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SENATE BILL 81

52ND LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2015

INTRODUCED BY

Howie C. Morales and Conrad James

AN ACT

RELATING TO HEALTH CARE; AMENDING A SECTION OF THE PUBLIC HEALTH ACT TO PROVIDE FOR EXPANDED SOURCES OF ACCREDITATION FOR STROKE CENTERS AND PRE-HOSPITALIZATION PROTOCOLS FOR EMERGENCY MEDICAL SERVICES AUTHORITIES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 24-1-34 NMSA 1978 (being Laws 2012, Chapter 4, Section 1) is amended to read:

"24-1-34. PRIMARY STROKE CENTERS--COMPREHENSIVE STROKE CENTERS--ACUTE STROKE CAPABLE CENTERS--DEPARTMENT CERTIFICATION--RULEMAKING.--

A. In accordance with department rules, the department shall certify any acute care hospital as a primary stroke center, comprehensive stroke center or acute stroke capable center if that hospital has been accredited by the

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1 joint commission or any other nationally recognized accrediting
2 body as a primary stroke center, comprehensive stroke center or
3 acute stroke capable center [by the joint commission]. The
4 department shall post information regarding certification on
5 the department's web site. If a hospital loses [~~joint~~
6 ~~commission certification~~] accreditation as a primary stroke
7 center, comprehensive stroke center or acute stroke capable
8 center, the secretary shall also remove that hospital's
9 certification.

10 B. In accordance with department rules, the
11 emergency medical systems bureau of the department shall work
12 in coordination with all local and regional emergency medical
13 services authorities statewide on the development of pre-
14 hospitalization protocols related to the assessment, treatment
15 and transport of stroke patients by licensed emergency medical
16 services providers. These protocols shall include, at a
17 minimum, plans for the triage and transport of stroke patients
18 to the closest comprehensive or primary stroke center or, when
19 appropriate, to an acute stroke capable center.

20 [~~B-~~] C. The secretary may adopt rules to assist and
21 encourage primary stroke centers to enter into coordinated
22 stroke care agreements with other health care facilities
23 throughout the state to provide appropriate access to care for
24 acute stroke patients."

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