

1 AN ACT relating to heart attack response and treatment.

2 *Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO  
4 READ AS FOLLOWS:

5 *As used in Sections 1 to 4 of this Act, unless the context requires otherwise,*  
6 *"department" means the Department for Public Health.*

7 ➔SECTION 2. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO  
8 READ AS FOLLOWS:

9 *(1) The department shall establish and implement a plan for achieving continuous*  
10 *quality improvement in the quality of care provided under a statewide system for*  
11 *heart attack response and treatment by designating licensed hospitals as:*

12 *(a) Level I Comprehensive Cardiac Center;*

13 *(b) Level II Primary Heart Attack Center; or*

14 *(c) Level III Acute Heart Attack Ready.*

15 *(2) A hospital may apply to the department in order to be recognized as Level I*  
16 *Comprehensive Cardiac Center, Level II Primary Heart Attack Center, or Level*  
17 *III Acute Heart Attack Ready hospital. If a hospital applies for recognition, it*  
18 *shall demonstrate, to the satisfaction of the department, that the hospital meets*  
19 *the applicable criteria set forth in Sections 1 to 4 of this Act.*

20 *(3) (a) A Level I Comprehensive Cardiac Center is a hospital that is certified as a*  
21 *Comprehensive Cardiac Center hospital by any certifying body which is a*  
22 *nationally recognized guidelines-based organization that provides*  
23 *comprehensive cardiac center certification for heart attack care. Each*  
24 *hospital shall maintain an active certification.*

25 *(b) The department shall recognize any hospital as a Level I Comprehensive*  
26 *Cardiac Center if it meets the criteria established in this subsection.*

27 *(4) (a) A Level II Primary Heart Attack Center is a hospital that is certified as a*

1           Primary Heart Attack Center by any certifying body which is a nationally  
2           recognized guidelines-based organization that provides primary heart attack  
3           center certification for heart attack care. Each hospital shall maintain an  
4           active certification.

5           (b) The department shall recognize any hospital as a Level II Primary Heart  
6           Attack Center if it meets the criteria established in this subsection.

7           (5) (a) A Level III Acute Heart Attack Ready hospital is a hospital that is certified  
8           as Acute Heart Attack Ready by any certifying body which is a nationally  
9           recognized guidelines-based organization that provides acute heart attack  
10           ready certification for heart attack care. Each hospital shall maintain an  
11           active certification.

12           (b) The department shall recognize any hospital as a Level III Acute Heart  
13           Attack Center if it meets the criteria established in this subsection.

14           (6) Level I Comprehensive Cardiac Centers, Level II Primary Heart Attack Centers,  
15           and Level III Acute Heart Attack Ready hospitals are encouraged to coordinate,  
16           through a coordinating heart attack care agreement, within their service area to  
17           provide appropriate access to care for acute heart attack patients. A coordinating  
18           heart attack care agreement shall be in writing and include at a minimum:

19           (a) Transfer protocols for the transport and acceptance of heart attack patients  
20           for treatment therapies which the transferring facility is not capable of  
21           providing; and

22           (b) Communication criteria and protocols that include but are not limited to  
23           telemedicine systems.

24           (7) The department may suspend or revoke a hospital's designation as Level I  
25           Comprehensive Cardiac Center, Level II Primary Heart Attack Center, or Level  
26           III Acute Heart Attack Ready if the department determines that the hospital is not  
27           in compliance with the requirements of Sections 1 to 4 of this Act.

1       ➔SECTION 3. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO  
2 READ AS FOLLOWS:

3       *(1) By June 1 of each year, the department shall send the list of recognized Level I*  
4       *Comprehensive Cardiac Centers, Level II Primary Heart Attack Centers, and*  
5       *Level III Acute Heart Attack Ready hospitals to the medical director of each*  
6       *licensed emergency medical services provider in this state. The department shall*  
7       *maintain a copy of the list in the office designated within the department to*  
8       *oversee emergency medical services and shall post on the department's Web site a*  
9       *list of Level I Comprehensive Cardiac Centers, Level II Primary Heart Attack*  
10       *Centers, and Level III Acute Heart Attack Ready hospitals.*

11       *(2) By June 1 of each year, in accordance with Section 5 of this Act, all emergency*  
12       *medical services authorities across the department shall establish pre-hospital*  
13       *care protocols related to the assessment, treatment, transport, and routing of*  
14       *heart attack patients by emergency medical services providers in this state. The*  
15       *protocols shall include the development and implementation of plans for the*  
16       *triage and transport of acute heart attack patients.*

17       *(3) All emergency medical services authorities across the state shall establish*  
18       *training requirements to ensure that licensed emergency medical services*  
19       *providers and 911 dispatch personnel receive regular training on the assessment*  
20       *and treatment of heart attack patients.*

21       ➔SECTION 4. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO  
22 READ AS FOLLOWS:

23       *The department shall, within one hundred twenty (120) days of the effective date of this*  
24       *Act, promulgate administrative regulations in accordance with KRS Chapter 13A to*  
25       *implement Sections 1 to 4 of this Act.*

26       ➔Section 5. KRS 311A.180 is amended to read as follows:

27       (1) Each emergency medical services medical director for an ambulance service, or

- 1 other emergency medical services provider, shall submit:
- 2 (a) His or her protocols, including the pre-hospital care protocols related to the  
3 assessment, treatment, and transport of stroke, trauma, cardiac arrest, and  
4 heart attack patients;
- 5 (b) His or her standing orders; and
- 6 (c) Similar medical control documents to the board for approval prior to placing  
7 the document in use.
- 8 (2) The medical advisor for the board shall review each document submitted to  
9 ascertain if it is in accordance with accepted standards of medical care and in  
10 accordance with the provisions of this chapter and administrative regulations  
11 promulgated thereunder. If the protocol, standing order, or other medical control  
12 document clearly violates the accepted standards of medical care, this chapter, or an  
13 administrative regulation, the medical advisor shall notify the emergency medical  
14 services medical director of the exact violation and recommend a correction thereof.
- 15 (3) Following review of protocol, standing order, and medical control documents and  
16 giving the emergency medical services medical director who submitted the  
17 documents an opportunity to review the medical advisor's comments, the medical  
18 advisor shall submit the documents together with his or her comments to the board  
19 for approval or disapproval.
- 20 (4) The board shall approve, disapprove, or approve with modifications protocol,  
21 standing order, and medical control documents submitted by the emergency medical  
22 services medical director at its next regular or special meeting following the  
23 submission of the documents.
- 24 (5) If a protocol, standing order, or other medical control document is disapproved by  
25 the board, the emergency medical services medical director who submitted it may  
26 appeal the decision to the Franklin Circuit Court. If the decision of the board is  
27 appealed to the Franklin Circuit Court, the board shall bear the burden of proving

1           that the protocol, standing order, or other medical control document violates the  
2           accepted standards of medical care, or an administrative regulation.

3   (6)   The board shall, by administrative regulation, specify a schedule for submission and  
4           prompt review and decision making with regard to protocols, standing orders, and  
5           medical control documents submitted to the board.