House File 548 - Reprinted

HOUSE FILE 548
BY COMMITTEE ON HUMAN RESOURCES

(SUCCESSOR TO HF 274)

(As Amended and Passed by the House March 20, 2017)

A BILL FOR

An Act relating to continuous quality improvement for the care of individuals with stroke, and providing for contingent implementation.

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

Section 1. NEW SECTION. **135.191 Stroke care —— continuous quality improvement.**

1. A nationally certified comprehensive stroke center or a nationally certified primary stroke center operating in the state shall report to the statewide stroke database data consistent with nationally recognized guidelines on the treatment of individuals with confirmed cases of stroke within the state. If a nationally certified comprehensive stroke center or nationally certified primary stroke center does not comply with this subsection by reporting data consistent with nationally recognized guidelines, the department may request a review of the certification of the comprehensive stroke center or the primary stroke center by the certifying entity.

2. The department, in partnership with the university of Iowa college of public health, department of epidemiology, shall do all of the following:

a. Maintain or utilize a statewide stroke database that compiles information and statistics on stroke care which aligns with nationally recognized stroke consensus metrics.

b. Utilize the get with the guidelines-stroke data set platform 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.

c. Partner with national voluntary health organizations and stroke advocacy organizations that plan for achieving stroke care quality improvement to avoid duplication and redundancy.

d. Encourage nationally certified acute stroke-ready hospitals and emergency medical services agencies to report data consistent with nationally recognized guidelines on the treatment of individuals with confirmed cases of stroke within the state.

Sec. 2. CONTINGENT IMPLEMENTATION —— UTILIZATION OF EXISTING RESOURCES. Implementation of this Act shall not require the appropriation of additional funding to the

department of public health, but is contingent upon the utilization of existing resources by the department.