



OHIO LEGISLATIVE SERVICE COMMISSION

Bill Analysis

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H.B. 464

132nd General Assembly
(As Introduced)

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

BILL SUMMARY

- Permits eligible hospitals to be recognized by the Ohio Department of Health as comprehensive or 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 Department.
 - Requires the establishment of written protocols for use by emergency medical service personnel when assessing, treating, and transporting stroke patients.
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CONTENT AND OPERATION

Recognition of stroke centers and acute stroke ready hospitals

The bill allows hospitals meeting certain eligibility requirements to be recognized by the Ohio Department of Health (ODH) as comprehensive stroke centers, primary stroke centers, or acute stroke ready hospitals.¹ To be recognized, a hospital must apply to ODH on a form prescribed by the Department and furnish proof satisfactory to ODH that it meets the bill's eligibility requirements.²

¹ R.C. 3727.12 and 3727.13.

² R.C. 3727.12(A).

Eligibility

To qualify for recognition as a comprehensive or primary stroke center or acute stroke ready hospital, a hospital must be certified as such by one of the following: (1) the American Heart Association, (2) the Joint Commission,³ or (3) another organization acceptable to ODH that certifies centers or hospitals in accordance with nationally recognized certification guidelines.⁴ If a hospital meets this requirement, ODH must recognize it.⁵

Supplementary levels of stroke care – primary centers

If a primary stroke center recognized by ODH has attained supplementary levels of stroke care distinction as identified by the American Heart Association, Joint Commission, or another organization acceptable to the Department, ODH must include that distinction in its recognition. Supplementary levels of stroke care distinction includes offering patients mechanical endovascular therapy.⁶

Suspension and revocation

ODH may suspend or revoke a hospital's recognition if it determines that the hospital no longer satisfies the bill's requirements for recognition.⁷ ODH must conduct an adjudication before taking such action.⁸

Hospital list

Not later than June 1 of each year, ODH must compile and send a list of recognized hospitals to the medical director and cooperating physician advisory board

³ The Joint Commission is an independent, not-for-profit organization that accredits and certifies nearly 21,000 health care organizations and programs in the United States. See <https://www.jointcommission.org/about_us/about_the_joint_commission_main.aspx>.

⁴ R.C. 3727.12(B) and (C).

⁵ R.C. 3727.13(A).

⁶ R.C. 3727.13(A)(2)(b). 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. See <http://www.strokeassociation.org/STROKEORG/AboutStroke/Treatment/StrokeTreatment_UCM_492017_SubHomePage.jsp>.

⁷ R.C. 3727.13(B).

⁸ R.C. Chapter 119, not in the bill.

of each emergency medical service organization.⁹ The bill also requires ODH to post the list on its website.

Prohibition

Although 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 specify a penalty for violating this prohibition.

Rulemaking

ODH must adopt rules as necessary to implement the bill's provisions governing hospital recognition.¹¹ The rules are to be adopted in accordance with the Administrative Procedure Act.¹²

Protocols – emergency medical service personnel

Current law requires the State Board of Emergency Medical, Fire, and Transportation Services to divide Ohio into regions, for purposes of overseeing the delivery of prehospital emergency medical services. The State Board is also required to appoint a director or advisory board for each region and to specify duties for the director or advisory board.¹³ The bill adds to those duties, by requiring each regional director or regional advisory board to establish written protocols for use by emergency medical service personnel when assessing, treating, and transporting stroke patients.¹⁴

With respect to the transporting of stroke patients, protocols must include procedures for all of the following:

- (1) Transporting each patient to the closest hospital recognized by ODH as a comprehensive or primary stroke center, if such a hospital is reasonably available;
- (2) When appropriate, transporting a patient to the closest hospital recognized as acute stroke ready;

⁹ R.C. 3727.13(C).

¹⁰ R.C. 3727.11.

¹¹ R.C. 3727.14.

¹² R.C. Chapter 119, not in the bill.

¹³ R.C. 4765.05, not in the bill.

¹⁴ R.C. 4765.051.

(3) Transporting each patient within a specified time period after the onset of symptoms, including those associated with large vessel occlusion strokes.¹⁵

The bill also requires each director or advisory board to provide copies of its protocols to ODH, the State Board, and the medical director and physician advisory board of each emergency medical service organization in the region.

HISTORY

ACTION	DATE
Introduced	01-16-18

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¹⁵ Large vessel occlusion describes the acute blockage of a great vessel or one or more of the vessel's branches. See California Pacific Medical Center, *Endovascular Treatment of Acute Ischemic Stroke*, available at <<http://www.cpmc.org/advanced/neurosciences/bulletin/2013/cpni-bulletin-2013-ais-stroke.html>>.

