

By: Deuell

S.B. No. 330

A BILL TO BE ENTITLED

AN ACT

relating to the designation of certain hospitals as primary stroke centers.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 241, Health and Safety Code, is amended by adding Subchapter I to read as follows:

SUBCHAPTER I. PRIMARY STROKE CENTER DESIGNATION

Sec. 241.251. DEFINITION. In this subchapter, "executive commissioner" means the executive commissioner of the Health and Human Services Commission.

Sec. 241.252. DESIGNATION OF PRIMARY STROKE CENTER.

(a) The department shall designate a hospital as a primary stroke center in accordance with this chapter and rules adopted by the executive commissioner.

(b) The department may not designate a hospital as a primary stroke center unless the hospital is certified as a primary stroke center or facility by a national medical certification organization recognized for this purpose by the executive commissioner, such as the Joint Commission on Accreditation of Healthcare Organizations.

(c) The department shall develop an application procedure for a hospital to apply for designation as a primary stroke center. The department may develop materials designed to assist a hospital in qualifying for designation as a primary stroke center.

(d) The department may not limit the number of hospitals

1 that may be designated as primary stroke centers.

2 Sec. 241.253. USE OF DESIGNATION. A hospital may not use
3 the term "stroke facility," "stroke hospital," or "primary stroke
4 center" or similar terminology in its signs or advertisements or in
5 printed materials the hospital provides to the public unless the
6 hospital has been designated as a primary stroke center under this
7 subchapter.

8 Sec. 241.254. PUBLICATION OF DESIGNATION. (a) The
9 department may publish a list of primary stroke centers on its
10 website. A primary stroke center may decline to be listed on the
11 website.

12 (b) If the department publishes a list under Subsection (a),
13 the department shall notify all hospitals of:

14 (1) the hospital's right to be listed on the website;
15 (2) the qualifications needed to be listed as a
16 primary stroke center; and

17 (3) the application procedure to apply for a
18 designation as a primary stroke center.

19 (c) The department may send a list of primary stroke centers
20 and their locations to all emergency medical services providers and
21 fire departments.

22 Sec. 241.255. TEMPORARY LAPSE OF QUALIFICATIONS. (a)
23 Except as provided by Subsection (b), designation of a hospital as a
24 primary stroke center terminates on the date the hospital ceases to
25 qualify for that designation, as determined under rules of the
26 executive commissioner.

27 (b) A hospital designated as a primary stroke center that

1 ceases to qualify for the designation may continue to use the
2 designation if the hospital:

3 (1) reasonably expects to qualify for the designation
4 on or before the 90th day after the date the hospital ceases to
5 qualify for the designation; and

6 (2) notifies the department and each emergency medical
7 services provider located in the region for which the hospital
8 provides primary stroke services, as determined by the department,
9 of the temporary lapse in qualification and the expected date the
10 hospital will again qualify for designation as a primary stroke
11 center.

12 (c) The designation of a hospital designated as a primary
13 stroke center that continues to use the designation during a lapse
14 in qualification in compliance with Subsection (b) terminates on
15 the 91st day after the date the hospital first ceases to qualify if
16 the hospital does not again qualify for the designation before that
17 date.

18 (d) Not later than the fifth day after the date a
19 designation terminates under this section, the hospital shall
20 notify the department and each emergency medical services provider
21 described by Subsection (b) of the termination of the designation.

22 (e) A hospital that loses the designation of primary stroke
23 center under this section must reapply to again use the
24 designation.

25 SECTION 2. Section 773.050, Health and Safety Code, is
26 amended by adding Subsection (g) to read as follows:

27 (g) In establishing minimum standards for the licensing of

1 emergency medical services providers, the board shall require each
2 emergency medical services provider to integrate into the
3 provider's policies and procedures any stroke plan created under
4 Section 773.181 by the trauma service area regional advisory
5 council for the region of the emergency medical services provider.

6 SECTION 3. Chapter 773, Health and Safety Code, is amended
7 by adding Subchapter H to read as follows:

8 SUBCHAPTER H. STROKE TRAUMA PROCEDURES

9 Sec. 773.181. STROKE PLAN. (a) The trauma service area
10 regional advisory council for each region containing a primary
11 stroke center designated under Section 241.252 shall develop a
12 stroke plan for all emergency medical services providers operating
13 within the region.

14 (b) The plan must include:

15 (1) annual training requirements on stroke
16 recognition and treatment, including emergency screening
17 procedures;

18 (2) a list of appropriate early treatment supports to
19 stabilize the patient; and

20 (3) protocols for rapid transport to a primary stroke
21 center when rapid transport is appropriate.

22 Sec. 773.182. STROKE TRAINING. (a) The bureau shall ensure
23 that training required by the plan developed under Section 773.181
24 is available to emergency medical services personnel.

25 (b) The bureau shall provide emergency medical services
26 personnel with information the bureau receives on newly developed
27 stroke diagnostic approaches, technologies, or therapies.

1 SECTION 4. Chapter 487, Government Code, is amended by
2 adding Subchapter P to read as follows:

3 SUBCHAPTER P. RURAL HOSPITAL NEEDS GRANT

4 Sec. 487.701. DEFINITIONS. In this subchapter:

5 (1) "Rural community" means:

6 (A) a county that has a population of 150,000 or
7 less; or

8 (B) with respect to a county that has a
9 population of more than 150,000 and that contains a geographic area
10 that is not delineated as urbanized by the federal Census Bureau,
11 that part of the county that is not delineated as urbanized.

12 (2) "Hospital" has the meaning assigned by Section
13 241.003, Health and Safety Code.

14 Sec. 487.702. POWERS OF OFFICE. In administering this
15 subchapter, the office may:

16 (1) enter into and enforce contracts and execute and
17 deliver conveyances and other instruments necessary to make and
18 administer grants under this subchapter;

19 (2) employ personnel and counsel necessary to
20 implement this subchapter and pay them from money appropriated for
21 that purpose;

22 (3) impose and collect reasonable fees and charges in
23 connection with grants made under this subchapter; and

24 (4) adopt rules necessary to implement the grant
25 program.

26 Sec. 487.703. GRANT PROGRAM. (a) The office may use money
27 appropriated to the office for the Rural Hospital Needs Grant

1 Program to make a grant to assist a hospital located in a rural
2 community to qualify for designation as a primary stroke center
3 under Section 241.252, Health and Safety Code.

4 (b) A grant recipient may use the money only to:

5 (1) hire medical personnel trained in acute stroke
6 care;

7 (2) purchase medical equipment related to the
8 diagnosis, treatment, or prevention of stroke; or

9 (3) facilitate training in stroke care.

10 Sec. 487.704. ELIGIBILITY FOR GRANT. (a) The office shall
11 adopt rules that establish eligibility criteria for receiving a
12 grant under this subchapter.

13 (b) The rules must state generally the factors the office
14 will consider in determining whether an applicant should receive a
15 grant. The rules must consider at least the financial need of the
16 applicant, the health care needs of the rural area served by the
17 applicant, and the probability that the applicant will effectively
18 and efficiently use the money obtained through the grant to meet the
19 health care needs of the rural area served by the applicant.

20 SECTION 5. Chapter 93, Health and Safety Code, is amended by
21 adding Subchapter C to read as follows:

22 SUBCHAPTER C. PRIMARY STROKE CENTER GRANT PROGRAM

23 Sec. 93.101. DEFINITION. In this subchapter, "hospital"
24 has the meaning assigned by Section 241.003.

25 Sec. 93.102. POWERS OF COUNCIL. In administering this
26 subchapter, the department on behalf of the council, in accordance
27 with Section 93.004, may:

1 (1) enter into and enforce contracts and execute and
2 deliver conveyances and other instruments necessary to make and
3 administer grants under this subchapter;

4 (2) employ personnel and counsel necessary to
5 implement this subchapter and pay them from money appropriated for
6 that purpose;

7 (3) impose and collect reasonable fees and charges in
8 connection with grants made under this subchapter; and

9 (4) adopt rules necessary to implement the grant
10 program.

11 Sec. 93.103. GRANT PROGRAM. (a) The council may use money
12 appropriated to the council for the Primary Stroke Center Grant
13 Program to make a grant to assist a hospital designated as a primary
14 stroke center under Section 241.252.

15 (b) A grant recipient may use the money only to assist the
16 hospital in maintaining the hospital's designation as a primary
17 stroke center, including to:

18 (1) purchase supplies, equipment, or vehicles for
19 stroke diagnosis, treatment, or prevention;

20 (2) pay primary stroke center operating expenses;

21 (3) cover stroke education and training expenses;

22 (4) purchase communication systems used in emergency
23 medical services;

24 (5) promote public awareness of stroke warning signs,
25 emergency treatment, and prevention; or

26 (6) cover the costs of uncompensated care related to
27 stroke care.

1 Sec. 93.104. ELIGIBILITY FOR GRANT. (a) The council shall
2 adopt rules that establish eligibility criteria for receiving a
3 grant under this subchapter.

4 (b) The rules must state generally the factors the office
5 will consider in determining whether an applicant should receive a
6 grant. The rules must consider at least the financial need of the
7 applicant, the health care needs of the area served by the
8 applicant, and the probability that the applicant will effectively
9 and efficiently use the money obtained through the grant to meet the
10 health care needs of the area served by the applicant.

11 Sec. 93.105. RECIPIENT RESPONSIBILITY AGREEMENT. (a) The
12 council shall adopt rules that establish the responsibilities of a
13 recipient of a grant under the program.

14 (b) The rules must require each recipient of a grant under
15 the program to:

- 16 (1) engage in stroke awareness campaigns;
17 (2) create stroke education materials aimed at
18 low-income or minority populations at risk of stroke;
19 (3) provide mentoring for hospitals seeking
20 designation as a primary stroke center; and
21 (4) provide telemedicine services to hospitals in
22 underserved areas.

23 SECTION 6. A hospital is not required to comply with Section
24 241.253, Health and Safety Code, as added by this Act, before
25 September 1, 2006.

26 SECTION 7. This Act takes effect September 1, 2005.