

**FIRST ENGROSSMENT
with Senate Amendments
ENGROSSED HOUSE BILL NO. 1175**

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.

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

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

6 **Definitions.**

7 As used in this chapter:

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

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

10 **Acute cardiovascular emergency medical system - Duties of state department of**
11 **health.**

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

17 a. A system plan.

18 b. Prehospital emergency medical services.

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

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

22 (2) Standards for evaluation and quality improvement programs for designated
23 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.
22 2. The proceedings and records of the program are not subject to subpoena, discovery,
23 or introduction into evidence in any civil action arising out of any matter that is the
24 subject of consideration by the program.

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

- 26 1. The state health officer shall appoint the members of the acute cardiovascular
27 emergency medical system of care advisory committee. The state health officer, or the
28 officer's designee, is an ex officio member of the advisory committee. The state health
29 officer shall appoint to the committee members who represent referring and receiving
30 hospitals, physicians who treat patients, and members who represent emergency
31 medical services operations that provide services in rural and urban areas of the state.

- 1 Members of the acute cardiovascular emergency medical system of care advisory
2 committee serve at the pleasure of the state health officer.
- 3 2. The purpose of the acute cardiovascular emergency medical system of care advisory
4 committee is to advise the department on the establishment of an effective system of
5 acute cardiovascular emergency care throughout the state and to take steps to ensure
6 and facilitate the implementation of the system of acute cardiovascular emergency
7 care. The advisory committee shall:
- 8 a. Encourage sharing of information and data among health care providers on ways
9 to improve the quality of care of acute cardiovascular patients in this state.
- 10 b. Facilitate the communication and analysis of health information and aggregate
11 data among health care professionals providing care for acute cardiovascular
12 events.
- 13 c. Advise the department on how best to require the application of evidence-based
14 treatment guidelines regarding the transitioning of patients to community-based
15 followup care in hospital outpatient, physician office, and ambulatory clinic
16 settings for ongoing care after hospital discharge following acute treatments.
- 17 d. Develop and advise the department to adopt a data oversight process and plan
18 for achieving continuous quality improvement in the quality of care provided
19 under the system of acute cardiovascular emergency care. The plan must be
20 based on aggregate data analysis and the identification of potential interventions
21 to improve heart attack care in geographic areas or regions of the state.
- 22 e. Recommend improvements for acute cardiovascular emergency medical system
23 response.
- 24 3. A physician serving as a member of the acute cardiovascular emergency medical
25 system of care advisory committee is immune from professional liability in providing
26 the advisory committee with voluntary medical direction.
- 27 4. Except for a member of the acute cardiovascular emergency medical system of care
28 advisory committee serving on the advisory committee in the member's capacity as a
29 department employee and who is therefore entitled to receive reimbursement of
30 mileage and expenses from the department, a member of the advisory committee
31 serves without compensation or reimbursement of mileage and expenses from the

1 department but may receive compensation and reimbursement from the advisory
2 committee member's employer or sponsoring entity.

3 **Standard of care.**

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