

2021

STATE OF NEBRASKA

**STATUTES RELATING TO
STROKE SYSTEM OF CARE ACT**

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Department of Health and Human Services
Division of Public Health
Office of Emergency Health Systems

301 Centennial Mall South, Third Floor
PO Box 95026
Lincoln, NE 68509-5026

STATUE INDEX

STROKE SYSTEM OF CARE ACT

71-4201.	Act, how cited.
71-4202.	Legislative findings.
71-4203.	Terms, defined.
71-4204.	Designation of hospitals; department; duties.
71-4205.	Coordinating stroke care agreement; contents.
71-4206.	Plan for triage and transfer of acute stroke patients.
71-4207.	Stroke triage assessment tool; post on web site.
71-4208.	Emergency medical service; use of stroke triage assessment tool; establish protocols.
71-4209.	Stroke system of care task force; duties.
71-4210.	Statewide stroke data registry; data collection and release; powers and duties
71-419.	Hospital, defined.
71-401.	Act, how cited.

HEALTH CARE FACILITY LICENSURE ACT

71-401 to 71-475	Health Care Facility Licensure Act
71-401.	Act, how cited.

EMERGENCY MEDICAL SERVICES PRACTICE ACT

38-1201 to 38-1237	Emergency Medical Services Practice Act
38-1201.	Act, how cited.

NEBRASKA TELEHEALTH ACT

71-8503.	Terms, defined.
----------	-----------------

71-4201. Act, how cited.

Sections 71-4201 to 71-4209 shall be known and may be cited as the Stroke System of Care Act.

Source: Laws 2016, LB722, § 1.

71-4202. Legislative findings.

The Legislature finds that:

(1) Stroke is the fifth leading cause of death and the leading cause of disability according to the Centers for Disease Control and Prevention of the United States Public Health Service of the United States Department of Health and Human Services;

(2) Forecasting by the American Heart Association predicts stroke prevalence to increase by twenty-four and nine-tenths percent between 2010 and 2030;

(3) The cost of stroke continues to increase as total hospital charges for stroke in Nebraska increased by more than fifty-four million dollars between 2001 and 2010, from fifty-four million dollars to one hundred eight million dollars, with the average charge per stroke hospitalization at thirty-one thousand dollars in 2010 according to the 2011 Nebraska Heart Disease and Stroke Prevention Program and Data Summary by the Nebraska Department of Health and Human Services;

(4) The rapid identification, diagnosis, and treatment of stroke can save the lives of stroke patients and in some cases reverse neurological damage such as paralysis and speech and language impairments;

(5) An effective system is needed in Nebraska communities in order to treat stroke patients in a timely manner and to improve the overall outcomes of stroke patients; and

(6) Creation and enhancement of stroke systems of care provide patients the highest quality care while ensuring seamless transitions along the care continuum.

Source: Laws 2016, LB722, § 2.

71-4203. Terms, defined.

For purposes of the Stroke System of Care Act:

(1) Department means the Department of Health and Human Services; and

(2) Hospital means a hospital as defined in section 71-419 and licensed under the Health Care Facility Licensure Act.

Source: Laws 2016, LB722, § 3.

Cross References

- **Health Care Facility Licensure Act**, see section 71-401.

71-4204. Designation of hospitals; department; duties.

The department shall designate hospitals as comprehensive stroke centers, thrombectomy-capable stroke centers, primary stroke centers, or acute stroke-ready hospitals based on certification from the American Heart Association, the Joint Commission on Accreditation of Healthcare Organizations, or another nationally recognized, guidelines-based organization that provides certification for stroke care, as such certification existed on July 19, 2018. The department shall compile and maintain a list of such hospitals and post the list on the department's web site. Before June 1 of each year, the department shall send the list to the physician medical director of each

emergency medical service licensed pursuant to the Emergency Medical Services Practice Act.

Source: Laws 2016, LB722, § 4; Laws 2018, LB1034, § 66.

Cross References

- **Emergency Medical Services Practice Act**, see section 38-1201.

71-4205. Coordinating stroke care agreement; contents.

A hospital that is designated as a comprehensive stroke center, a thrombectomy-capable stroke center, or a primary stroke center may enter into a coordinating stroke care agreement with an acute stroke-ready hospital to provide appropriate access to care for acute stroke patients. The agreement shall be in writing and shall include, at a minimum:

(1) A transfer agreement for the transport and acceptance of any stroke patient seen by the acute stroke-ready hospital for stroke treatment therapies which the acute stroke-ready hospital is not capable of providing; and

(2) Communication criteria and protocol with the acute stroke-ready hospital.

Source: Laws 2016, LB722, § 5; Laws 2018, LB1034, § 67.

71-4206. Plan for triage and transfer of acute stroke patients.

Beginning on January 1, 2017, a hospital that does not have certification described under section 71-4204 shall have a predetermined plan for the triage and transfer of acute stroke patients and shall file the plan annually with the department.

Source: Laws 2016, LB722, § 6.

71-4207. Stroke triage assessment tool; post on web site.

The department shall adopt and distribute a nationally recognized, standardized stroke triage assessment tool. The department shall post the stroke triage assessment tool on the department's web site and provide a copy of the assessment tool to each emergency medical service licensed pursuant to the Emergency Medical Services Practice Act.

Source: Laws 2016, LB722, § 7.

Cross References

- **Emergency Medical Services Practice Act**, see section 38-1201.

71-4208. Emergency medical service; use of stroke triage assessment tool; establish protocols.

(1) Beginning on January 1, 2017, an emergency medical service licensed pursuant to the Emergency Medical Services Practice Act shall use a stroke triage assessment tool that is substantially similar to the stroke triage assessment tool adopted by the department under section 71-4207.

(2) Beginning on January 1, 2017, a licensed emergency medical service shall establish pre-hospital-care protocols related to the assessment, treatment, and transport of a stroke patient by the emergency medical service.

Source: Laws 2016, LB722, § 8.

Cross References

- **Emergency Medical Services Practice Act**, see section 38-1201.

71-4209. Stroke system of care task force; duties.

(1) The department shall establish a stroke system of care task force to address matters of triage, treatment, and transport of possible acute stroke patients. The task force shall include representation from the department, including a program created by the department to address chronic disease prevention and control issues including cardiovascular health, the Emergency Medical Services Program created by the department, and the Office of Rural Health, the American Stroke Association, the Nebraska State Stroke Association, hospitals designated as comprehensive stroke centers under the Stroke System of Care Act, hospitals designated as primary stroke centers under the act, hospitals designated as thrombectomy-capable stroke centers under the act, rural hospitals, physicians, and emergency medical services licensed pursuant to the Emergency Medical Services Practice Act.

(2) The task force shall provide advice and recommendations to the department regarding the implementation of the Stroke System of Care Act. The task force shall focus on serving both rural and urban areas. The task force shall provide advice regarding protocols for the assessment, stabilization, and appropriate routing of stroke patients by emergency medical services and for coordination and communication between hospitals, comprehensive stroke centers, primary stroke centers, and other support services necessary to assure all residents of Nebraska have access to effective and efficient stroke care.

(3) The task force shall recommend eligible essential health care services for acute stroke care provided through telehealth as defined in section 71-8503.

Source: Laws 2016, LB722, § 9; Laws 2018, LB1034, § 68.

Cross References

- **Emergency Medical Services Practice Act**, see section 38-1201.

71-4210. Statewide stroke data registry; data collection and release; powers and duties.

(1) The department in conjunction with the stroke system of care task force shall establish and implement an improvement plan for a comprehensive stroke system for stroke response and treatment. The department shall:

(a) Maintain a statewide stroke data registry that utilizes the American Heart Association's Get with the Guidelines stroke data set or a data tool with equivalent data measures and with confidentiality standards consistent with federal and state law and other health information and data collection, storage, and sharing requirements of the department;

(b) Require comprehensive stroke centers, thrombectomy-capable stroke centers, and primary stroke centers, and encourage other hospitals and emergency medical services, to report data consistent with nationally recognized guidelines on the treatment of individuals with a suspected stroke and transient ischemic attack within the state;

(c) Encourage sharing of information and data among health care providers on ways to improve the quality of care for stroke patients within the state; and

(d) Facilitate the communication and analysis of health information and data among health care professionals who provide care for stroke patients.

(2) The department shall establish a data oversight process for stroke response and treatment. The department shall provide for (a) the analysis of data generated by the

stroke registry on stroke response and treatment and (b) the identification of potential interventions to improve stroke care in geographic areas or regions of the state.

(3) All data and information developed or collected pursuant to the Stroke System of Care Act registry and the receipt and release of data from the Stroke System of Care Act registry is subject to and shall comply with sections 81-663 to 81-675. For purposes of the Stroke System of Care Act registry, data may be released as Class I data, Class II data, Class III data, or Class IV data as classified in section 81-667.

Source: Laws 2021, LB476, § 2.

71-419. Hospital, defined.

(1) Hospital means a facility where diagnosis, treatment, medical care, obstetrical care, nursing care, or related services are provided on an outpatient basis or on an inpatient basis for a period of more than twenty-four consecutive hours to persons who have an illness, injury, or deformity or to aged or infirm persons requiring or receiving convalescent care.

(2) Hospital includes a facility or part of a facility which provides space for a general acute hospital, a rehabilitation hospital, a long-term care hospital, a critical access hospital, or a psychiatric or mental hospital.

(3) Hospital does not include a health care practitioner facility in which persons do not receive care or treatment for a period of more than twenty-four consecutive hours.

Source: Laws 2000, LB 819, § 19.

71-401. Act, how cited.

Sections 71-401 to 71-475 shall be known and may be cited as the Health Care Facility Licensure Act.

Source: Laws 2000, LB 819, § 1; Laws 2001, LB 398, § 65; Laws 2004, LB 1005, § 1; Laws 2007, LB203, § 1; Laws 2009, LB288, § 31; Laws 2010, LB849, § 19; Laws 010, LB999, § 1; Laws 2011, LB34, § 1; Laws 2011, LB542, § 1; Laws 2012, LB1077, ; Laws 2013, LB459, § 1; Laws 2015, LB37, § 68; Laws 2016, LB698, § 17; Laws 016, LB722, § 12; Laws 2017, LB166, § 19; Laws 2018, LB731, § 92; Laws 2018, LB1034, § 50; Laws 2020, LB1052, § 5; Laws 2020, LB1053, § 3.

Note: The Revisor of Statutes has pursuant to section 49-769 correlated LB1052, section 5, with LB1053, section 3, to reflect all amendments.

Note: Changes made by LB1052 became effective November 14, 2020. Changes made by LB 1053 became operative January 1, 2021.

38-1201. Act, how cited.

Sections 38-1201 to 38-1237 shall be known and may be cited as the Emergency Medical Services Practice Act.

Source: Laws 1997, LB 138, § 1; Laws 2003, LB 242, § 128; R.S.1943, (2003), § 71-172; Laws 2007, LB463, § 485; Laws 2018, LB1034, § 8; Laws 2020, LB1002 § 11.

Operative Date: November 14, 2020

71-8503. Terms, defined.

For purposes of the Nebraska Telehealth Act:

- (1) Department means the Department of Health and Human Services;
- (2) Health care practitioner means a Nebraska Medicaid-enrolled provider who is licensed, registered, or certified to practice in this state by the department;
- (3) Telehealth means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care practitioner in the diagnosis or treatment of a patient. Telehealth includes services originating from a patient's home or any other location where such patient is located, asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a health care practitioner at another site for medical evaluation, and telemonitoring;
- (4) Telehealth consultation means any contact between a patient and a health care practitioner relating to the health care diagnosis or treatment of such patient through telehealth; and
- (5) Telemonitoring means the remote monitoring of a patient's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a health care practitioner for analysis and storage.

Source: Laws 1999, LB 559, § 3; Laws 2007, LB296, § 695; Laws 2014, LB1076, § 1.