

SB225 L.001

SENATE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Human Services.

SB13-225 be amended as follows:

1 Amend printed bill, strike everything below the enacting clause and  
2 substitute:

3 "SECTION 1. In Colorado Revised Statutes, add 25-3-114,  
4 25-3-115, and 25-3-116 as follows:

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

9 (I) THE GOVERNOR SHALL APPOINT FIFTEEN MEMBERS TO THE TASK  
10 FORCE AS FOLLOWS:

11 (A) ONE MEMBER WHO IS A COLORADO RESIDENT REPRESENTING  
12 A NATIONAL ASSOCIATION WHOSE GOAL IS TO ELIMINATE  
13 CARDIOVASCULAR DISEASE AND STROKE;

14 (B) ONE MEMBER WHO IS A CARDIOLOGIST PRACTICING IN THIS  
15 STATE;

16 (C) ONE MEMBER WHO IS AN INTERVENTIONAL CARDIOLOGIST  
17 PRACTICING IN THE WESTERN SLOPE AREA OF THE STATE;

18 (D) ONE MEMBER WHO IS AN INTERVENTIONAL CARDIOLOGIST  
19 PRACTICING IN THE FRONT RANGE AREA OF THE STATE;

20 (E) ONE MEMBER REPRESENTING A STATEWIDE ASSOCIATION OF  
21 CARDIOLOGISTS;

22 (F) ONE MEMBER REPRESENTING A STATEWIDE ASSOCIATION OF  
23 PHYSICIANS;

24 (G) ONE MEMBER REPRESENTING A STATEWIDE HOSPITAL  
25 ASSOCIATION;

26 (H) ONE MEMBER REPRESENTING AN EMERGENCY PHYSICIANS  
27 ASSOCIATION;

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

30 (J) ONE MEMBER WHO IS A REGISTERED NURSE INVOLVED IN  
31 CARDIAC CARE;

32 (K) ONE HOSPITAL ADMINISTRATOR FROM A HOSPITAL LOCATED  
33 IN A RURAL AREA OF THE STATE;

34 (L) ONE HOSPITAL ADMINISTRATOR FROM A HOSPITAL LOCATED IN  
35 AN URBAN AREA OF THE STATE;

36 (M) ONE MEMBER OF THE PUBLIC WHO HAS SUFFERED A STEMI  
37 HEART ATTACK; AND

1 (N) TWO MEMBERS WITH EXPERTISE IN CARDIOVASCULAR DATA  
2 REGISTRIES, ONE OF WHOM IS A CARDIOLOGIST.

3 (II) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES AND THE  
4 PRESIDENT OF THE SENATE SHALL EACH APPOINT ONE MEMBER OF THE  
5 GENERAL ASSEMBLY TO THE TASK FORCE, NEITHER OF WHOM SHALL BE  
6 FROM THE SAME POLITICAL PARTY AS THE OTHER.

7 (b) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OR THE  
8 EXECUTIVE DIRECTOR'S DESIGNEE SHALL SERVE AS AN EX OFFICIO MEMBER  
9 OF THE TASK FORCE.

10 (2) (a) THE TASK FORCE SHALL STUDY AND MAKE  
11 RECOMMENDATIONS FOR DEVELOPING A STATEWIDE PLAN TO IMPROVE  
12 QUALITY OF CARE TO STEMI PATIENTS. IN CONDUCTING THE STUDY, THE  
13 TASK FORCE SHALL EXPLORE THE FOLLOWING ISSUES, WITHOUT  
14 LIMITATION:

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

18 (II) ACCESS TO AGGREGATED STEMI DATA, WHICH MUST  
19 EXCLUDE ANY IDENTIFYING OR CONFIDENTIAL INFORMATION ABOUT THE  
20 REPORTING HOSPITAL OR PATIENTS TREATED BY THE HOSPITAL, FROM A  
21 STATE DATABASE THAT MAY BE DEVELOPED OR FROM A NATIONALLY  
22 RECOGNIZED ORGANIZATION; AND

23 (III) A PLAN THAT WOULD ENCOURAGE RURAL AND URBAN  
24 HOSPITALS TO COORDINATE SERVICES FOR THE NECESSARY REFERRAL OR  
25 RECEIPT OF PATIENTS REQUIRING STEMI CARE IN THE STATE.

26 (b) BY JANUARY 31, 2014, THE TASK FORCE SHALL SUBMIT AN  
27 INITIAL REPORT, AND BY JULY 31, 2015, THE TASK FORCE SHALL SUBMIT  
28 ITS FINAL REPORT, SPECIFYING ITS FINDINGS AND RECOMMENDATIONS TO  
29 THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE  
30 HEALTH, INSURANCE, AND ENVIRONMENT COMMITTEE OF THE HOUSE OF  
31 REPRESENTATIVES, OR THEIR SUCCESSOR COMMITTEES.

32 (3) THE DEPARTMENT MAY ACCEPT AND EXPEND, SUBJECT TO  
33 APPROPRIATION BY THE GENERAL ASSEMBLY, GIFTS, GRANTS, AND  
34 DONATIONS TO PAY THE DIRECT EXPENSES OF THE TASK FORCE. THE  
35 DEPARTMENT SHALL TRANSMIT ANY MONETARY GIFTS, GRANTS, OR  
36 DONATIONS IT RECEIVES TO THE STATE TREASURER FOR DEPOSIT IN THE  
37 HEALTH FACILITIES GENERAL LICENSURE CASH FUND, AND THOSE MONEYS  
38 MAY BE USED ONLY TO PAY THE DIRECT EXPENSES OF THE TASK FORCE.

39 (4) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE  
40 REQUIRES:

41 (a) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH

1 AND ENVIRONMENT.

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

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

4 **25-3-115. Stroke advisory board - creation - membership -**  
5 **duties - report - repeal.** (1) (a) THERE IS HEREBY CREATED IN THE  
6 DEPARTMENT THE STROKE ADVISORY BOARD, THE PURPOSE OF WHICH IS  
7 TO EVALUATE POTENTIAL STRATEGIES FOR STROKE PREVENTION AND  
8 TREATMENT AND DEVELOP A STATEWIDE NEEDS ASSESSMENT IDENTIFYING  
9 RELEVANT RESOURCES. THE STROKE ADVISORY BOARD CONSISTS OF  
10 NINETEEN MEMBERS, APPOINTED NO LATER THAN AUGUST 1, 2013, AS  
11 FOLLOWS:

12 (I) THE GOVERNOR SHALL APPOINT SEVENTEEN MEMBERS TO THE  
13 STROKE ADVISORY BOARD AS FOLLOWS:

14 (A) SIX PHYSICIANS WHO ARE ACTIVELY INVOLVED IN STROKE  
15 CARE AND WHO SATISFY THE FOLLOWING CRITERIA: ONE PHYSICIAN WHO  
16 IS BOARD-CERTIFIED IN PRIMARY CARE; ONE PHYSICIAN WHO IS  
17 BOARD-CERTIFIED IN VASCULAR NEUROLOGY; ONE PHYSICIAN WHO IS  
18 PRIVILEGED AND ACTIVELY PRACTICING INTERVENTIONAL  
19 NEURORADIOLOGY; ONE PHYSICIAN WHO IS BOARD-CERTIFIED IN  
20 NEUROSURGERY; ONE PHYSICIAN REPRESENTING A STATEWIDE CHAPTER  
21 OF EMERGENCY PHYSICIANS; AND ONE PHYSICIAN WHO IS A  
22 BOARD-CERTIFIED NEUROLOGIST SERVING PATIENTS IN A RURAL AREA OF  
23 THE STATE;

24 (B) ONE MEMBER REPRESENTING A STATEWIDE ASSOCIATION OF  
25 PHYSICIANS;

26 (C) ONE MEMBER REPRESENTING A STATEWIDE HOSPITAL  
27 ASSOCIATION;

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

30 (E) ONE MEMBER WHO IS A REGISTERED NURSE INVOLVED IN  
31 STROKE CARE;

32 (F) ONE HOSPITAL ADMINISTRATOR FROM A HOSPITAL LOCATED IN  
33 A RURAL AREA OF THE STATE;

34 (G) ONE HOSPITAL ADMINISTRATOR FROM A HOSPITAL LOCATED  
35 IN AN URBAN AREA OF THE STATE;

36 (H) ONE REPRESENTATIVE FROM A STROKE REHABILITATION  
37 FACILITY;

38 (I) ONE MEMBER WHO IS A COLORADO RESIDENT REPRESENTING A  
39 NATIONAL ASSOCIATION WHOSE GOAL IS TO ELIMINATE CARDIOVASCULAR  
40 DISEASE AND STROKE;

41 (J) ONE MEMBER WHO IS A PHYSICAL OR OCCUPATIONAL



1 THERAPIST ACTIVELY INVOLVED IN STROKE CARE;

2 (K) ONE MEMBER OF THE PUBLIC WHO HAS SUFFERED A STROKE OR  
3 IS THE CARE GIVER OF A PERSON WHO HAS SUFFERED A STROKE; AND

4 (L) ONE MEMBER WHO IS AN EXPERT IN STROKE DATABASE  
5 MANAGEMENT.

6 (II) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES AND THE  
7 PRESIDENT OF THE SENATE SHALL EACH APPOINT ONE MEMBER OF THE  
8 GENERAL ASSEMBLY TO THE TASK FORCE, NEITHER OF WHOM SHALL BE  
9 FROM THE SAME POLITICAL PARTY AS THE OTHER.

10 (c) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OR THE  
11 EXECUTIVE DIRECTOR'S DESIGNEE SHALL SERVE AS AN EX OFFICIO MEMBER  
12 OF THE STROKE ADVISORY BOARD.

13 (2) (a) THE STROKE ADVISORY BOARD SHALL STUDY AND MAKE  
14 RECOMMENDATIONS FOR DEVELOPING A STATEWIDE PLAN TO IMPROVE  
15 QUALITY OF CARE FOR STROKE PATIENTS. IN CONDUCTING THE STUDY, THE  
16 STROKE ADVISORY BOARD SHALL EXPLORE THE FOLLOWING ISSUES,  
17 WITHOUT LIMITATION:

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

21 (II) ACCESS TO AGGREGATED STROKE DATA, WHICH MUST  
22 EXCLUDE ANY IDENTIFYING OR CONFIDENTIAL INFORMATION ABOUT THE  
23 REPORTING HOSPITAL OR PATIENTS TREATED BY THE HOSPITAL, FROM A  
24 STATE DATABASE THAT MAY BE DEVELOPED OR FROM A NATIONALLY  
25 RECOGNIZED ORGANIZATION BY THE ADVISORY BOARD, BY ANY PERSON  
26 WHO SUBMITS A WRITTEN REQUEST FOR THE DATA;

27 (III) EVALUATION OF CURRENTLY AVAILABLE STROKE  
28 TREATMENTS AND THE DEVELOPMENT OF RECOMMENDATIONS, BASED ON  
29 MEDICAL EVIDENCE, FOR WAYS TO IMPROVE STROKE PREVENTION AND  
30 TREATMENT; AND

31 (IV) A PLAN THAT WOULD ENCOURAGE RURAL AND URBAN  
32 HOSPITALS TO COORDINATE SERVICES FOR THE NECESSARY REFERRAL OR  
33 RECEIPT OF PATIENTS REQUIRING STROKE CARE IN THE STATE.

34 (b) BY JANUARY 31, 2014, AND BY EACH JANUARY 1 THEREAFTER,  
35 THE STROKE ADVISORY BOARD SHALL SUBMIT A REPORT SPECIFYING ITS  
36 FINDINGS AND RECOMMENDATIONS TO THE HEALTH AND HUMAN SERVICES  
37 COMMITTEE OF THE SENATE AND THE HEALTH, INSURANCE, AND  
38 ENVIRONMENT COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR THEIR  
39 SUCCESSOR COMMITTEES.

40 (3) THE DEPARTMENT MAY ACCEPT AND EXPEND, SUBJECT TO  
41 APPROPRIATION BY THE GENERAL ASSEMBLY, GIFTS, GRANTS, AND



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

7 (4) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE  
8 REQUIRES, "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH  
9 AND ENVIRONMENT.

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

14 **25-3-116. Department recognition of national certification -**  
15 **suspension or revocation of recognition.** (1) A HOSPITAL THAT HAS AN  
16 ACCREDITATION, CERTIFICATION, OR DESIGNATION IN STROKE OR STEMI  
17 CARE FROM A NATIONALLY RECOGNIZED ACCREDITING BODY, INCLUDING  
18 BUT NOT LIMITED TO A CERTIFICATION AS A COMPREHENSIVE STROKE  
19 CENTER OR PRIMARY STROKE CENTER BY THE JOINT COMMISSION ON  
20 ACCREDITATION OF HEALTH CARE ORGANIZATIONS AND PROGRAMS OR ITS  
21 SUCCESSOR ORGANIZATION OR AN ACCREDITATION AS A STEMI  
22 RECEIVING CENTER OR STEMI REFERRAL CENTER BY THE SOCIETY FOR  
23 CARDIOVASCULAR PATIENT CARE OR ITS SUCCESSOR ORGANIZATION, MAY  
24 SEND INFORMATION AND SUPPORTING DOCUMENTATION TO THE  
25 DEPARTMENT. THE DEPARTMENT SHALL MAKE A HOSPITAL'S NATIONAL  
26 ACCREDITATION, CERTIFICATION, OR DESIGNATION AVAILABLE TO THE  
27 PUBLIC IN A MANNER DETERMINED BY THE DEPARTMENT.

28 (2) THE DEPARTMENT SHALL DEEM A HOSPITAL THAT IS  
29 CURRENTLY ACCREDITED, CERTIFIED, OR DESIGNATED BY A NATIONALLY  
30 RECOGNIZED ACCREDITING BODY AS SATISFYING THE REQUIREMENTS FOR  
31 RECOGNITION AND PUBLICATION BY THE DEPARTMENT. THE DEPARTMENT  
32 MAY SUSPEND OR REVOKE A RECOGNITION AND PUBLICATION OF A  
33 HOSPITAL'S ACCREDITATION, CERTIFICATION, OR DESIGNATION IF THE  
34 DEPARTMENT DETERMINES, AFTER NOTICE AND HEARING IN ACCORDANCE  
35 WITH THE "ADMINISTRATIVE PROCEDURES ACT", THAT THE HOSPITAL NO  
36 LONGER HOLDS AN ACTIVE ACCREDITATION, CERTIFICATION, OR  
37 DESIGNATION FROM A NATIONALLY RECOGNIZED CERTIFYING BODY.

38 (3) WHETHER A HOSPITAL ATTAINS A NATIONAL ACCREDITATION,  
39 CERTIFICATION, OR DESIGNATION IN STROKE OR STEMI CARE HAS NO  
40 BEARING ON, OR CONNECTION WITH, THE LICENSING OR CERTIFICATION OF  
41 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."

18 Page 1, line 102, strike "INCIDENTS," and substitute "INCIDENTS."

19 Page 1, strike lines 103 through 110.

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