart attack patients in accordance with time frame
110 requirements established by the office; and

111 (2) Have a written system included in the protocols for the hospital for timely submission
112 of all such data required to be submitted pursuant to this Code section and office
113 guidelines.

114 (c) The office shall, on an ongoing basis, analyze state-wide data collected pursuant to this
115 Code section for out-of-hospital cardiac arrest patients and heart attack patients, with the
116 goal of improving survival rates over the initial three years of the program, and shall
117 improve any processes or adjust any protocols as necessary to implement best practices to
118 improve the cardiac care of patients through emergency cardiac care centers in this state.

119 (d) The office shall collect the data reported pursuant to this Code section and shall post
120 such information in the form of an annual report card on the office's website and present
121 such report to the Governor, the President of the Senate, and the Speaker of the House of
122 Representatives. The results of this report card may be used by the office to conduct
123 training with the identified hospitals regarding best practices in the treatment of emergency
124 cardiac care patients.

125 (e) In no way shall this article be construed to require disclosure of any confidential
126 information or other data in violation of the federal Health Insurance Portability and
127 Accountability Act of 1996, P.L. 104-191.

128 31-11-135.

129 (a) In order to encourage and ensure the establishment of emergency cardiac care centers
130 throughout the state, the office shall award grants, subject to appropriations from the
131 General Assembly, to hospitals that seek designation as emergency cardiac care centers and
132 demonstrate a need for financial assistance to develop the necessary infrastructure,
133 including personnel and equipment, in order to satisfy the criteria for designation as an
134 emergency cardiac care center pursuant to this article.

135 (b) A hospital seeking designation as an emergency cardiac care center pursuant to this
136 article may apply to the office for a grant, in a manner and on a form required by the office,
137 and provide such information as the office deems necessary to determine if the hospital is
138 eligible for such grant.

139 (c) The office may provide grants to as many hospitals as it deems appropriate, subject to
140 appropriations from the General Assembly, taking into consideration adequate geographic
141 diversity with respect to locations.

142 (d) The office shall annually prepare and submit to the Governor, the President of the
143 Senate, the Speaker of the House of Representatives, and the chairpersons of the House
144 Committee on Health and Human Services and the Senate Health and Human Services
145 Committee for distribution to its committee members a report indicating the total number
146 of hospitals that have applied for grants pursuant to this Code section, the number of
147 applicants that have been determined by the office to be eligible for such grants, the total
148 number of grants to be awarded, the name and address of each grantee, and the amount of
149 the award to each grantee.

150 31-11-136.

151 (a) Beginning June 1, 2018, and each year thereafter, the office shall provide a list of
152 emergency cardiac care centers designated pursuant to this article to the medical director
153 of each licensed emergency medical services provider in this state, shall maintain a copy
154 of such list in the office, and shall post such list on the office's website.

155 (b) The office shall adopt or develop a sample emergency cardiac care triage assessment
156 tool. The office shall post this sample assessment tool on its website and distribute a copy
157 of the sample assessment tool to each licensed emergency medical services provider no
158 later than December 31, 2017. Each licensed emergency medical services provider shall
159 use an emergency cardiac care triage assessment tool that is substantially similar to the
160 sample emergency cardiac care triage assessment tool provided by the office.

161 (c) The office shall establish protocols related to the triage, assessment, treatment, and
162 transport of emergency cardiac care patients by licensed emergency medical services
163 providers in this state.

164 31-11-137.

165 This article shall not be construed to be a medical practice guideline or to establish a
166 standard of care for treatment and shall not be used to restrict the authority of a hospital to
167 provide services for which it has received a license under state law. The General Assembly
168 intends that all patients be treated individually based on each patient's needs and
169 circumstances.

170 31-11-138.

171 A hospital may not advertise to the public, by way of any medium whatsoever, that it is
172 identified by the state as an emergency cardiac care center unless the hospital has been
173 designated as such by the office pursuant to this article.

174 31-11-139.

175 The office shall be authorized to promulgate rules and regulations to carry out the purposes
176 of this article."

177 **SECTION 2.**

178 All laws and parts of laws in conflict with this Act are repealed.