



OHIO LEGISLATIVE SERVICE COMMISSION

Bill Analysis

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Sub. H.B. 464*

132nd General Assembly

(As Reported by S. Health, Human Services and Medicaid)

Reps. Lipps and Antonio, Huffman, West, Seitz, Rezabek, Carfagna, LaTourette, Leland, Lang, T. Johnson, Reece, Clyde, Gavarone, DeVitis, Schuring, Green, Thompson, Boggs, Koehler, Ingram, Romanchuk, Kent, Keller, Manning, Blessing, Lepore-Hagan, Anielski, Ashford, Boccieri, Boyd, Brown, Butler, Craig, Cupp, Dean, Dever, Faber, Fedor, Galonski, Ginter, Greenspan, Hambley, Holmes, Hoops, Howse, Hughes, Kelly, Kick, Landis, Lanese, McClain, Miller, O'Brien, Patterson, Patton, Pelanda, Perales, Reineke, Riedel, Rogers, Ryan, Schaffer, Scherer, Sheehy, K. Smith, Stein, Strahorn, Sykes, Young

BILL SUMMARY

- Creates a process for state recognition of hospitals as comprehensive stroke centers, primary stroke centers, or acute stroke ready hospitals.
- Prohibits a hospital from representing itself as a comprehensive or primary stroke center or acute stroke ready hospital unless it is recognized as such by the Ohio Department of Health.
- Requires the establishment of written protocols for use by emergency medical service personnel when assessing, treating, and transporting stroke patients.

CONTENT AND OPERATION

Recognition of stroke centers and acute stroke ready hospitals

The bill establishes a process by which hospitals that meet certain eligibility requirements may obtain state recognition as comprehensive stroke centers, primary

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

stroke centers, or acute stroke ready hospitals. The recognition process is to be administered by the Ohio Department of Health (ODH).¹

Eligibility

To qualify for ODH's recognition, a hospital must be certified as a comprehensive or primary stroke center or acute stroke ready hospital by either of the following: (1) an accrediting organization approved by the federal Centers for Medicare and Medicaid Services (CMS) or (2) another organization acceptable to ODH that certifies stroke centers or stroke ready hospitals in accordance with nationally recognized certification guidelines.² If a hospital meets this certification requirement and submits a complete application, ODH must recognize it.³

Supplementary levels of stroke care – primary centers

If a primary stroke center has attained supplementary levels of stroke care distinction as identified by a CMS-approved accrediting organization or an ODH-accepted organization, ODH must include that distinction in its recognition. The bill specifies that supplementary levels of stroke care distinction include offering patients mechanical endovascular therapy.⁴ According to the American Stroke Association, physical removal of a large blood clot, called an endovascular procedure or a mechanical thrombectomy, is a recommended treatment option for stroke patients.⁵

Additional levels of stroke certification

If a CMS-approved accrediting organization or an ODH-accepted organization establishes a level of stroke certification that is in addition to the three levels provided for in the bill, ODH must recognize a hospital certified at that additional level. In such a case, ODH and the hospital must comply with the procedures outlined in the bill for seeking or granting recognition.⁶

¹ R.C. 3723.11 to 3727.15.

² R.C. 3727.12(B) and (C).

³ R.C. 3727.12(A) and 3727.13(A).

⁴ R.C. 3727.13(A)(2)(b).

⁵ See <http://www.strokeassociation.org/STROKEORG/AboutStroke/Treatment/StrokeTreatment_UCM_492017SubHomePage.jsp>.

⁶ R.C. 3727.14.



Termination of hospital's recognition

The bill requires ODH to end a hospital's recognition if the accrediting organization that certified the hospital revokes, rescinds, or otherwise terminates the hospital's certification with that organization, or the certification expires.⁷

Hospital list

Not later than January 1 and July 1 of each year, ODH must compile and send a list of recognized hospitals to the medical director and cooperating physician advisory board of each emergency medical service organization.⁸ The bill also requires ODH to maintain a comprehensive list on its website and update the list not later than 30 days after a hospital is recognized by ODH or its recognition ends.⁹

Representation and affiliation

The bill prohibits a hospital from representing itself as a comprehensive or primary stroke center or acute stroke ready hospital unless recognized as such by ODH.¹⁰ It does not, however, specify a penalty for violating this prohibition.

The bill provides that its prohibition does not prevent a hospital from representing itself as having an affiliation or relationship with an ODH-recognized stroke center or stroke ready hospital or a hospital in another state certified as a comprehensive stroke center, primary stroke center, or acute stroke ready hospital by an accrediting organization approved by CMS.¹¹

Rulemaking

The ODH Director may adopt rules as considered necessary to implement the bill's provisions governing hospital recognition.¹² The rules are to be adopted in accordance with the Administrative Procedure Act.¹³

⁷ R.C. 3727.13(B).

⁸ R.C. 3727.13(C).

⁹ R.C. 3727.13(C).

¹⁰ R.C. 3727.11.

¹¹ R.C. 3727.11.

¹² R.C. 3727.15.

¹³ See R.C. Chapter 119.



Protocols – emergency medical service personnel

Under the bill, the medical director or cooperating physician advisory board of each emergency medical service organization must establish written protocols for use by emergency medical service personnel when assessing, treating, and transporting stroke patients to hospitals. When establishing the protocols, one or more local hospitals must be consulted.¹⁴ The bill requires each emergency medical service organization to provide copies of its protocols to the State Board of Emergency Medical, Fire, and Transportation Services, and the regional director or regional advisory board for the organization's emergency medical services region.¹⁵

HISTORY

ACTION	DATE
Introduced	01-16-18
Reported, H. Health	04-11-18
Passed House (87-1)	06-07-18
Reported, S. Health, Human Services & Medicaid	---

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¹⁴ R.C. 4765.401(A).

¹⁵ R.C. 4765.401(B).

