



Ohio Legislative Service Commission

Bill Analysis

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S.B. 221

130th General Assembly
(As Introduced)

Sens. Gardner, Patton, Brown, Hughes, Cafaro, Seitz, Lehner, Manning, Turner

BILL SUMMARY

- Establishes processes for hospitals to be designated by the state, through the Ohio Department of Health, as "comprehensive stroke centers," "primary stroke centers," and "acute stroke ready hospitals."
 - Prohibits a hospital that lacks the appropriate state designation from holding itself out as possessing that designation.
 - Prohibits a hospital from using the phrase "stroke center" or "stroke hospital" unless it possesses a designation provided for by the bill or has been certified or accredited as a comprehensive stroke center or primary stroke center by The Joint Commission or another nationally recognized organization.
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CONTENT AND OPERATION

Overview

The bill establishes processes for hospitals to be designated by the state as "comprehensive stroke centers," "primary stroke centers," and "acute stroke ready hospitals." The Ohio Department of Health (ODH) is to administer the designation processes.

To be designated as a comprehensive stroke center or primary stroke center, a hospital must already be certified or accredited as such by The Joint Commission or another entity acceptable to ODH. The Joint Commission is an independent, not-for-profit organization that accredits and certifies more than 20,000 health care organizations and programs in the United States. According to The Joint Commission's web site, its accreditation and certification is recognized nationwide as a symbol of

quality that reflects an organization's commitment to meeting certain performance standards.¹

To be designated as an acute stroke ready hospital, a hospital must have a medical director with experience and expertise in stroke care and meet other staffing and facility requirements.

Designations

Application process

For state designation as a comprehensive stroke center, primary stroke center, or acute stroke ready hospital, a hospital must apply on the appropriate form to be furnished by ODH.² Not later than 30 days after receiving a completed application, ODH must complete the application review. If ODH determines that the hospital has provided sufficient evidence that the hospital meets the bill's requirements to receive the designation, ODH must designate the hospital as a comprehensive stroke center, primary stroke center, or acute stroke ready hospital, as appropriate.³

Eligibility – comprehensive or primary stroke center

To qualify for designation as a comprehensive stroke center or primary stroke center, the bill provides that a hospital must be certified or accredited as a comprehensive stroke center or primary stroke center by The Joint Commission or another entity acceptable to ODH that is nationally recognized and provides certification or accreditation of the relevant type of center.⁴

Eligibility – acute stroke ready hospital

To qualify for designation as an acute stroke ready hospital, the bill provides that a hospital must possess all of the following:⁵

--A team of health professionals, qualified to treat acute strokes, that is available or on-call 24 hours a day, seven days a week;

¹ The Joint Commission, *About the Joint Commission* (last visited January 2, 2014), available at <http://www.jointcommission.org/about_us/about_the_joint_commission_main.aspx>.

² R.C. 3727.11(A), 3727.12(A), and 3727.13(A).

³ R.C. 3727.11(B), 3727.12(B), and 3727.13(B).

⁴ R.C. 3727.11(B) and 3727.12(B).

⁵ R.C. 3727.13(B).



--Written stroke protocols that, at a minimum, cover the following components: triage, stabilization of vital functions, initial diagnostic tests, and medication use;

--A written plan and letter of cooperation with emergency medical service personnel regarding triage and communication that are consistent with regional patient care procedures;

--Emergency medical service personnel who are trained in diagnosing and treating acute stroke;

--The capacity to complete basic laboratory tests, electrocardiograms, and chest x-rays 24 hours a day, seven days a week;

--The capacity to perform and interpret brain injury imaging studies 24 hours a day, seven days a week;

--Written protocols, revised at least once annually, that detail available emergent therapies and reflect current treatment guidelines and include performance measures;

--A neurosurgery coverage plan, call schedule, and triage and transportation plan;

--Transfer protocols and agreements for stroke patients; and

--A designated medical director with experience and expertise in stroke care.

Expiration and renewal

The bill specifies that a hospital's designation as a comprehensive stroke center, primary stroke center, or acute stroke ready hospital expires three years from the date it is made. A hospital may renew its designation for subsequent three-year periods by applying to ODH on a form it furnishes for this purpose.⁶ ODH must renew the designation if the hospital continues to meet the bill's eligibility requirements for the designation, as described above.⁷

Revocation

The bill requires ODH to revoke a hospital's designation as a comprehensive stroke center, primary stroke center, or acute stroke ready hospital if ODH determines

⁶ R.C. 3727.11(C), 3727.12(C), and 3727.13(C).

⁷ R.C. 3727.13(C).

that the hospital no longer meets the bill's eligibility requirements for the designation, as described above.⁸

Hospital list

Annually, not later than December 1, the bill requires ODH to compile and make available a list of hospitals that it has designated as comprehensive stroke centers, primary stroke centers, and acute stroke ready hospitals.⁹

Services not limited by the bill

The bill specifies that its provisions regarding designation of hospitals as comprehensive stroke centers, primary stroke centers, and acute stroke ready hospitals do not limit the services that a hospital may provide or prohibit a hospital from providing services it is authorized to provide.¹⁰

Prohibitions

The bill prohibits a hospital from using the phrase, "comprehensive stroke center," "primary stroke center," or "acute stroke ready hospital," or otherwise holding itself out as such, unless it has been designated as that type of center or hospital by ODH.¹¹

The bill also prohibits a hospital from using the phrase "stroke center" or "stroke hospital" unless the hospital has been (1) designated by ODH as a comprehensive stroke center, primary stroke center, or acute stroke ready hospital, or (2) certified or accredited as a comprehensive stroke center or primary stroke center by The Joint Commission or another entity acceptable to ODH that is nationally recognized and provides certification or accreditation of comprehensive stroke centers or primary stroke centers.¹²

The bill does not specify a penalty for violating the prohibitions described above.

⁸ R.C. 3727.11(E), 3727.12(E), and 3727.13(E).

⁹ R.C. 3727.11(F), 3727.12(F), and 3727.13(F).

¹⁰ R.C. 3727.11(G), 3727.12(G), and 3727.13(G).

¹¹ R.C. 3727.11(D), 3727.12(D), and 3727.13(D).

¹² R.C. 3727.14.

HISTORY

ACTION

DATE

Introduced

10-29-13

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