ASSEMBLY BILL No. 1882

Introduced by Assembly Member Arambula
(Coauthor: Assembly Member Portantino)

February 16, 2010

An act to add Section 1255.4 to the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 1882, as introduced, Arambula. Health facilities: chilling or therapeutic hypothermia.

Existing law provides for the licensure of health facilities, including general acute care hospitals, by the State Department of Public Health. The violation of these provisions is a misdemeanor.

This bill would require each general acute care hospital with an emergency department to adopt a protocol or policy establishing a procedure for assessing patients in the emergency room who are comatose after experiencing cardiac arrest, to determine if they are candidates for chilling or therapeutic hypothermia. The bill would require the protocol or policy to establish procedures for implementing the chilling, or inducing of hypothermia, of patients who are comatose after a cardiac arrest.

By creating a new crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

SECTION 1. The Legislature hereby finds and declares all of the following:

(a) Scientific and medical journals have reported on the usefulness of therapeutic hypothermia or chilling of patients who have suffered heart attack, cardiac arrest, or stroke. Procedures such as induced hypothermia are designed to protect endangered cells, prevent tissue death and preserve organ function following acute events associated with severe oxygen deprivation such as stroke or cardiac arrest.

(b) Therapeutic hypothermia is believed to work by protecting critical tissues and organs, including the brain, heart, and kidneys, following ischemic or inflammatory events, by lowering metabolism and preserving cellular energy stores, thereby potentially stabilizing cellular structure and preventing or reducing injuries at the cellular, tissue, and organ level.

(c) Two international clinical trials on hypothermia after cardiac arrest published in the New England Journal of Medicine demonstrated that induced hypothermia reduced mortality and improved long-term neurological function. Based on these and other results, the American Heart Association (AHA) and the International Liaison Committee on Resuscitation (ILCOR) have issued guidelines recommending that cardiac arrest victims be treated with induced hypothermia.

(d) In the United States and other developed countries, an estimated 1.4 million people experience cardiac arrest each year, of which an increasing number, currently about 350,000, survive to receive advanced care. The AHA guidelines now recommend the use of therapeutic cooling as part of the critical care procedures for patients with an out-of-hospital cardiac arrest following ventricular fibrillation.

(e) Therapeutic hypothermia is used to cool a patient's body in order to reduce cell death and damage caused by acute ischemic events in which blood flow to critical organs, such as the heart or brain is restricted, and to prevent or reduce associated injuries such as adverse neurological outcomes. Methods have been developed

that cool external or surface-based temperatures. There are additional procedures that can be used to cool body temperatures internally.

(f) Therapeutic hypothermia has been used to safely and effectively cool patients and represents an important new tool for protecting the brain from ischemia, especially in post cardiac arrest patients who are at higher risk of brain tissue damage due to the prolonged lack of blood flow.

(g) With the increase in survival of cardiac arrest victims resulting from the advent of automated external defibrillators, cooling patients is the next logical therapeutic approach, especially in light of the large body of supporting scientific literature. Guidelines issued by the AHA and ILCOR make recommendations for cardiac arrest victims to be treated with induced hypothermia.

(h) It is the intent of the Legislature that patients that have suffered cardiac arrest be assessed for the benefits of therapeutic hypothermia.

SEC. 2. Section 1255.4 is added to the Health and Safety Code, to read:

1255.4. (a) Each general acute care hospital with an emergency center shall adopt a protocol or policy that establishes a procedure for assessing a patient in the emergency center who is comatose after experiencing cardiac arrest, to determine if the patient is an eligible candidate for chilling or hypothermia therapy by weighing the benefits of the therapy for the patient and the subsequent effect upon the patient's recovery against the risks. This protocol or policy shall establish procedures for implementing the chilling, or inducing of hypothermia, of a patient who becomes comatose after a cardiac arrest.

(b) The hospital shall adopt procedures that require communication between the hospital emergency center and the hospital intensive care unit or other units to where the patient may be transferred during treatment by chilling or therapeutic hypothermia pursuant to the protocol or policy described in subdivision (a). The information communicated shall include the length of time the patient has been in chilling or hypothermia therapy, the emergency department assessment for the need for this treatment, and instructions or recommendations on how long the patient should continue to be treated with chilling or hypothermia therapy.

(c) When a comatose, cardiac arrest patient is being treated by chilling or hypothermia therapy or has been assessed by a general acute care hospital to be an eligible candidate for this therapy, and is subsequently transferred to the emergency room or intensive care unit of any other general acute care hospital, the transferring hospital shall inform that destination hospital of the patient assessment for and treatment with therapeutic hypothermia.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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