

BILL ANALYSIS

Senate Research Center
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S.B. 1177
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Health & Human Services
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AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Nearly 250,000 Americans experience ST-Elevation Myocardial Infarction (STEMI), the deadliest form of heart attack, each year. Thirty percent of STEMI patients fail to receive percutaneous coronary intervention (PCI) or thrombolytic therapy, a non-surgical procedure used to treat coronary arteries found in coronary heart disease. Many more do not receive this treatment within the recommended 90 minutes, even though such treatment greatly reduces the risk of death or debilitation.

The quicker a patient with this heart attack has the completely blocked artery reopened ("reperfusion"), the better the chances are for survival and less permanent damage to the heart.

A ready STEMI receiving center has the equipment, expertise, and facilities to administer PCI 24 hours a day and seven days a week regardless of diversion status of the emergency room.

A ready STEMI referring center can administer clot-busting medicines that meet the health care needs of STEMI patients; refer STEMI patients to STEMI receiving hospitals when rapid transport to a receiving center is not available; and treat STEMI patients with medications when it is not feasible for them to get to a STEMI Receiving hospital for treatment in a timely manner.

S.B. 1177 allow the executive commissioner of the Health and Human Services Commission to adopt rules by which hospitals can be designated as STEMI receiving or referring centers. This is similar to the designation for stroke centers the legislature adopted in 2005.

As proposed, S.B. 1177 amends current law relating to the designation of ST segment elevation myocardial infarction facilities.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 2 (Section 773.251, Health and Safety Code) and SECTION 3 of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 773.003, Health and Safety Code, by adding Subdivision (17-a) to define "hospital."

SECTION 2. Amends Chapter 773, Health and Safety Code, by adding Subchapter I, as follows:

SUBCHAPTER I. ST SEGMENT ELEVATION MYOCARDIAL INFARCTION SERVICES

Sec. 773.251. ST SEGMENT ELEVATION MYOCARDIAL INFARCTION FACILITIES. (a) Requires the executive commissioner of the Health and Human Services Commission (executive commissioner) to adopt rules for designating a hospital as an ST segment elevation myocardial infarction receiving center if the hospital has been accredited as a Mission: Lifeline ST Segment Elevation Myocardial Infarction Receiving Center by the Society for Cardiovascular Patient Care, the American Heart Association, or another nationally recognized organization that provides the accreditation.

(b) Requires the executive commissioner to adopt rules for designating a hospital as an ST segment elevation myocardial infarction referral center if the hospital has been accredited as a Mission: Lifeline ST Segment Elevation Myocardial Infarction Referral Center by the Society for Cardiovascular Patient Care, the American Heart Association, or another nationally recognized organization that provides the accreditation.

(c) Authorizes a hospital to apply to the Department of State Health Services (DSHS) for designation as an ST segment elevation myocardial infarction receiving center or an ST segment elevation myocardial infarction referral center, and requires DSHS to grant the designation if the facility meets the requirements for the designation under this section.

Sec. 773.252. SUSPENSION OR REVOCATION OF DESIGNATION. Authorizes DSHS to suspend or revoke a hospital's designation as an ST segment elevation myocardial infarction receiving center or an ST segment elevation myocardial infarction referral center, after notice and hearing, if DSHS determines that the hospital has not maintained the requirements for the designation under Section 773.251.

SECTION 3. Requires the executive commissioner to adopt the rules necessary to implement Subchapter I, Chapter 773, Health and Safety Code, as added by this Act, not later than January 1, 2014.

SECTION 4. Effective date: September 1, 2013.