

**First Regular Session  
Sixty-ninth General Assembly  
STATE OF COLORADO**

**PREAMENDED**

*This Unofficial Version Includes Committee  
Amendments Not Yet Adopted on Second Reading*

LLS NO. 13-0622.01 Christy Chase x2008

**SENATE BILL 13-225**

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**SENATE SPONSORSHIP**

**Giron,** Guzman, Aguilar, Newell, Nicholson

**HOUSE SPONSORSHIP**

**Ginal and Primavera,** Schafer

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

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**A BILL FOR AN ACT**

101     **CONCERNING THE DEVELOPMENT OF A SYSTEM TO IMPROVE QUALITY**  
102             **OF CARE TO PATIENTS SUFFERING SPECIFIED ACUTE INCIDENTS.**  
103     **\_\_\_\_\_**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/billsummaries>.)*

The bill requires the department of public health and environment (department) to:

- !     Develop a system for designating qualified hospitals as STEMI (heart attack) receiving centers, STEMI referring

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters indicate new material to be added to existing statute.  
Dashes through the words indicate deletions from existing statute.*

centers, comprehensive stroke centers, or primary stroke centers, as appropriate; and

- ! Maintain a STEMI database and a stroke database to collect data pertaining to individuals with confirmed STEMI heart attacks and strokes, respectively.

The bill requires hospitals designated as STEMI receiving centers, comprehensive stroke centers, and primary stroke centers to report to the respective databases and encourages all other hospitals to report data to the databases. The bill also allows for a designation of a hospital as an acute stroke-ready hospital if a national accreditation program becomes available, after which hospitals attaining that designation would also be required to report to the stroke database.

The department is required to submit an annual summary report to the governor and specified committees of the general assembly and to post the report on its web site.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, **add 25-3-114,**  
3 **25-3-115, and 25-3-116 as follows:**

4 **25-3-114. STEMI task force - creation - membership - duties**  
5 **- report - repeal.** (1) (a) **THERE IS HEREBY CREATED IN THE DEPARTMENT**  
6 **THE STEMI TASK FORCE. NO LATER THAN AUGUST 1, 2013, THE**  
7 **GOVERNOR SHALL APPOINT FIFTEEN MEMBERS TO THE TASK FORCE AS**  
8 **FOLLOWS:**

9 **(I) ONE MEMBER WHO IS A COLORADO RESIDENT REPRESENTING A**  
10 **NATIONAL ASSOCIATION WHOSE GOAL IS TO ELIMINATE CARDIOVASCULAR**  
11 **DISEASE AND STROKE;**

12 **(II) ONE MEMBER WHO IS A CARDIOLOGIST PRACTICING IN THIS**  
13 **STATE;**

14 **(III) ONE MEMBER WHO IS AN INTERVENTIONAL CARDIOLOGIST**  
15 **PRACTICING IN THE WESTERN SLOPE AREA OF THE STATE;**

16 **(IV) ONE MEMBER WHO IS AN INTERVENTIONAL CARDIOLOGIST**  
17 **PRACTICING IN THE FRONT RANGE AREA OF THE STATE;**

1           (V) ONE MEMBER REPRESENTING A STATEWIDE ASSOCIATION OF  
2           CARDIOLOGISTS;

3           (VI) ONE MEMBER REPRESENTING A STATEWIDE ASSOCIATION OF  
4           PHYSICIANS;

5           (VII) ONE MEMBER REPRESENTING A STATEWIDE HOSPITAL  
6           ASSOCIATION;

7           (VIII) ONE MEMBER REPRESENTING AN EMERGENCY PHYSICIANS  
8           ASSOCIATION;

9           (IX) ONE MEMBER WHO IS AN EMERGENCY MEDICAL SERVICE  
10          PROVIDER, AS DEFINED IN SECTION 25-3.5-103 (8);

11          (X) ONE MEMBER WHO IS A REGISTERED NURSE INVOLVED IN  
12          CARDIAC CARE;

13          (XI) ONE HOSPITAL ADMINISTRATOR FROM A HOSPITAL LOCATED  
14          IN A RURAL AREA OF THE STATE;

15          (XII) ONE HOSPITAL ADMINISTRATOR FROM A HOSPITAL LOCATED  
16          IN AN URBAN AREA OF THE STATE;

17          (XIII) ONE MEMBER OF THE PUBLIC WHO HAS SUFFERED A STEMI  
18          HEART ATTACK; AND

19          (XIV) TWO MEMBERS WITH EXPERTISE IN CARDIOVASCULAR DATA  
20          REGISTRIES, ONE OF WHOM IS A CARDIOLOGIST.

21          (b) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OR THE  
22          EXECUTIVE DIRECTOR'S DESIGNEE SHALL SERVE AS AN EX OFFICIO MEMBER  
23          OF THE TASK FORCE.

24          (2) (a) THE TASK FORCE SHALL STUDY AND MAKE  
25          RECOMMENDATIONS FOR DEVELOPING A STATEWIDE PLAN TO IMPROVE  
26          QUALITY OF CARE TO STEMI PATIENTS. IN CONDUCTING THE STUDY, THE  
27          TASK FORCE SHALL EXPLORE THE FOLLOWING ISSUES, WITHOUT

1 LIMITATION:

2 (I) CREATION OF A STATE DATABASE OR REGISTRY CONSISTING OF  
3 DATA ON STEMI CARE THAT MIRRORS THE DATA HOSPITALS SUBMIT TO  
4 NATIONALLY RECOGNIZED ORGANIZATIONS;

5 (II) ACCESS TO AGGREGATED STEMI DATA, WHICH MUST  
6 EXCLUDE ANY IDENTIFYING OR CONFIDENTIAL INFORMATION ABOUT THE  
7 REPORTING HOSPITAL OR PATIENTS TREATED BY THE HOSPITAL, FROM A  
8 STATE DATABASE THAT MAY BE DEVELOPED OR FROM A NATIONALLY  
9 RECOGNIZED ORGANIZATION;

10 (III) A PLAN THAT WOULD ENCOURAGE RURAL AND URBAN  
11 HOSPITALS TO COORDINATE SERVICES FOR THE NECESSARY REFERRAL OR  
12 RECEIPT OF PATIENTS REQUIRING STEMI CARE IN THE STATE; AND

13 (IV) THE CRITERIA USED BY NATIONALLY RECOGNIZED BODIES FOR  
14 DESIGNATING A HOSPITAL IN STEMI CARE AND WHETHER A DESIGNATION  
15 IS APPROPRIATE OR NEEDED TO ASSURE ACCESS TO THE BEST QUALITY  
16 CARE FOR COLORADO RESIDENTS WITH STEMI EVENTS..

17 (b) BY JANUARY 31, 2014, THE TASK FORCE SHALL SUBMIT AN  
18 INITIAL REPORT, AND BY JULY 31, 2015, THE TASK FORCE SHALL SUBMIT  
19 ITS FINAL REPORT, SPECIFYING ITS FINDINGS AND RECOMMENDATIONS TO  
20 THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, THE  
21 HEALTH, INSURANCE, AND ENVIRONMENT COMMITTEE OF THE HOUSE OF  
22 REPRESENTATIVES, OR THEIR SUCCESSOR COMMITTEES, AND THE  
23 DEPARTMENT. THE TASK FORCE SHALL INCLUDE IN ITS REPORTS A  
24 RECOMMENDATION ON WHETHER A DESIGNATION OF A HOSPITAL IN STEMI  
25 CARE IS APPROPRIATE OR NEEDED TO ASSURE ACCESS TO THE BEST  
26 QUALITY CARE FOR COLORADO RESIDENTS WITH STEMI EVENTS.

27 (3) THE DEPARTMENT MAY ACCEPT AND EXPEND, SUBJECT TO

1 APPROPRIATION BY THE GENERAL ASSEMBLY, GIFTS, GRANTS, AND  
2 DONATIONS TO PAY THE DIRECT EXPENSES OF THE TASK FORCE. THE  
3 DEPARTMENT SHALL TRANSMIT ANY MONETARY GIFTS, GRANTS, OR  
4 DONATIONS IT RECEIVES TO THE STATE TREASURER FOR DEPOSIT IN THE  
5 HEALTH FACILITIES GENERAL LICENSURE CASH FUND, AND THOSE MONEYS  
6 MAY BE USED ONLY TO PAY THE DIRECT EXPENSES OF THE TASK FORCE.

7 (4) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE  
8 REQUIRES:

9 (a) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH  
10 AND ENVIRONMENT.

11 (b) "STEMI" MEANS ST-ELEVATION MYOCARDIAL INFARCTION.

12 (5) THIS SECTION IS REPEALED, EFFECTIVE AUGUST 1, 2015.

13 **25-3-115. Stroke advisory board - creation - membership -**  
14 **duties - report - repeal.** (1) (a) THERE IS HEREBY CREATED IN THE  
15 DEPARTMENT THE STROKE ADVISORY BOARD, THE PURPOSE OF WHICH IS  
16 TO EVALUATE POTENTIAL STRATEGIES FOR STROKE PREVENTION AND  
17 TREATMENT AND DEVELOP A STATEWIDE NEEDS ASSESSMENT IDENTIFYING  
18 RELEVANT RESOURCES. NO LATER THAN AUGUST 1, 2013, THE GOVERNOR  
19 SHALL APPOINT SEVENTEEN MEMBERS TO THE STROKE ADVISORY BOARD  
20 AS FOLLOWS:

21 (I) SIX PHYSICIANS WHO ARE ACTIVELY INVOLVED IN STROKE CARE  
22 AND WHO SATISFY THE FOLLOWING CRITERIA: ONE PHYSICIAN WHO IS  
23 BOARD-CERTIFIED IN PRIMARY CARE; ONE PHYSICIAN WHO IS  
24 BOARD-CERTIFIED IN VASCULAR NEUROLOGY; ONE PHYSICIAN WHO IS  
25 PRIVILEGED AND ACTIVELY PRACTICING INTERVENTIONAL  
26 NEURORADIOLOGY; ONE PHYSICIAN WHO IS BOARD-CERTIFIED IN  
27 NEUROSURGERY; ONE PHYSICIAN REPRESENTING A STATEWIDE CHAPTER

1 OF EMERGENCY PHYSICIANS; AND ONE PHYSICIAN WHO IS A  
2 BOARD-CERTIFIED NEUROLOGIST SERVING PATIENTS IN A RURAL AREA OF  
3 THE STATE;

4 (II) ONE MEMBER REPRESENTING A STATEWIDE ASSOCIATION OF  
5 PHYSICIANS;

6 (III) ONE MEMBER REPRESENTING A STATEWIDE HOSPITAL  
7 ASSOCIATION;

8 (IV) ONE MEMBER WHO IS AN EMERGENCY MEDICAL SERVICE  
9 PROVIDER, AS DEFINED IN SECTION 25-3.5-103 (8);

10 (V) ONE MEMBER WHO IS A REGISTERED NURSE INVOLVED IN  
11 STROKE CARE;

12 (VI) ONE HOSPITAL ADMINISTRATOR FROM A HOSPITAL LOCATED  
13 IN A RURAL AREA OF THE STATE;

14 (VII) ONE HOSPITAL ADMINISTRATOR FROM A HOSPITAL LOCATED  
15 IN AN URBAN AREA OF THE STATE;

16 (VIII) ONE REPRESENTATIVE FROM A STROKE REHABILITATION  
17 FACILITY;

18 (IX) ONE MEMBER WHO IS A COLORADO RESIDENT REPRESENTING  
19 A NATIONAL ASSOCIATION WHOSE GOAL IS TO ELIMINATE  
20 CARDIOVASCULAR DISEASE AND STROKE;

21 (X) ONE MEMBER WHO IS A PHYSICAL OR OCCUPATIONAL  
22 THERAPIST ACTIVELY INVOLVED IN STROKE CARE;

23 (XI) ONE MEMBER OF THE PUBLIC WHO HAS SUFFERED A STROKE  
24 OR IS THE CARE GIVER OF A PERSON WHO HAS SUFFERED A STROKE; AND

25 (XII) ONE MEMBER WHO IS AN EXPERT IN STROKE DATABASE  
26 MANAGEMENT.

27 (b) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OR THE

1 EXECUTIVE DIRECTOR'S DESIGNEE SHALL SERVE AS AN EX OFFICIO MEMBER  
2 OF THE STROKE ADVISORY BOARD.

3 (2) (a) THE STROKE ADVISORY BOARD SHALL STUDY AND MAKE  
4 RECOMMENDATIONS FOR DEVELOPING A STATEWIDE PLAN TO IMPROVE  
5 QUALITY OF CARE FOR STROKE PATIENTS. IN CONDUCTING THE STUDY, THE  
6 STROKE ADVISORY BOARD SHALL EXPLORE THE FOLLOWING ISSUES,  
7 WITHOUT LIMITATION:

8 (I) CREATION OF A STATE DATABASE OR REGISTRY CONSISTING OF  
9 DATA ON STROKE CARE THAT MIRRORS THE DATA HOSPITALS SUBMIT TO  
10 NATIONALLY RECOGNIZED ORGANIZATIONS;

11 (II) ACCESS TO AGGREGATED STROKE DATA, WHICH MUST  
12 EXCLUDE ANY IDENTIFYING OR CONFIDENTIAL INFORMATION ABOUT THE  
13 REPORTING HOSPITAL OR PATIENTS TREATED BY THE HOSPITAL, FROM A  
14 STATE DATABASE THAT MAY BE DEVELOPED OR FROM A NATIONALLY  
15 RECOGNIZED ORGANIZATION BY THE ADVISORY BOARD, BY ANY PERSON  
16 WHO SUBMITS A WRITTEN REQUEST FOR THE DATA;

17 (III) EVALUATION OF CURRENTLY AVAILABLE STROKE  
18 TREATMENTS AND THE DEVELOPMENT OF RECOMMENDATIONS, BASED ON  
19 MEDICAL EVIDENCE, FOR WAYS TO IMPROVE STROKE PREVENTION AND  
20 TREATMENT;

21 (IV) A PLAN THAT WOULD ENCOURAGE RURAL AND URBAN  
22 HOSPITALS TO COORDINATE SERVICES FOR THE NECESSARY REFERRAL OR  
23 RECEIPT OF PATIENTS REQUIRING STROKE CARE IN THE STATE; AND

24 (V) THE CRITERIA USED BY NATIONALLY RECOGNIZED BODIES FOR  
25 DESIGNATING A HOSPITAL IN STROKE CARE AND WHETHER A DESIGNATION  
26 IS APPROPRIATE OR NEEDED TO ASSURE ACCESS TO THE BEST QUALITY  
27 CARE FOR COLORADO RESIDENTS WITH STROKE EVENTS.

1           (b) BY JANUARY 31, 2014, AND BY EACH JANUARY 1 THEREAFTER,  
2           THE STROKE ADVISORY BOARD SHALL SUBMIT A REPORT SPECIFYING ITS  
3           FINDINGS AND RECOMMENDATIONS TO THE HEALTH AND HUMAN SERVICES  
4           COMMITTEE OF THE SENATE, THE HEALTH, INSURANCE, AND ENVIRONMENT  
5           COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR THEIR SUCCESSOR  
6           COMMITTEES, AND THE DEPARTMENT. THE STROKE ADVISORY BOARD  
7           SHALL INCLUDE IN ITS REPORT A RECOMMENDATION ON WHETHER A  
8           DESIGNATION OF A HOSPITAL IN STROKE CARE IS APPROPRIATE OR NEEDED  
9           TO ASSURE ACCESS TO THE BEST QUALITY CARE FOR COLORADO  
10           RESIDENTS WITH STROKE EVENTS.

11           (3) THE DEPARTMENT MAY ACCEPT AND EXPEND, SUBJECT TO  
12           APPROPRIATION BY THE GENERAL ASSEMBLY, GIFTS, GRANTS, AND  
13           DONATIONS TO PAY THE DIRECT EXPENSES OF THE STROKE ADVISORY  
14           BOARD. THE DEPARTMENT SHALL TRANSMIT ANY MONETARY GIFTS,  
15           GRANTS, OR DONATIONS IT RECEIVES TO THE STATE TREASURER FOR  
16           DEPOSIT IN THE HEALTH FACILITIES GENERAL LICENSURE CASH FUND, AND  
17           THOSE MONEYS MAY BE USED ONLY TO PAY THE DIRECT EXPENSES OF THE  
18           STROKE ADVISORY BOARD.

19           (4) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE  
20           REQUIRES, "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH  
21           AND ENVIRONMENT.

22           (5) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2018.  
23           PRIOR TO THE REPEAL, THE DEPARTMENT OF REGULATORY AGENCIES  
24           SHALL REVIEW THE FUNCTIONS OF THE STROKE ADVISORY BOARD IN  
25           ACCORDANCE WITH SECTION 2-3-1203, C.R.S.

26           **25-3-116. Department recognition of national certification -**  
27           **suspension or revocation of recognition.** (1) A HOSPITAL THAT HAS AN



1 ACCREDITATION, CERTIFICATION, OR DESIGNATION IN STROKE OR STEMI  
2 CARE FROM A NATIONALLY RECOGNIZED ACCREDITING BODY, INCLUDING  
3 BUT NOT LIMITED TO A CERTIFICATION AS A COMPREHENSIVE STROKE  
4 CENTER OR PRIMARY STROKE CENTER BY THE JOINT COMMISSION ON  
5 ACCREDITATION OF HEALTH CARE ORGANIZATIONS AND PROGRAMS OR ITS  
6 SUCCESSOR ORGANIZATION OR AN ACCREDITATION AS A STEMI  
7 RECEIVING CENTER OR STEMI REFERRAL CENTER BY THE SOCIETY FOR  
8 CARDIOVASCULAR PATIENT CARE OR ITS SUCCESSOR ORGANIZATION, MAY  
9 SEND INFORMATION AND SUPPORTING DOCUMENTATION TO THE  
10 DEPARTMENT. THE DEPARTMENT SHALL MAKE A HOSPITAL'S NATIONAL  
11 ACCREDITATION, CERTIFICATION, OR DESIGNATION AVAILABLE TO THE  
12 PUBLIC IN A MANNER DETERMINED BY THE DEPARTMENT.

13 (2) THE DEPARTMENT SHALL DEEM A HOSPITAL THAT IS  
14 CURRENTLY ACCREDITED, CERTIFIED, OR DESIGNATED BY A NATIONALLY  
15 RECOGNIZED ACCREDITING BODY AS SATISFYING THE REQUIREMENTS FOR  
16 RECOGNITION AND PUBLICATION BY THE DEPARTMENT. THE DEPARTMENT  
17 MAY SUSPEND OR REVOKE A RECOGNITION AND PUBLICATION OF A  
18 HOSPITAL'S ACCREDITATION, CERTIFICATION, OR DESIGNATION IF THE  
19 DEPARTMENT DETERMINES, AFTER NOTICE AND HEARING IN ACCORDANCE  
20 WITH THE "STATE ADMINISTRATIVE PROCEDURE ACT", ARTICLE 4 OF TITLE  
21 24, C.R.S., THAT THE HOSPITAL NO LONGER HOLDS AN ACTIVE  
22 ACCREDITATION, CERTIFICATION, OR DESIGNATION FROM A NATIONALLY  
23 RECOGNIZED CERTIFYING BODY.

24 (3) WHETHER A HOSPITAL ATTAINS A NATIONAL ACCREDITATION,  
25 CERTIFICATION, OR DESIGNATION IN STROKE OR STEMI CARE HAS NO  
26 BEARING ON, OR CONNECTION WITH, THE LICENSING OR CERTIFICATION OF  
27 THE HOSPITAL BY THE DEPARTMENT PURSUANT TO SECTION 25-1.5-103 (1)

1 (a).

2 (4) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE  
3 REQUIRES:

4 (a) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH  
5 AND ENVIRONMENT.

6 (b) "STEMI" MEANS ST-ELEVATION MYOCARDIAL INFARCTION.

7 SECTION 2. In Colorado Revised Statutes, 2-3-1203, add (3)  
8 (ee.5) as follows:

9 2-3-1203. Sunset review of advisory committees. (3) The  
10 following dates are the dates for which the statutory authorization for the  
11 designated advisory committees is scheduled for repeal:

12 (ee.5) SEPTEMBER 1, 2018:

13 (I) THE STROKE ADVISORY BOARD CREATED IN SECTION 25-3-115,  
14 C.R.S.:

15 SECTION 3. Safety clause. The general assembly hereby finds,  
16 determines, and declares that this act is necessary for the immediate  
17 preservation of the public peace, health, and safety.