



AN ACT REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO PLAN FOR IMPROVED DELIVERY OF CARE FOR CERTAIN HEART ATTACK PATIENTS; REQUIRING MONITORING OF A NATIONAL DATABASE; REQUIRING CERTAIN HOSPITALS TO PARTICIPATE IN THE DATABASE; REQUIRING A REPORT; PROVIDING DEFINITIONS; AND AMENDING SECTION 50-17-102, MCA.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 50-17-102, MCA, is amended to read:

"50-17-102. Definitions. As used in this chapter, unless the context clearly indicates otherwise, the following definitions apply:

(1) "Acute heart attack" means a heart attack that involves a prolonged period of blocked blood supply, affects a large area of the heart, and is measured by an elevation of the ST segment of an electrocardiogram.

~~(1)~~(2) "Approved course of treatment" means a course of treatment for tuberculosis that includes medical treatment prescribed by a physician and consistent with accepted medical standards, as well as appropriate followup to ensure public health and safety as set out in the rules of the department.

(3) "Critical access hospital" has the meaning provided in 50-5-101.

~~(2)~~(4) "Department" means the department of public health and human services provided for in 2-15-2201.

(5) "Emergency medical service" has the meaning provided in 50-6-302.

~~(3)~~(6) "Hospital" has the meaning provided in 50-5-101.

~~(4)~~(7) "Local board" means a city, county, city-county, or district board of health.

(8) "Receiving hospital" means a hospital capable of performing coronary revascularization for a patient suffering an acute heart attack.

~~(5)~~(9) "Treatment location" or "location" means a hospital or other place designated by a local health officer where the person diagnosed with tuberculosis must remain to be available for an approved course of treatment.

~~(6)~~(10) (a) "Tuberculosis" means a disease caused by mycobacterium tuberculosis or mycobacterium tuberculosis complex.

(b) The term does not include infection by mycobacterium bovis in a nonpulmonary site that is a result of instillation of bacille calmette-guerin as part of cancer therapy."

Section 2. Department monitoring of acute heart attack data -- reporting requirement. (1) The department shall undertake the following activities to achieve continuous quality improvement in the response to and treatment of acute heart attacks:

(a) monitor data reported to and analyses generated by a national data platform, including prehospital, hospital, and posthospital measures;

(b) identify potential interventions or practices to improve the response to acute heart attacks in Montana or in specific regions of the state;

(c) work with hospitals, critical access hospitals, and emergency medical service providers on the reporting of data and on using the results of data analysis; and

(d) make recommendations to the legislature and to hospitals, critical access hospitals, emergency medical service providers, and health care providers on ways to improve the response to and delivery of care for acute heart attacks.

(2) The department shall coordinate its efforts under [sections 2 through 4] with state and national organizations involved in quality improvement for acute heart attacks in order to avoid duplication of efforts.

(3) The department shall establish an oversight process and implement a plan for achieving continuous quality improvement in the quality of care provided for acute heart attacks, including the system response to and the treatment of acute heart attacks.

Section 3. Reporting and review of acute heart attack data. To improve the response to and treatment of acute heart attacks, the department shall:

(1) require receiving hospitals to report to the national data platform information consistent with nationally recognized guidelines on the treatment of individuals with confirmed acute heart attacks;

(2) encourage hospitals, critical access hospitals, and emergency medical service providers that refer patients suffering acute heart attacks to a receiving hospital to participate in the national data platform;

(3) encourage health care professionals who provide care to patients with acute heart attacks to share data and discuss ways to improve the quality of care for the patients;

(4) encourage the use of evidence-based treatment guidelines for helping patients obtain ongoing community-based followup care in outpatient settings after discharge from a hospital; and

(5) work with hospitals, critical access hospitals, and emergency medical service providers to develop recommendations for improving the delivery of care to patients suffering acute heart attacks.

Section 4. Confidentiality. (1) In reporting and reviewing data pursuant to [sections 2 through 4], the department, hospitals, critical access hospitals, emergency medical service providers, and health care professionals shall comply with any restrictions established on use of the information contained in the data platform the department is monitoring.

(2) Information obtained by the department pursuant to [sections 2 through 4] may be released only in a statistical, nonidentifiable form.

Section 5. Codification instruction. [Sections 2 through 4] are intended to be codified as an integral part of Title 50, chapter 17, and the provisions of Title 50, chapter 17, apply to [sections 2 through 4].

- END -

I hereby certify that the within bill,
SB 0205, originated in the Senate.

President of the Senate

Signed this _____ day
of _____, 2017.

Secretary of the Senate

Speaker of the House

Signed this _____ day
of _____, 2017.

SENATE BILL NO. 205

INTRODUCED BY A. OLSZEWSKI

AN ACT REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO PLAN FOR IMPROVED DELIVERY OF CARE FOR CERTAIN HEART ATTACK PATIENTS; REQUIRING MONITORING OF A NATIONAL DATABASE; REQUIRING CERTAIN HOSPITALS TO PARTICIPATE IN THE DATABASE; REQUIRING A REPORT; PROVIDING DEFINITIONS; AND AMENDING SECTION 50-17-102, MCA.