

ACT 211

H.B. NO. 589

A Bill for an Act Relating to Stroke Care.

Be It Enacted by the Legislature of the State of Hawaii:

SECTION 1. The legislature finds that the rapid identification, diagnosis, and treatment of strokes can save the lives of stroke patients and, in some cases, can reverse neurological damage such as speech and language impairments or paralysis, leaving stroke patients with few or no neurological deficits. Despite significant advances in diagnosis, treatment, and prevention, stroke is a leading cause of death nationally and in Hawaii. An estimated 795,000 new and recurrent strokes occur each year in this country. With the aging of the population, the number of persons who have strokes is projected to increase. Although treatments are available to improve the clinical outcomes of stroke, acute care hospitals need sufficient trained staff and equipment to optimally triage and treat stroke patients. A system is needed in our communities to ensure the provision of optimal, safe, and effective emergency care in a timely manner to improve the overall treatment of stroke patients in order to increase survival and decrease incidents of disabilities associated with stroke. This system of care should include input and advice from national subject matter organizations such as the American Heart Association, American Stroke Association, and Brain Attack Coalition. The legislature further finds that the establishment of a stroke coalition and a stroke database will build on the work and infrastructure developed through S.C.R. No. 155 S.D. 1 (2013).

SECTION 2. Chapter 321, Hawaii Revised Statutes, is amended by adding a new part to be appropriately designated and to read as follows:

“PART . STROKE CARE

§321- Definitions. As used in this part, unless the context requires otherwise:

“Department” means the department of health.

“Stroke coalition” means a multi-organizational process of public, private, and nonprofit organizations working together for a common purpose to improve stroke outcomes throughout the State.

“Stroke database” means a stroke coalition-approved, existing, nationally recognized and validated data platform available to the department and all participating hospitals statewide and that has features to maintain confidentiality standards and data security.

§321- Stroke system of care; department duties. (a) The department shall participate in a systematic process to evaluate, improve, and sustain stroke care throughout the State to reduce death and disability from stroke. The stroke system of care shall include:

- (1) The requirement that hospitals meet specific stroke patient treatment capabilities that will ensure that stroke patients receive safe and effective care;
 - (2) The coordination with the State’s emergency medical services system to ensure that stroke patients are quickly identified, transported to, and treated in facilities that have specialized programs for providing timely and effective treatment for stroke patients to improve outcomes; and
 - (3) The continuation of a statewide stroke coalition to provide a mechanism to evaluate and improve stroke care in the State.
- (b) The department shall participate in the stroke coalition to:
- (1) Provide agreed upon state level reports of de-identified and aggregated data to the stroke coalition, government agencies, hospitals, researchers, and other interested parties that have a role in improving stroke care;
 - (2) Analyze data generated by the stroke database to identify potential interventions to improve stroke response and treatment;
 - (3) Identify issues related to early identification, triage, treatment, and transport of possible acute stroke patients;
 - (4) Encourage sharing of information and data among health care providers on ways to improve the quality of care of stroke patients in the State; and
 - (5) Develop and implement strategies to improve stroke early identification and treatment, including identifying specific hospital capabilities to receive, treat, and transfer stroke patients.

§321- Stroke database. (a) All acute care hospitals that receive stroke patients from emergency medical services shall report data consistent with requirements of the stroke database on the treatment of all individuals with a suspected or confirmed stroke.

(b) The department shall participate in a stroke database that compiles information and statistics on stroke care that aligns with the consensus stroke metrics developed and approved by national subject-matter organizations and utilize it to support the stroke coalition’s evaluation of stroke care in the State for performance improvement.

§321- Confidential information. The department and stroke coalition shall not disclose any confidential information or other data in violation of the federal and state privacy regulations.”

SECTION 3. This Act shall take effect upon its approval.

(Approved July 2, 2015.)