

Introduced by

Representatives Porter, Bellew, J. Nelson

Senators Carlisle, Dever, O'Connell

1 A BILL for an Act to create and enact a new chapter to title 23 of the North Dakota Century
2 Code, relating to an acute cardiovascular emergency medical system; to provide a statement of
3 legislative intent; and to provide a continuing appropriation.

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

5 **SECTION 1.** A new chapter to title 23 of the North Dakota Century Code is created and
6 enacted as follows:

7 **Definitions.**

8 As used in this chapter:

9 1. "Department" means the state department of health.

10 2. "STEMI" means ST-elevation myocardial infarction.

11 **Acute cardiovascular emergency medical system - Duties of state department of**
12 **health - Continuing appropriation.**

13 1. Following consultation with and receipt of a recommendation of the acute
14 cardiovascular emergency medical system of care advisory committee, the
15 department shall establish and maintain a comprehensive emergency cardiovascular
16 medical system for the state. The system must include standards for the following
17 components:

18 a. A system plan.

19 b. Prehospital emergency medical services.

20 c. Hospitals, for which the standards must include:

21 (1) Standards for designation, redesignation, and dedesignation of receiving
22 and referring centers.

23 (2) Standards for evaluation and quality improvement programs for designated
24 centers.

- 1 (3) Recognition of a hospital as a STEMI receiving center or as a STEMI
2 referring center. In making such recognition, the standards much include
3 consideration of whether the hospital is:
- 4 (a) Accredited as a mission: lifeline STEMI receiving center or mission:
5 lifeline STEMI referring center by the society of cardiovascular patient
6 care and the American heart association accreditation process; or
7 (b) Accredited by a department-approved, nationally recognized
8 organization that provides mission: lifeline STEMI receiving center
9 and mission: lifeline STEMI referring center accreditation or a
10 substantive equivalent.
- 11 d. System registries, for which the components must include a plan for achieving
12 continuous quality improvement in the quality of care provided under the
13 statewide system, including for STEMI response and treatment.
- 14 (1) In implementing this plan, the department shall maintain a statewide STEMI
15 heart attack database that aggregates information and statistics on heart
16 attack care. The department shall utilize the ACTION registry-get with the
17 guidelines data platform, or other equivalent platform.
- 18 (2) To the extent possible, the department shall coordinate with national
19 voluntary health organizations involved in STEMI heart attack quality
20 improvement to avoid duplication and redundancy.
- 21 (3) Designated receiving centers shall participate in the registry and shall pay
22 associated fees charged by the department.
- 23 2. The proceedings and records of the program are not subject to subpoena, discovery,
24 or introduction into evidence in any civil action arising out of any matter that is the
25 subject of consideration by the program.
- 26 3. The department shall charge designated receiving centers a system registries fee for
27 licensing and administration of the database. The department shall deposit fees
28 collected under this subsection in the operating fund and these moneys are
29 appropriated as a standing and continuing appropriation to the department for the
30 purpose of funding the system registries.

1 **Acute cardiovascular emergency medical system of care advisory committee.**

2 1. The state health officer shall appoint the members of the acute cardiovascular
3 emergency medical system of care advisory committee. The state health officer, or the
4 officer's designee, is an ex officio member of the advisory committee. The state health
5 officer shall appoint to the committee members who represent referring and receiving
6 hospitals, physicians who treat patients, and members who represent emergency
7 medical services operations that provide services in rural and urban areas of the state.
8 Members of the acute cardiovascular emergency medical system of care advisory
9 committee serve at the pleasure of the state health officer.

10 2. The purpose of the acute cardiovascular emergency medical system of care advisory
11 committee is to advise the department on the establishment of an effective system of
12 acute cardiovascular emergency care throughout the state and to take steps to ensure
13 and facilitate the implementation of the system of acute cardiovascular emergency
14 care. The advisory committee shall:

15 a. Encourage sharing of information and data among health care providers on ways
16 to improve the quality of care of acute cardiovascular patients in this state.

17 b. Facilitate the communication and analysis of health information and aggregate
18 data among health care professionals providing care for acute cardiovascular
19 events.

20 c. Advise the department on how best to require the application of evidence-based
21 treatment guidelines regarding the transitioning of patients to community-based
22 followup care in hospital outpatient, physician office, and ambulatory clinic
23 settings for ongoing care after hospital discharge following acute treatments.

24 d. Develop and advise the department to adopt a data oversight process and plan
25 for achieving continuous quality improvement in the quality of care provided
26 under the system of acute cardiovascular emergency care. The plan must be
27 based on aggregate data analysis and the identification of potential interventions
28 to improve heart attack care in geographic areas or regions of the state.

29 e. Recommend improvements for acute cardiovascular emergency medical system
30 response.

1 3. A physician serving as a member of the acute cardiovascular emergency medical
2 system of care advisory committee is immune from professional liability in providing
3 the advisory committee with voluntary medical direction.

4 4. Except for a member of the acute cardiovascular emergency medical system of care
5 advisory committee serving on the advisory committee in the member's capacity as a
6 department employee and who is therefore entitled to receive reimbursement of
7 mileage and expenses from the department, a member of the advisory committee
8 serves without compensation or reimbursement of mileage and expenses from the
9 department but may receive compensation and reimbursement from the advisory
10 committee member's employer or sponsoring entity.

11 **Standard of care.**

12 This chapter is not a medical practice guideline and may not be used to restrict the authority
13 of a hospital to provide services for which the hospital has been licensed. This chapter must be
14 interpreted to recognize that all patients should be treated individually based on each patient's
15 needs and circumstances.

16 **SECTION 2. FULL-TIME EQUIVALENT POSITION.** This Act does not create any new
17 full-time equivalent positions. The state department of health shall use full-time equivalent
18 positions included in section 1 of Senate Bill No. 2004 of the sixty-third legislative assembly to
19 carry out the provisions of this Act.