

Second Regular Session
Seventieth General Assembly
STATE OF COLORADO

PREAMENDED

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

LLS NO. 16-0682.01 Christy Chase x2008

HOUSE BILL 16-1357

HOUSE SPONSORSHIP

Primavera,

SENATE SPONSORSHIP

Garcia and Cooke,

House Committees

Public Health Care & Human Services

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING IMPLEMENTATION OF THE STEMI TASK FORCE**
102 **RECOMMENDATIONS FOR THE DEVELOPMENT OF A SYSTEM TO**
103 **IMPROVE THE QUALITY OF CARE TO PATIENTS WHO SUFFER**
104 **HEART ATTACKS.**

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>.)

In 2013, the general assembly enacted SB 13-225, which established a task force in the department of public health and environment (department) to study and make recommendations for

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.

developing a statewide plan to improve quality of care to STEMI heart attack patients. ("STEMI" is an acronym for ST-elevation myocardial infarctions.) The study was to explore, among other things, the creation of a database for collecting data on STEMI care and access to aggregated STEMI data from the database for purposes of improving STEMI heart attack care.

The bill implements the following recommendations of the task force, with some modifications:

- ! Requires hospitals that are recognized as heart attack receiving centers to report to a specified national heart attack database data that is consistent with nationally recognized guidelines on individuals with confirmed heart attacks within the state;
- ! Upon receipt of quarterly reports from the heart attack database, requires hospitals to submit those reports to the department for Colorado-specific data analysis;
- ! Establishes a heart attack advisory committee in the department to provide general technical expertise on matters related to heart attack care and data analysis; and
- ! Allows the department to share blinded data from the database with the heart attack advisory committee.

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

2 **SECTION 1.** In Colorado Revised Statutes, 25-3-100.5, **add** (2),
3 (3), (4), (5), (6), and (7) as follows:

4 **25-3-100.5. Definitions.** As used in this article, unless the context
5 otherwise requires:

6 (2) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH
7 AND ENVIRONMENT.

8 (3) "HEART ATTACK ADVISORY COMMITTEE" MEANS THE HEART
9 ATTACK ADVISORY COMMITTEE CREATED IN SECTION 25-3-114.

10 (4) "HEART ATTACK DATABASE" MEANS THE NCDR ACTION
11 REGISTRY.

12 (5) "NCDR ACTION REGISTRY" MEANS A NATIONAL REGISTRY
13 DESIGNED FOR HEART ATTACK DATA THAT IS A PRODUCT OF THE NATIONAL

1 CARDIOVASCULAR DATA REGISTRY (NCDR) DEVELOPED BY THE
2 AMERICAN COLLEGE OF CARDIOLOGY OR ITS SUCCESSOR ENTITY.

3 (6) "PCI CENTER" MEANS A HOSPITAL THAT PERFORMS
4 PERCUTANEOUS CORONARY INTERVENTION (PCI), COMMONLY KNOWN AS
5 CORONARY ANGIOPLASTY, FOR ACUTE MYOCARDIAL INFARCTION.

6 (7) "RETAC" HAS THE SAME MEANING AS SET FORTH IN SECTION
7 25-3.5-703 (6.8).

8 **SECTION 2.** In Colorado Revised Statutes, **recreate and**
9 **reenact, with amendments,** 25-3-114 as follows:

10 **25-3-114. Heart attack advisory committee - creation -**
11 **membership - duties - definitions - repeal.** (1) (a) THERE IS HEREBY
12 CREATED IN THE DEPARTMENT THE HEART ATTACK ADVISORY COMMITTEE.
13 NO LATER THAN NOVEMBER 1, 2016, THE GOVERNOR SHALL APPOINT TEN
14 MEMBERS TO THE ADVISORY COMMITTEE AS FOLLOWS:

15 (I) ONE MEMBER WHO IS AN INTERVENTIONAL CARDIOLOGIST
16 PRACTICING IN THE STATE;

17 (II) ONE MEMBER WHO IS A PRACTICING CARDIOLOGIST IN THE
18 STATE AND WHO REPRESENTS A STATEWIDE ASSOCIATION OF PHYSICIANS;

19 (III) ONE MEMBER REPRESENTING AN EMERGENCY PHYSICIANS
20 ASSOCIATION;

21 (IV) TWO MEMBERS WHO ARE EMERGENCY MEDICAL SERVICE
22 PROVIDERS, AS DEFINED IN SECTION 25-3.5-103 (8), NONE OF WHOM MAY
23 BE FROM THE SAME RETAC GEOGRAPHIC AREA AND ONE OF WHOM
24 PROVIDES SERVICES IN A RURAL AREA OF THE STATE;

25 (V) ONE MEMBER WHO IS A REGISTERED NURSE OR PHYSICIAN
26 ASSISTANT INVOLVED IN CARDIAC CARE;

27 (VI) ONE REPRESENTATIVE OF A HOSPITAL LOCATED IN A RURAL

1 AREA OF THE STATE;

2 (VII) ONE REPRESENTATIVE OF A HOSPITAL LOCATED IN AN URBAN
3 AREA OF THE STATE;

4 (VIII) ONE MEMBER OF THE PUBLIC WHO HAS SUFFERED A HEART
5 ATTACK; AND

6 (IX) ONE MEMBER WITH EXPERTISE IN CARDIOVASCULAR DATA
7 REGISTRIES.

8

9 (b) MEMBERS OF THE HEART ATTACK ADVISORY COMMITTEE
10 SERVE WITHOUT COMPENSATION AND ARE NOT ENTITLED TO
11 REIMBURSEMENT OF EXPENSES INCURRED IN SERVING ON OR PERFORMING
12 DUTIES OF THE ADVISORY COMMITTEE.

13 (c) (I) MEMBERS OF THE HEART ATTACK ADVISORY COMMITTEE
14 SHALL SERVE FOUR-YEAR TERMS OF OFFICE; EXCEPT THAT OF THE
15 MEMBERS INITIALLY APPOINTED, FIVE MEMBERS SHALL SERVE INITIAL
16 THREE-YEAR TERMS AND FIVE MEMBERS SHALL SERVE INITIAL TWO-YEAR
17 TERMS. NO MEMBER SHALL SERVE MORE THAN TWO CONSECUTIVE
18 FOUR-YEAR TERMS.

19 (II) IF A VACANCY OCCURS ON THE HEART ATTACK ADVISORY
20 COMMITTEE, THE GOVERNOR SHALL APPOINT A NEW MEMBER WHO MEETS
21 THE QUALIFICATIONS OF THE MEMBER BEING REPLACED, AND THE NEW
22 MEMBER SHALL SERVE FOR THE REMAINDER OF THE VACATING MEMBER'S
23 UNEXPIRED TERM.

24 (III) MEMBERS OF THE HEART ATTACK ADVISORY COMMITTEE
25 SERVE AT THE PLEASURE OF THE GOVERNOR AND CONTINUE IN OFFICE
26 UNTIL THE MEMBER'S SUCCESSOR IS APPOINTED.

27 (d) THE HEART ATTACK ADVISORY COMMITTEE SHALL ELECT A

1 CHAIR AND VICE CHAIR FROM AMONG ITS MEMBERS.

2 (e) THE HEART ATTACK ADVISORY COMMITTEE SHALL MEET AT
3 LEAST QUARTERLY AND MORE FREQUENTLY AS NECESSARY TO FULFILL ITS
4 DUTIES.

5 (2) THE HEART ATTACK ADVISORY COMMITTEE SHALL PROVIDE
6 GENERAL TECHNICAL EXPERTISE TO THE DEPARTMENT ON MATTERS
7 RELATED TO HEART ATTACK CARE AND DATA ANALYSIS AND SHALL:

8 (a) REVIEW QUARTERLY REPORTS OF BLINDED DATA GENERATED
9 BY THE HEART ATTACK DATABASE AND PROVIDED TO THE ADVISORY
10 COMMITTEE BY THE DEPARTMENT IN ACCORDANCE WITH SECTION
11 25-3-117;

12 (b) CONTINUOUSLY EVALUATE AND MAKE RECOMMENDATIONS TO
13 IMPROVE HEART ATTACK CARE IN GEOGRAPHIC AREAS OR REGIONS OF THE
14 STATE; AND

15 (c) PROVIDE RECOMMENDATIONS TO THE DEPARTMENT AND THE
16 GENERAL ASSEMBLY FOR IMPROVING THE SYSTEM OF HEART ATTACK CARE
17 AND DELIVERY AT THE STATE █ LEVEL.

18 (3) THE DEPARTMENT SHALL:

19 (a) FACILITATE THE RECOGNITION AND PUBLICATION SYSTEM
20 UNDER SECTION 25-3-116; AND

21 (b) FACILITATE THE HEART ATTACK ADVISORY COMMITTEE'S DATA
22 REVIEW PURSUANT TO PARAGRAPH (a) OF SUBSECTION (2) OF THIS
23 SECTION.

24 (4) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2026.
25 PRIOR TO THE REPEAL, THE DEPARTMENT OF REGULATORY AGENCIES
26 SHALL REVIEW THE FUNCTIONS OF THE HEART ATTACK ADVISORY
27 COMMITTEE IN ACCORDANCE WITH SECTION 2-3-1203, C.R.S.

1 **SECTION 3.** In Colorado Revised Statutes, 25-3-116, **amend** (1)
2 and (3); and **repeal** (4) (a) as follows:

3 **25-3-116. Department recognition of national certification -**
4 **suspension or revocation of recognition - definitions.** (1) A hospital
5 that has an accreditation, certification, or designation in stroke or STEMI
6 care from a nationally recognized accrediting body, including ~~but not~~
7 ~~limited to~~ a certification as a comprehensive stroke center or primary
8 stroke center by the joint commission on accreditation of health care
9 organizations and programs or its successor organization, or an
10 accreditation as a STEMI receiving center or STEMI referral center by
11 the ~~Society for~~ OF Cardiovascular Patient Care or its successor
12 organization, may send information and supporting documentation to the
13 department. The department shall make a hospital's national accreditation,
14 certification, or designation available to the public in a manner
15 determined by the department.

16 (3) Whether a hospital attains a national accreditation,
17 certification, or designation in stroke or STEMI care has no bearing on,
18 or connection with, the licensing or certification of the hospital by the
19 department pursuant to section 25-1.5-103 (1) (a).

20 (4) As used in this section, unless the context otherwise requires:

21 (a) ~~"Department" means the department of public health and~~
22 ~~environment.~~

23 **SECTION 4.** In Colorado Revised Statutes, **add** 25-3-117 as
24 follows:

25 **25-3-117. Heart attack database - hospitals to report data on**
26 **heart attack care - department to analyze data.** (1) (a) HOSPITALS
27 ~~THAT ARE ACCREDITED BY THE SOCIETY OF CARDIOVASCULAR PATIENT~~

1 CARE OR ITS SUCCESSOR ORGANIZATION AS A STEMI RECEIVING CENTER
2 SHALL REPORT TO THE HEART ATTACK DATABASE DATA THAT IS
3 CONSISTENT WITH NATIONALLY RECOGNIZED GUIDELINES ON INDIVIDUALS
4 WITH CONFIRMED HEART ATTACKS WITHIN THE STATE. WITHIN THIRTY
5 DAYS AFTER RECEIVING A QUARTERLY REPORT OF A HOSPITAL'S HEART
6 ATTACK DATA FROM THE HEART ATTACK DATABASE, A HOSPITAL
7 ACCREDITED AS A STEMI RECEIVING CENTER SHALL SUBMIT THE REPORT
8 TO THE DEPARTMENT.

9 (b) HOSPITALS THAT ARE RECOGNIZED AS STEMI REFERRAL
10 CENTERS PURSUANT TO SECTION 25-3-116 AND PCI CENTERS THAT ARE
11 NOT ACCREDITED AS HEART ATTACK RECEIVING CENTERS ARE
12 ENCOURAGED TO REPORT DATA TO THE HEART ATTACK DATABASE AND
13 PROVIDE QUARTERLY DATABASE REPORTS TO THE DEPARTMENT.

14 (2) (a) INFORMATION OBTAINED BY THE DEPARTMENT PURSUANT
15 TO THIS SECTION:

16 (I) IS PRIVILEGED AND STRICTLY CONFIDENTIAL;

17 (II) IS NOT SUBJECT TO CIVIL SUBPOENA, NOT DISCOVERABLE, AND
18 NOT ADMISSIBLE IN A CIVIL, CRIMINAL, OR ADMINISTRATIVE PROCEEDING
19 AGAINST A HEALTH CARE FACILITY OR HEALTH CARE PROFESSIONAL;

20 (III) IS NOT DIRECTLY AVAILABLE TO THE PUBLIC; AND

21 (IV) SHALL BE USED ONLY FOR THE EVALUATION AND
22 IMPROVEMENT OF HOSPITAL STEMI CARE.

23 (b) WITH REGARD TO INFORMATION OBTAINED PURSUANT TO THIS
24 SECTION, THE DEPARTMENT SHALL PROTECT THE CONFIDENTIALITY OF
25 PATIENT RECORDS IN ACCORDANCE WITH STATE AND FEDERAL LAWS AND
26 SHALL NOT DISCLOSE PUBLICLY OR TO THE HEART ATTACK ADVISORY
27 COMMITTEE ANY IDENTIFYING OR PROPRIETARY INFORMATION OF ANY

1 HOSPITAL, HOSPITAL ADMINISTRATOR, HEALTH CARE PROFESSIONAL, OR
2 EMPLOYEE.

3 (3) UPON RECEIPT OF QUARTERLY REPORTS SPECIFIED IN
4 SUBSECTION (1) OF THIS SECTION AND SUBJECT TO THE LIMITATIONS
5 SPECIFIED IN SUBSECTION (2) OF THIS SECTION, THE DEPARTMENT SHALL:

6 (a) SHARE HEART ATTACK DATA FROM THE QUARTERLY REPORTS,
7 IN AGGREGATED FORMAT EXCLUDING ANY IDENTIFYING OR CONFIDENTIAL
8 INFORMATION, WITH THE HEART ATTACK ADVISORY COMMITTEE; AND

9 (b) WITH THE HEART ATTACK ADVISORY COMMITTEE, UTILIZE THE
10 DATA TO CONDUCT COLORADO-SPECIFIC ANALYSES OF GAPS IN CARE USING
11 THE NCDR ACTION REGISTRY STANDARDS FOR DATA USE.

12 (4) THE DEPARTMENT SHALL SIGN A LETTER OF COMMITMENT WITH
13 THE AMERICAN COLLEGE OF CARDIOLOGY OR ITS SUCCESSOR BODY TO
14 ENSURE COMPLIANCE WITH CONFIDENTIALITY REQUIREMENTS AND, AS
15 PART OF THE LETTER OF COMMITMENT, REQUEST REPORTING MEASURES
16 AND METRICS AT THE NATIONAL LEVEL FOR BENCHMARKING PURPOSES.

17 **SECTION 5.** In Colorado Revised Statutes, 2-3-1203, **add** (3)
18 (mm) (II) as follows:

19 **2-3-1203. Sunset review of advisory committees.** (3) The
20 following dates are the dates on which the statutory authorization for the
21 designated advisory committee is scheduled for repeal:

22 (mm) September 1, 2026:

23 (II) THE HEART ATTACK ADVISORY COMMITTEE CREATED IN
24 SECTION 25-3-114, C.R.S.

25 **SECTION 6. Safety clause.** The general assembly hereby finds,
26 determines, and declares that this act is necessary for the immediate
27 preservation of the public peace, health, and safety.