



Sub. H.B. 642*

123rd General Assembly

(As Reported by S. Health, Human Services & Aging)

Reps. Clancy, Barrett, Bender, Britton, Flannery, Grendell, Hartnett, Hollister, Jones, Krebs, Metzger, O'Brien, Pringle, Schuler, Van Vyven, Vesper, Winkler, Brading, Olman, R. Miller, Ogg, Verich, D. Miller, Terwilleger, Mead, Patton, Perry, Allen, Harris, Mettler, Tiberi, Cates, Wilson, Roman, Evans, James, Ford, Smith, Boyd, Stevens, Widener, Netzley, Gerberry, Corbin, Austria, Gooding, Salerno, DePiero

BILL SUMMARY

- Creates in the Department of Health the Council on Stroke Prevention and Education.
- Requires, to the extent funds are available, the Council to develop and implement a statewide public education program on stroke prevention and treatment, develop recommendations for physicians and other health care providers, and prepare a report describing the actions it has taken to fulfill its duties.
- Exempts the Council from the agency sunset provisions in existing law.

CONTENT AND OPERATION

Council on Stroke Prevention

(sec. 3701.90)

The bill creates in the Department of Health the Council on Stroke Prevention and Education. To the extent funds are available, the Department is required by the bill to provide office space and staff assistance for the Council.

* *This analysis was prepared before the report of the Senate Health, Human Services and Aging Committee appeared in the Senate Journal. Note that the list of co-sponsors and the legislative history may be incomplete.*

Duties

(sec. 3701.903)

To the extent funds are available, the Council is required by the bill to do all of the following:

(1) Develop and implement a comprehensive statewide public education program on stroke prevention, targeted to high-risk populations and geographic areas where there is a high incidence of stroke, that includes information developed or compiled by the Council on all of the following:

- (a) Healthy lifestyle practices that reduce the risk of stroke;
- (b) Signs and symptoms of stroke and actions to be taken when signs occur;
- (c) Determinants of high quality health care for stroke;
- (d) Other information the Council considers appropriate for inclusion in the public education program.

(2) Develop or compile for primary care physicians recommendations that address risk factors for stroke, appropriate screening for risk factors, early signs of stroke, and treatment strategies;

(3) Develop or compile for physicians and emergency health care providers recommendations on the initial treatment of stroke;

(4) Develop or compile for physicians and other health care providers recommendations on the long-term treatment of stroke;

(5) Develop or compile for physicians, long-term care providers, and rehabilitation providers recommendations on rehabilitation of stroke patients;

(6) Take other actions consistent with the purpose of the Council to ensure that the public and health care providers are informed with regard to the most effective treatment strategies for stroke prevention and treatment.

The bill provides that the Council may use information developed or made available by other public or private entities to meet these requirements.

The Department of Health is required by the bill to make information developed or compiled by the Council available to the public and disseminate to the appropriate persons the recommendations developed or compiled by the Council.



Membership

(sec. 3701.901)

The Council's membership is to consist of one representative of each of the following entities:

- (1) Brain Injury Association of Ohio;
- (2) Ohio Academy of Family Physicians;
- (3) American College of Emergency Physicians Ohio Chapter;
- (4) Ohio Chapter of the American College of Cardiology;
- (5) Ohio State Neurosurgical Society;
- (6) Ohio Heart and Vascular Research Foundation;
- (7) Ohio Geriatrics Society;
- (8) Ohio Nurses Association;
- (9) Ohio Association of Rehabilitation Facilities;
- (10) Ohio Hospital Association;
- (11) Northeast Ohio Stroke Association;
- (12) American Heart Association Ohio Valley Affiliate;
- (13) American Association of Retired Persons Ohio Office;
- (14) Ohio Department of Health;
- (15) Ohio Commission on Minority Health;
- (16) Ohio State Medical Association;
- (17) Ohio Osteopathic Association;
- (18) Ohio Physical Therapy Association;
- (19) A university research facility in Ohio specializing in biotechnology;
- (20) A health insuring corporation;



(21) A small employer;¹

(22) An employer that provides health benefits to its employees through a self-insurance program.

Council members are to be appointed by the Director of Health. The Director is required by the bill to request from each entity with a representative on the Council a list of three persons qualified to serve. In making appointments to the Council, the Director must select one member from each list. If the Director does not receive a list not later than 60 days after making a request, the Director is to appoint a member to serve as a representative of that entity. The Director must appoint as members of the Council no fewer than six persons who are authorized by Ohio law to practice medicine or osteopathic medicine. The chair and vice chair of the Council are to be selected by the Director from among Council members.

Compensation

(sec. 3701.902)

Members of the Council are to serve without compensation, but be reimbursed by the Department of Health, to the extent funds are available, for the actual and necessary expenses they incur in the performance of their official duties.

A member may serve on the Council until a replacement is appointed by the Director. Replacement members are to be appointed in the same manner as initial members.

Meetings

(secs. 3701.904 and 3701.906)

The Council is to meet at the call of the chair to conduct its official business. The Council is to meet at least once annually after issuing its report (see "**Report**" below) to review and make any necessary amendments to the recommendations it is to develop or compile for physicians and other health care providers. A majority of the voting members constitutes a quorum. The Council may take action only by an affirmative vote of a majority of a quorum.

¹ For the purposes of the bill, "small employer" is an employer that employed an average of at least two but no more than 50 eligible employees on business days during the preceding calendar year and employs at least two employees on the first day of a group health benefit plan year. (Sec. 3924.01, not in the bill.)



Report

(sec. 3701.905)

To the extent funds are available, the Council is required by the bill to prepare a report describing the actions the Council has taken to fulfill its duties under the bill. The report may include recommendations the Council deems appropriate. The Council must submit the report to the Governor, Director of Health, President and Minority Leader of the Senate, and Speaker and Minority Leader of the House of Representatives not later than June 1, 2002.

Exemption from sunset requirements

(sec. 3701.907)

Current law provides that a board or commission will cease to exist after four years unless legislation is enacted extending its existence. The bill exempts the Council from this provision.

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	04-05-00	p. 1778
Reported, H. Health, Retirement & Aging	05-10-00	p. 1940
Passed House (96-0)	05-23-00	pp. 2029-2030
Reported, S. Health, Human Services & Aging	---	---

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