



State of Tennessee

PUBLIC CHAPTER NO. 722

SENATE BILL NO. 2513

By Ketron, Crowe

Substituted for: House Bill No. 2167

By Ramsey, Whitson, Hazlewood, Hardaway, Staples, Terry

AN ACT to amend Tennessee Code Annotated, Title 68, relative to treatment of stroke.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 11, is amended by adding the following as a new part:

68-11-2101. As used in this part:

- (1) "Board" means the board for licensing health care facilities;
- (2) "Capable of providing neuroendovascular treatment" means the capacity to:
 - (A) Properly assess, diagnose using advanced imaging devices, and treat stroke patients with complex cases of ischemic stroke, including emergent large vessel occlusion causing the loss of blood supply to a part of the brain and requiring immediate treatment at a facility with a trained team of neurointerventional surgeons, vascular neurologists, and assisting medical personnel; and
 - (B) Perform a mechanical thrombectomy twenty-four (24) hours per day, seven (7) days per week;
- (3) "Department" means the department of health;
- (4) "Stroke-related designation" means a designation including, but not limited to, a comprehensive stroke center, primary stroke center, acute stroke-ready hospital, or other stroke-related designation approved by rule by the board in consultation with the emergency medical services board.

68-11-2102.

(a) The board shall promulgate rules establishing a procedure for recognizing hospitals that have stroke-related designations.

(b) The board shall recognize a stroke-related designation for a hospital if the hospital has an active certification as a comprehensive stroke center, primary stroke center, or acute stroke-ready hospital from a department-approved nationally recognized certifying body or a corresponding certification from a department-approved nationally recognized certifying body recognizing the hospital as capable of providing neuroendovascular treatment. The hospital must maintain such certification in order to maintain recognition of its stroke-related designation.

(c) If a hospital does not comply with the procedure established by the board, then the board shall remove any reference to the facility's stroke-related designation from the board's website along with any materials demonstrating the facility's stroke-related designation.

SECTION 2. Tennessee Code Annotated, Title 68, Chapter 140, Part 3, is amended by adding the following as a new section:

68-140-328.

(a) The emergency medical services board shall promulgate rules establishing protocol guidelines for evidence-based pre-hospital assessment, treatment, education, and transport of stroke patients by emergency medical providers.

(b) Based on the protocol guidelines established by the board, each ambulance service shall establish and implement pre-hospital care protocol plans related to the assessment, triage, and transport of stroke patients. The protocol guidelines shall include specific language incorporating entry and transfer plans for patients with suspected large vessel occlusion to the most appropriate stroke-ready facility.

(c) Each licensed ambulance service in this state shall refer to protocol guidelines, as part of current training requirements, to assure that licensed emergency medical services personnel receive regular training on the assessment and treatment of stroke patients, including those most severe stroke cases, which may include a large vessel occlusion.

SECTION 3. For rulemaking purposes, this act shall take effect upon becoming a law, the public welfare requiring it. For all other purposes, this act shall take effect July 1, 2018, the public welfare requiring it.

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PASSED: March 29, 2018


RANDY McNALLY
SPEAKER OF THE SENATE


BETH HARWELL, SPEAKER
HOUSE OF REPRESENTATIVES

APPROVED this 12th day of April 2018


BILL HASLAM, GOVERNOR