

HCS HB 1790 -- HEART ATTACK AND STROKE CENTERS

SPONSOR: Cooper (155)

COMMITTEE ACTION: Voted "do pass" by the Committee on Health Care Policy by a vote of 8 to 0.

Currently, a hospital can be designated as a trauma center, and severely injured patients will be transported to the nearest designated trauma center. This substitute changes the laws regarding hospital designation by the Department of Health and Senior Services to include a STEMI center and a stroke center if it meets the department's applicable level of STEMI or stroke center criteria. "ST-elevation myocardial infarction" (STEMI) is defined as a type of heart attack in which impaired blood flow to the heart is evidenced by findings in electrocardiogram analysis. The department is required to:

- (1) Compile and assess peer-reviewed and evidence-based clinical research and guidelines that provide or support recommended treatment standards;
- (2) Assess the capacity of the emergency medical services system and hospitals to deliver recommended treatments in a timely fashion;
- (3) Establish protocols for transporting STEMI patients to STEMI centers and stroke patients to stroke centers;
- (4) Establish regions within the state for coordinating the delivery of STEMI and stroke care;
- (5) Promote the development of regional or community-based plans for transporting STEMI and stroke patients to STEMI and stroke centers; and
- (6) Establish procedures for the submission of community-based or regional plans for department approval.

A community-based or regional plan must be submitted to the department for approval. Plans must be based on clinical research and guidelines and the capacity assessment of emergency medical services. Patients who suffer a STEMI or stroke will be transported to the nearest STEMI or stroke center.

FISCAL NOTE: Not available at time of printing.

PROPOSERS: Supporters say that the bill will provide better patient care, allows early treatment of STEMI and stroke patients, can decrease patient mortality, and creates a

coordinated and integrated system to treat STEMI and stroke patients.

Testifying for the bill were Representative Cooper (155); Department of Health and Senior Services; Missouri Ambulance Association; Metropolitan Ambulance Services Trust; Missouri Hospital Association; American Heart Association; Andrea Jackson, Genentech, Incorporated; Missouri State Medical Association; Missouri College of Emergency Physicians; Mark Alexander, State Advisory Council on Emergency Medical Services; Randall Davis; Missouri Academy of Family Physicians; Richard Correr; Kathy Davis, RN; Brian Froelke, MD; William Gilmore; and Cynthia Andrews, DO FACEP.

OPPONENTS: There was no opposition voiced to the committee.