

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 1 Comprehensive Cardiac Center;*

13 *(b) Level 2 Primary Heart Attack Center; or*

14 *(c) Level 3 Acute Heart Attack Ready.*

15 *(2) A hospital shall apply to the department in order to be recognized as Level 1*
16 *Comprehensive Cardiac Center, Level 2 Primary Heart Attack Center, or Level 3*
17 *Acute Heart Attack Ready hospital and shall demonstrate, to the satisfaction of*
18 *the department, that the hospital meets the applicable criteria set forth in Sections*
19 *1 to 4 of this Act.*

20 *(3) (a) A Level 1 Comprehensive Cardiac Center is a hospital that is certified as a*
21 *Comprehensive Cardiac Center hospital by the American Heart*
22 *Association, the Joint Commission, or other department-approved certifying*
23 *body which is a nationally recognized guidelines-based organization that*
24 *provides comprehensive cardiac center certification for heart attack care.*
25 *Each hospital shall maintain an active certification.*

26 *(b) The department shall recognize any hospital as a Level 1 Comprehensive*
27 *Cardiac Center if it meets the criteria established in this subsection.*

- 1 (4) (a) A Level 2 Primary Heart Attack Center is a hospital that is certified as a
2 Primary Heart Attack Center by the American Heart Association, the Joint
3 Commission, or other department-approved certifying body which is a
4 nationally recognized guidelines-based organization that provides primary
5 heart attack center certification for heart attack care. Each hospital shall
6 maintain an active certification.
- 7 (b) The department shall recognize any hospital as a Level 2 Primary Heart
8 Attack Center if it meets the criteria established in this subsection.
- 9 (5) (a) A Level 3 Acute Heart Attack Ready hospital is a hospital that is certified as
10 Acute Heart Attack Ready by the American Heart Association, the Joint
11 Commission, or other department-approved certifying body which is a
12 nationally recognized guidelines-based organization that provides acute
13 heart attack ready certification for heart attack care. Each hospital shall
14 maintain an active certification.
- 15 (b) The department shall recognize any hospital as a Level 3 Acute Heart
16 Attack Center if it meets the criteria established in this subsection.
- 17 (6) Level 1 Comprehensive Cardiac Centers, Level 2 Primary Heart Attack Centers,
18 and Level 3 Acute Heart Attack Ready hospitals are encouraged to coordinate,
19 through a coordinating heart attack care agreement, within their service area to
20 provide appropriate access to care for acute heart attack patients. A coordinating
21 heart attack care agreement shall be in writing and include at a minimum:
- 22 (a) Transfer protocols for the transport and acceptance of heart attack patients
23 for treatment therapies which the transferring facility is not capable of
24 providing; and
- 25 (b) Communication criteria and protocols that include but are not limited to
26 telemedicine systems.
- 27 (7) The department may suspend or revoke a hospital's designation as Level 1

1 Comprehensive Cardiac Center, Level 2 Primary Heart Attack Center, or Level 3
2 Acute Heart Attack Ready if the department determines that the hospital is not in
3 compliance with the requirements of Sections 1 to 4 of this Act.

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

6 (1) By June 1 of each year, the department shall send the list of recognized Level 1
7 Comprehensive Cardiac Centers, Level 2 Primary Heart Attack Centers, and
8 Level 3 Acute Heart Attack Ready hospitals to the medical director of each
9 licensed emergency medical services provider in this state. The department shall
10 maintain a copy of the list in the office designated within the department to
11 oversee emergency medical services and shall post on the department's Web site a
12 list of Level 1 Comprehensive Cardiac Centers, Level 2 Primary Heart Attack
13 Centers, and Level 3 Acute Heart Attack Ready hospitals.

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

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

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

26 The department shall, within sixty (60) days of the effective date of this Act,
27 promulgate administrative regulations in accordance with KRS Chapter 13A to

1 **implement Sections 1 to 4 of this Act.**

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

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

1 the board, the emergency medical services medical director who submitted it may
2 appeal the decision to the Franklin Circuit Court. If the decision of the board is
3 appealed to the Franklin Circuit Court, the board shall bear the burden of proving
4 that the protocol, standing order, or other medical control document violates the
5 accepted standards of medical care, or an administrative regulation.

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