



Ohio Legislative Service Commission

Bill Analysis

Carol Napp

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(As Introduced)

Reps. Boyd and Gardner, Barnes, Lundy, Murray, Garland, Ashford, Ramos, Goyal, Letson, Reece, Yuko, Antonio, Landis, Fende

BILL SUMMARY

- Replaces the Council on Stroke Prevention and Education with the Stroke System of Care Task Force.
- Requires the Task Force to make recommendations regarding the establishment of a statewide system for stroke response and treatment and requires the Department of Health to establish the system based on the recommendations.
- Requires the Department to maintain a stroke data registry using information it collects regarding the treatment of stroke patients.
- Requires the State Board of Emergency Medical Services to establish a standardized stroke assessment and protocol tool and requires emergency medical personnel to follow the tool when providing services to victims of stroke.
- Requires the Board to establish prehospital care protocols related to the assessment, treatment, and transport of stroke patients by emergency medical technicians.
- Requires the Department to recognize hospitals that are primary stroke centers and prohibits a hospital from representing itself as a primary stroke center without the Department's recognition.
- Permits the Department to recognize hospitals that are acute stroke-capable centers.
- Requires instruction in the assessment and treatment of stroke patients to be part of the training course or program that is required to obtain certification as an emergency service telecommunicator or emergency medical technician.

TABLE OF CONTENTS

Stroke System of Care Task Force	2
Statewide system for stroke response and treatment	2
Task Force recommendations	3
Implementation of recommendations by the Department.....	3
Task Force duties.....	4
Task Force membership and activities	5
Stroke treatment data.....	6
Collection of stroke treatment data	6
Stroke data registry	7
Release of information	7
Rulemaking	7
Standardized stroke assessment and protocol tool	7
Protocols for the triage of adult and pediatric trauma victims.....	8
Prehospital care protocols.....	9
Primary stroke centers	9
List of recognized centers	9
Suspension or revocation of recognition.....	10
Rules.....	10
Acute stroke-capable centers.....	10
Training in the assessment and treatment of stroke patients.....	11

CONTENT AND OPERATION

Stroke System of Care Task Force

The bill replaces the Council on Stroke Prevention and Education with the Stroke System of Care Task Force. The bill states that the Task Force's purpose is to address matters of triage, treatment, and transport of patients who may experience acute stroke. The Task Force, like the Council, is created in the Department of Health. The Department is required to provide office space and task assistance for the Task Force to the extent that funds are available.¹

Statewide system for stroke response and treatment

The bill requires the Task Force to make recommendations regarding the establishment of a statewide system for stroke response and treatment. The Department must then establish a statewide system based on the Task Force's recommendations.²

¹ R.C. 3701.90.

² R.C. 3701.909(B)(1) and (C)(1).

Task Force recommendations

The bill requires the Task Force to develop its recommendations in consultation with the State Board of Emergency Medical Services and to pay particular attention to the rural areas of Ohio.³ Not later than one year after the bill's effective date, the Task Force must submit its initial recommendations to the Department, the Governor, and the General Assembly in accordance with procedures specified in current law.⁴ The bill requires the Task Force to update its recommendations at least every two years and specifies that the first update of its recommendations must be issued not later than two years after the initial recommendations are issued.⁵

The Task Force's recommendations must include all of the following:

(1) Procedures for coordination and communication between hospitals that are recognized as primary stroke centers and hospitals that are not recognized as primary stroke centers (see "**Primary stroke centers**," below);

(2) A plan for achieving continuous improvement in the quality of care provided under the statewide system for stroke response and treatment that is developed by the Department based on the Task Force's recommendations;

(3) Strategies for use of telemedicine services in Ohio for inter-hospital communication between primary stroke centers and hospitals that are not recognized as primary stroke centers. The bill defines "telemedicine services" as the delivery of health care services through the use of interactive audio, video, and other electronic media used for the purpose of diagnosis, consultation, or treatment of acute stroke.⁶

Implementation of recommendations by the Department

The Department is required to establish a statewide system for stroke response and treatment based on the Task Force's recommendations. The Department is permitted to take any actions it considers necessary to maintain an effective system for stroke response and treatment in Ohio.⁷

³ R.C. 3701.909(B)(1).

⁴ R.C. 101.68 (not in the bill), 3701.909(B)(3), and Section 3(B)(1).

⁵ R.C. 3701.909(B)(1) and Section 3(B)(3).

⁶ R.C. 3701.909(B)(2).

⁷ R.C. 3701.909(C)(1).

As part of the statewide system, the Department is required to post both of the following on its web site and update this information on at least an annual basis:

(1) The list of hospitals that are recognized as primary stroke centers;

(2) The standardized stroke assessment and protocol tool (see "**Standardized stroke assessment and protocol tool**," below).⁸

The Department must adopt rules as it considers necessary to implement and administer the statewide system. These rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119.) not later than one year after the Department receives the Task Force's initial recommendations.⁹

Task Force duties

The Task Force is required, to the extent funds are available, to do all of the following:

(1) Encourage hospitals registered with the Department and emergency medical service organizations to share information and methods of improving the quality of care provided to stroke patients;

(2) Facilitate the analysis of stroke treatment and coordination of care;

(3) Facilitate the communication of treatment results among hospitals and emergency medical service organizations;

(4) Advise the Department on the collection of information that would assist in development of an effective system of stroke care in the state;

(5) Take other actions consistent with the purpose of the Task Force to ensure that the public and health care providers are informed with regard to the most effective strategies for stroke prevention and treatment.¹⁰

The Task Force is permitted to use information developed or made available by other public or private entities to complete the activities described above. The Department is required to make information developed or compiled by the Task Force

⁸ R.C. 3701.909(C)(2).

⁹ R.C. 3701.909(D) and Section 3(B)(2).

¹⁰ R.C. 3701.903(A).

available to the public and disseminate to the appropriate persons the recommendations developed or compiled by the Task Force.¹¹

Unlike existing law governing the Council on Stroke Prevention and Education, the bill does not require the Task Force to prepare a report of the actions it has taken to accomplish its duties and any recommendations it may have as a result. Existing law requires the Council to prepare this type of report and review it on at least an annual basis.¹²

Task Force membership and activities

Under the bill, the membership of the Task Force must include all of the following:

- (1) Representatives from the Department;
- (2) Representatives from the State Board of Emergency Medical Services;
- (3) Representatives from the American Stroke Association;
- (4) Representatives from primary stroke centers (see "**Primary stroke centers,**" below);
- (5) Representatives from rural hospitals;
- (6) Physicians authorized to practice in Ohio;
- (7) Providers of emergency medical services.

As with the Council, the Director of Health is required to appoint the members of the Task Force and the chairperson and vice-chairperson from among its members. However, unlike existing law governing the Council, the bill does not specify the number of members of the Task Force. As a result, the size of the Task Force is at the Director's discretion.¹³

The bill also provides that the following requirements, which apply to the Council under existing law, are also applicable to the Task Force:

¹¹ R.C. 3701.903(B) and (C).

¹² R.C. 3701.905 and 3701.906 (repealed by the bill).

¹³ R.C. 3701.901.

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

--A member of the Task Force is permitted to serve until a replacement is appointed by the Director.

--The Task Force must meet at the call of the chair to conduct its official business.

--A majority of the voting members of the Task Force constitutes a quorum, and the Task Force may take action only by affirmative vote of a majority of the quorum.

--The Task Force is not subject to the sunset provisions of current law that generally require that state boards, commissions, committees, and councils be reviewed every four years to determine whether they should continue to exist.¹⁴

Stroke treatment data

The bill requires the Department of Health to (1) collect information on the treatment of stroke patients and (2) develop and maintain a stroke data registry that includes the information it collects.¹⁵

Collection of stroke treatment data

Under the bill, all of the following entities must provide to the Department information it requests on the treatment of stroke patients served by the entities:

- Primary stroke centers (see "**Primary stroke centers**," below);
- Acute stroke-capable centers (see "**Acute stroke-capable centers**," below);
- Hospitals that are not primary stroke centers or acute stroke-capable centers;
- Emergency medical service organizations;
- Any other entity from which the Department requests the information.¹⁶

The requested information must be provided in a manner that aligns with the stroke consensus metrics developed and approved by the American Heart Association,

¹⁴ R.C. 3701.902, 3701.904, and 3701.907.

¹⁵ R.C. 3701.908(C).

¹⁶ R.C. 3701.908(B)(1).

the American Stroke Association, the United States Centers for Disease Control and Prevention, and the Joint Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations). The bill requires the Department to coordinate, to the greatest extent possible, with national voluntary health organizations involved in stroke quality improvement to avoid duplication and redundancy in the collection of the information.¹⁷

Stroke data registry

In developing and maintaining a stroke data registry under the bill, the Department must use the stroke registry guidelines established by either (1) the American Heart Association or (2) another organization acceptable to the Department that has established stroke registry guidelines with standards for maintaining confidentiality of information that are no less secure than the confidentiality standards included in the Association's guidelines.¹⁸

Release of information

For purposes of collecting stroke treatment data and developing and maintaining the stroke data registry, the bill specifies that the information provided or maintained that is protected health information may be released only in accordance with the existing laws governing the confidentiality of health information in the Department's possession.¹⁹ Information that does not identify an individual may be released in summary, statistical, or aggregate form.²⁰

Rulemaking

The Department must adopt rules as it considers necessary to implement and administer the stroke data registry. These rules must be adopted in accordance with the Administrative Procedure Act not later than one year after the bill's effective date.²¹

Standardized stroke assessment and protocol tool

Not later than one year after the bill's effective date, the State Board of Emergency Medical Services, in consultation with the Department and primary stroke

¹⁷ R.C. 3701.908(B)(2) and (3).

¹⁸ R.C. 3701.908(C).

¹⁹ R.C. 3701.17 (not in the bill).

²⁰ R.C. 3701.908(D).

²¹ R.C. 3701.908(E) and Section 3(A).

centers (see "**Primary stroke centers**," below), is required to establish a standardized stroke assessment and protocol tool.²² The bill requires each emergency medical technician (EMT) to perform emergency medical services in accordance with the tool.²³ The Board is required to update the tool in consultation with the Department and primary stroke centers at intervals the Board considers necessary. The tool must comply with nationally recognized standards for the assessment of stroke patients.²⁴

The Board must provide a copy of the standardized stroke assessment and protocol tool to the medical director and cooperating physician advisory board of each emergency medical service organization and to each EMT.²⁵ The copy provided to each emergency medical service organization must be provided not later than December 1 of each year in electronic or paper form.²⁶ The copy provided to each EMT may be provided electronically or by any other means, but the bill does not set a deadline for providing copies to EMTs.²⁷ The Board and the Department must post the tool on their web sites and update the posted information on at least an annual basis.²⁸

The Board is authorized to adopt rules necessary to administer the standardized stroke assessment and protocol tool. The rules are to be adopted under the Administrative Procedure Act.²⁹

Protocols for the triage of adult and pediatric trauma victims

The bill provides that victims of stroke are not to be transported according to the written triage protocols established in rules adopted by the Board that apply to adult and pediatric trauma victims. Instead, they are subject to the transportation requirements of the standardized stroke assessment and protocol tool to be adopted by the Board.³⁰

²² Section 3(D).

²³ R.C. 4765.44(B).

²⁴ R.C. 4765.44(A).

²⁵ R.C. 4765.44(B).

²⁶ R.C. 4765.10(A)(10).

²⁷ R.C. 4765.44(B).

²⁸ R.C. 3701.909(C)(2)(b) and 4765.10(A)(9)(b).

²⁹ R.C. 4765.44(C).

³⁰ R.C. 4765.40(A)(1)(f).

The bill removes obsolete provisions from the laws governing triage protocols for trauma victims.³¹

Prehospital care protocols

The bill requires the Board to establish, in consultation with the Task Force, prehospital care protocols related to the assessment, treatment, and transport of stroke patients by EMTs in Ohio. The protocols must include regional transport plans for the triage and transport of stroke patients to the closest, most appropriate facility.³²

Primary stroke centers

The bill requires the Department to recognize as a primary stroke center any hospital that holds certification or accreditation as a primary stroke center issued by any of the following:

- (1) The Joint Commission;
- (2) The Healthcare Facilities Accreditation Program;
- (3) Another entity acceptable to the Department that is nationally recognized and provides certification or accreditation of primary stroke centers.³³

A hospital is prohibited from using the phrase "primary stroke center" or otherwise holding itself out as a primary stroke center unless the Department recognizes it as a primary stroke center. The bill does not specify a penalty for violating this prohibition.³⁴

List of recognized centers

The Department, not later than December 1, 2012, and each December thereafter, is to compile a list of hospitals recognized as primary stroke centers.³⁵ Until the Department compiles this list, any provision of the bill that requires consultation with primary stroke centers is deemed to refer to any hospital that holds current, valid

³¹ R.C. 4765.40(A)(1).

³² R.C. 4765.45.

³³ R.C. 3727.11(A).

³⁴ R.C. 3727.11(B).

³⁵ R.C. 3727.11(D) and Section 3(C)(1).

certification or accreditation as a primary stroke center from the Joint Commission or the Healthcare Facilities Accreditation Program.³⁶

After the Department compiles the list, it is required to post the list on the Department's web site.³⁷ The bill also requires the State Board of Emergency Medical Services to post the list on its web site and update the posted information on at least an annual basis. The Board must provide to each emergency medical service organization an electronic or paper copy of the list not later than December 1 of each year.³⁸ The bill specifies that recognition or nonrecognition of a hospital as a primary stroke center does not limit or prohibit the services provided by a hospital if the hospital is authorized to provide those services.³⁹

Suspension or revocation of recognition

The bill authorizes the Department to suspend or revoke its recognition of a hospital as a primary stroke center if the Department determines that the hospital (1) no longer holds certification or accreditation from one of the entities listed above or (2) has not maintained the requirements to hold the certification or accreditation. The Department's action must be taken in accordance with the notice and hearing requirements of the Administrative Procedure Act.⁴⁰

Rules

The bill permits the Department to adopt rules for the administration of the bill's provisions for recognition of hospitals as primary stroke centers. The rules must be adopted in accordance with the Administrative Procedure Act.⁴¹

Acute stroke-capable centers

The bill permits the Department of Health to establish a program for recognition of hospitals as acute stroke-capable centers. If the Department establishes the program, it must be administered in the same manner as the Department's recognition of primary stroke centers. The bill authorizes the Department to adopt rules, in accordance with

³⁶ Section 3(C)(2).

³⁷ R.C. 3701.909(C)(2)(a) and Section 3(C)(1).

³⁸ R.C. 4765.10(A)(9)(a) and (10).

³⁹ R.C. 3727.11(E).

⁴⁰ R.C. 3727.11(C).

⁴¹ R.C. 3727.11(E).

the Administrative Procedure Act, as it considers necessary to implement and administer the program.⁴²

The Department may establish the program as entities acceptable to the Department begin issuing accreditation of hospitals as acute stroke-capable centers. The Department may consider an entity acceptable only if the entity is nationally recognized and uses evidence-based standards for issuing its accreditation.⁴³

Training in the assessment and treatment of stroke patients

The bill requires that emergency service telecommunicators and EMTs receive training in the assessment and treatment of stroke patients as part of the training course or program that is required to obtain certification as an emergency service telecommunicator or EMT.⁴⁴ The bill also makes conforming changes in the laws that establish training requirements for EMTs.⁴⁵

HISTORY

ACTION	DATE
Introduced	01-25-12

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⁴² R.C. 3727.111.

⁴³ R.C. 3727.111.

⁴⁴ R.C. 4742.03 and 4765.16.

⁴⁵ R.C. 4765.16.