



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB2238

Introduced 2/8/2023, by Rep. Barbara Hernandez

SYNOPSIS AS INTRODUCED:

210 ILCS 50/3.116
210 ILCS 50/3.117
210 ILCS 50/3.117.5
210 ILCS 50/3.118
210 ILCS 50/3.118.5
210 ILCS 50/3.119
210 ILCS 50/3.226

Amends the Emergency Medical Services (EMS) Systems Act. Defines "Thrombectomy Capable Stroke Center", "Thrombectomy Ready Stroke Center", and "Primary Stroke Center Plus". Provides for the certification and designation of Thrombectomy Capable Stroke Centers, Thrombectomy Ready Stroke Centers, and Primary Stroke Centers Plus and makes conforming changes throughout the Act.

LRB103 30630 CPF 57082 b

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Emergency Medical Services (EMS) Systems
5 Act is amended by changing Sections 3.116, 3.117, 3.117.5,
6 3.118, 3.118.5, 3.119, and 3.226 as follows:

7 (210 ILCS 50/3.116)

8 Sec. 3.116. Hospital Stroke Care; definitions. As used in
9 Sections 3.116 through 3.119, 3.130, 3.200, and 3.226 of this
10 Act:

11 "Acute Stroke-Ready Hospital" means a hospital that has
12 been designated by the Department as meeting the criteria for
13 providing emergent stroke care. Designation may be provided
14 after a hospital has been certified or through application and
15 designation as such.

16 "Certification" or "certified" means certification, using
17 evidence-based standards, from a nationally recognized
18 certifying body approved by the Department.

19 "Comprehensive Stroke Center" means a hospital that has
20 been certified and has been designated as such.

21 "Designation" or "designated" means the Department's
22 recognition of a hospital as a Comprehensive Stroke Center,
23 Primary Stroke Center, or Acute Stroke-Ready Hospital.

1 "Emergent stroke care" is emergency medical care that
2 includes diagnosis and emergency medical treatment of acute
3 stroke patients.

4 "Emergent Stroke Ready Hospital" means a hospital that has
5 been designated by the Department as meeting the criteria for
6 providing emergent stroke care.

7 "Primary Stroke Center" means a hospital that has been
8 certified by a Department-approved, nationally recognized
9 certifying body and designated as such by the Department.

10 "Primary Stroke Center Plus" means a hospital that has
11 been certified by a Department-approved, nationally recognized
12 certifying body and designated as such by the Department.

13 "Regional Stroke Advisory Subcommittee" means a
14 subcommittee formed within each Regional EMS Advisory
15 Committee to advise the Director and the Region's EMS Medical
16 Directors Committee on the triage, treatment, and transport of
17 possible acute stroke patients and to select the Region's
18 representative to the State Stroke Advisory Subcommittee. At
19 minimum, the Regional Stroke Advisory Subcommittee shall
20 consist of: one representative from the EMS Medical Directors
21 Committee; one EMS coordinator from a Resource Hospital; one
22 administrative representative or his or her designee from each
23 level of stroke care, including Comprehensive Stroke Centers
24 within the Region, if any, Thrombectomy Capable Stroke Centers
25 within the Region, if any, Thrombectomy Ready Stroke Centers
26 within the Region, if any, Primary Stroke Centers Plus within

1 the Region, if any, Primary Stroke Centers within the Region,
2 if any, and Acute Stroke-Ready Hospitals within the Region, if
3 any; one physician from each level of stroke care, including
4 one physician who is a neurologist or who provides advanced
5 stroke care at a Comprehensive Stroke Center in the Region, if
6 any, one physician who is a neurologist or who provides acute
7 stroke care at a Thrombectomy Capable Stroke Center within the
8 Region, if any, a Thrombectomy Ready Stroke Center within the
9 Region, if any, or a Primary Stroke Center Plus in the Region,
10 if any, one physician who is a neurologist or who provides
11 acute stroke care at a Primary Stroke Center in the Region, if
12 any, and one physician who provides acute stroke care at an
13 Acute Stroke-Ready Hospital in the Region, if any; one nurse
14 practicing in each level of stroke care, including one nurse
15 from a Comprehensive Stroke Center in the Region, if any, one
16 nurse from a Thrombectomy Capable Stroke Center, if any, a
17 Thrombectomy Ready Stroke Center within the Region, if any, or
18 a Primary Stroke Center Plus in the Region, if any, one nurse
19 from a Primary Stroke Center in the Region, if any, and one
20 nurse from an Acute Stroke-Ready Hospital in the Region, if
21 any; one representative from both a public and a private
22 vehicle service provider that transports possible acute stroke
23 patients within the Region; the State-designated regional EMS
24 Coordinator; and a fire chief or his or her designee from the
25 EMS Region, if the Region serves a population of more than
26 2,000,000. The Regional Stroke Advisory Subcommittee shall

1 establish bylaws to ensure equal membership that rotates and
2 clearly delineates committee responsibilities and structure.
3 Of the members first appointed, one-third shall be appointed
4 for a term of one year, one-third shall be appointed for a term
5 of 2 years, and the remaining members shall be appointed for a
6 term of 3 years. The terms of subsequent appointees shall be 3
7 years.

8 "State Stroke Advisory Subcommittee" means a standing
9 advisory body within the State Emergency Medical Services
10 Advisory Council.

11 "Thrombectomy Capable Stroke Center" means a hospital that
12 has been certified by a Department-approved, nationally
13 recognized certifying body and designated as such by the
14 Department.

15 "Thrombectomy Ready Stroke Center" means a hospital that
16 has been certified by a Department-approved, nationally
17 recognized certifying body and designated as such by the
18 Department.

19 (Source: P.A. 102-687, eff. 12-17-21.)

20 (210 ILCS 50/3.117)

21 Sec. 3.117. Hospital designations.

22 (a) The Department shall attempt to designate Primary
23 Stroke Centers in all areas of the State.

24 (1) The Department shall designate as many certified
25 Primary Stroke Centers as apply for that designation

1 provided they are certified by a nationally recognized
2 certifying body, approved by the Department, and
3 certification criteria are consistent with the most
4 current nationally recognized, evidence-based stroke
5 guidelines related to reducing the occurrence,
6 disabilities, and death associated with stroke.

7 (2) A hospital certified as a Primary Stroke Center by
8 a nationally recognized certifying body approved by the
9 Department, shall send a copy of the Certificate and
10 annual fee to the Department and shall be deemed, within
11 30 business days of its receipt by the Department, to be a
12 State-designated Primary Stroke Center.

13 (3) A center designated as a Primary Stroke Center
14 shall pay an annual fee as determined by the Department
15 that shall be no less than \$100 and no greater than \$500.
16 All fees shall be deposited into the Stroke Data
17 Collection Fund.

18 (3.5) With respect to a hospital that is a designated
19 Primary Stroke Center, the Department shall have the
20 authority and responsibility to do the following:

21 (A) Suspend or revoke a hospital's Primary Stroke
22 Center designation upon receiving notice that the
23 hospital's Primary Stroke Center certification has
24 lapsed or has been revoked by the State recognized
25 certifying body.

26 (B) Suspend a hospital's Primary Stroke Center

1 designation, in extreme circumstances where patients
2 may be at risk for immediate harm or death, until such
3 time as the certifying body investigates and makes a
4 final determination regarding certification.

5 (C) Restore any previously suspended or revoked
6 Department designation upon notice to the Department
7 that the certifying body has confirmed or restored the
8 Primary Stroke Center certification of that previously
9 designated hospital.

10 (D) Suspend a hospital's Primary Stroke Center
11 designation at the request of a hospital seeking to
12 suspend its own Department designation.

13 (4) Primary Stroke Center designation shall remain
14 valid at all times while the hospital maintains its
15 certification as a Primary Stroke Center, in good
16 standing, with the certifying body. The duration of a
17 Primary Stroke Center designation shall coincide with the
18 duration of its Primary Stroke Center certification. Each
19 designated Primary Stroke Center shall have its
20 designation automatically renewed upon the Department's
21 receipt of a copy of the accrediting body's certification
22 renewal.

23 (5) A hospital that no longer meets nationally
24 recognized, evidence-based standards for Primary Stroke
25 Centers, or loses its Primary Stroke Center certification,
26 shall notify the Department and the Regional EMS Advisory

1 Committee within 5 business days.

2 (a-5) The Department shall attempt to designate
3 Comprehensive Stroke Centers in all areas of the State.

4 (1) The Department shall designate as many certified
5 Comprehensive Stroke Centers as apply for that
6 designation, provided that the Comprehensive Stroke
7 Centers are certified by a nationally recognized
8 certifying body approved by the Department, and provided
9 that the certifying body's certification criteria are
10 consistent with the most current nationally recognized and
11 evidence-based stroke guidelines for reducing the
12 occurrence of stroke and the disabilities and death
13 associated with stroke.

14 (2) A hospital certified as a Comprehensive Stroke
15 Center shall send a copy of the Certificate and annual fee
16 to the Department and shall be deemed, within 30 business
17 days of its receipt by the Department, to be a
18 State-designated Comprehensive Stroke Center.

19 (3) A hospital designated as a Comprehensive Stroke
20 Center shall pay an annual fee as determined by the
21 Department that shall be no less than \$100 and no greater
22 than \$500. All fees shall be deposited into the Stroke
23 Data Collection Fund.

24 (4) With respect to a hospital that is a designated
25 Comprehensive Stroke Center, the Department shall have the
26 authority and responsibility to do the following:

1 (A) Suspend or revoke the hospital's Comprehensive
2 Stroke Center designation upon receiving notice that
3 the hospital's Comprehensive Stroke Center
4 certification has lapsed or has been revoked by the
5 State recognized certifying body.

6 (B) Suspend the hospital's Comprehensive Stroke
7 Center designation, in extreme circumstances in which
8 patients may be at risk for immediate harm or death,
9 until such time as the certifying body investigates
10 and makes a final determination regarding
11 certification.

12 (C) Restore any previously suspended or revoked
13 Department designation upon notice to the Department
14 that the certifying body has confirmed or restored the
15 Comprehensive Stroke Center certification of that
16 previously designated hospital.

17 (D) Suspend the hospital's Comprehensive Stroke
18 Center designation at the request of a hospital
19 seeking to suspend its own Department designation.

20 (5) Comprehensive Stroke Center designation shall
21 remain valid at all times while the hospital maintains its
22 certification as a Comprehensive Stroke Center, in good
23 standing, with the certifying body. The duration of a
24 Comprehensive Stroke Center designation shall coincide
25 with the duration of its Comprehensive Stroke Center
26 certification. Each designated Comprehensive Stroke Center

1 shall have its designation automatically renewed upon the
2 Department's receipt of a copy of the certifying body's
3 certification renewal.

4 (6) A hospital that no longer meets nationally
5 recognized, evidence-based standards for Comprehensive
6 Stroke Centers, or loses its Comprehensive Stroke Center
7 certification, shall notify the Department and the
8 Regional EMS Advisory Committee within 5 business days.

9 (a-5) The Department shall attempt to designate
10 Thrombectomy Capable Stroke Centers, Thrombectomy Ready Stroke
11 Centers, and Primary Stroke Centers Plus in all areas of the
12 State according to the following requirements:

13 (1) The Department shall designate as many certified
14 Thrombectomy Capable Stroke Centers, Thrombectomy Ready
15 Stroke Centers, and Primary Stroke Centers Plus as apply
16 for that designation, provided that the body certifying
17 the facility uses certification criteria consistent with
18 the most current nationally recognized and evidence-based
19 stroke guidelines for reducing the occurrence of strokes
20 and the disabilities and death associated with strokes.

21 (2) A Thrombectomy Capable Stroke Center, Thrombectomy
22 Ready Stroke Center, or Primary Stroke Center Plus shall
23 send a copy of the certificate of its designation and
24 annual fee to the Department and shall be deemed, within
25 30 business days after its receipt by the Department, to
26 be a State-designated Thrombectomy Capable Stroke Center,

1 Thrombectomy Ready Stroke Center, or Primary Stroke Center
2 Plus.

3 (3) A Thrombectomy Capable Stroke Center, Thrombectomy
4 Ready Stroke Center, or Primary Stroke Center Plus shall
5 pay an annual fee as determined by the Department that
6 shall be no less than \$100 and no greater than \$500. All
7 fees collected under this paragraph shall be deposited
8 into the Stroke Data Collection Fund.

9 (4) With respect to a Thrombectomy Capable Stroke
10 Center, Thrombectomy Ready Stroke Center, or Primary
11 Stroke Center Plus, the Department shall:

12 (A) suspend or revoke the Thrombectomy Capable
13 Stroke Center, Thrombectomy Ready Stroke Center, or
14 Primary Stroke Center Plus designation upon receiving
15 notice that the Thrombectomy Capable Stroke Center's,
16 Thrombectomy Ready Stroke Center's, or Primary Stroke
17 Center Plus's certification has lapsed or has been
18 revoked by its certifying body;

19 (B) in extreme circumstances in which patients may
20 be at risk for immediate harm or death, suspend the
21 Thrombectomy Capable Stroke Center's, Thrombectomy
22 Ready Stroke Center's, or Primary Stroke Center Plus's
23 designation until its certifying body investigates the
24 circumstances and makes a final determination
25 regarding its certification;

26 (C) restore any previously suspended or revoked

1 Department designation upon notice to the Department
2 that the certifying body has confirmed or restored the
3 Thrombectomy Capable Stroke Center's, Thrombectomy
4 Ready Stroke Center's, or Primary Stroke Center Plus's
5 certification; and

6 (D) suspend the Thrombectomy Capable Stroke
7 Center's, Thrombectomy Ready Stroke Center's, or
8 Primary Stroke Center Plus's designation at the
9 request of a facility seeking to suspend its own
10 Department designation.

11 (5) A Thrombectomy Capable Stroke Center, Thrombectomy
12 Ready Stroke Center, or Primary Stroke Center Plus
13 designation shall remain valid at all times while the
14 facility maintains its certification as a Thrombectomy
15 Capable Stroke Center, Thrombectomy Ready Stroke Center,
16 or Primary Stroke Center Plus and is in good standing with
17 the certifying body. The duration of a Thrombectomy
18 Capable Stroke Center, Thrombectomy Ready Stroke Center,
19 or Primary Stroke Center Plus designation shall be the
20 same as the duration of its Thrombectomy Capable Stroke
21 Center, Thrombectomy Ready Stroke Center, or Primary
22 Stroke Center Plus certification. Each designated
23 Thrombectomy Capable Stroke Center, Thrombectomy Ready
24 Stroke Center, or Primary Stroke Center Plus shall have
25 its designation automatically renewed upon the
26 Department's receipt of a copy of the certifying body's

1 renewal of the certification.

2 (6) A hospital that no longer meets the criteria for
3 Thrombectomy Capable Stroke Centers, Thrombectomy Ready
4 Stroke Centers, or Primary Stroke Centers Plus, or loses
5 its Thrombectomy Capable Stroke Center, Thrombectomy Ready
6 Stroke Center, or Primary Stroke Center Plus
7 certification, shall notify the Department and the
8 Regional EMS Advisory Committee of the situation within 5
9 business days after being made aware of it.

10 (b) Beginning on the first day of the month that begins 12
11 months after the adoption of rules authorized by this
12 subsection, the Department shall attempt to designate
13 hospitals as Acute Stroke-Ready Hospitals in all areas of the
14 State. Designation may be approved by the Department after a
15 hospital has been certified as an Acute Stroke-Ready Hospital
16 or through application and designation by the Department. For
17 any hospital that is designated as an Emergent Stroke Ready
18 Hospital at the time that the Department begins the
19 designation of Acute Stroke-Ready Hospitals, the Emergent
20 Stroke Ready designation shall remain intact for the duration
21 of the 12-month period until that designation expires. Until
22 the Department begins the designation of hospitals as Acute
23 Stroke-Ready Hospitals, hospitals may achieve Emergent Stroke
24 Ready Hospital designation utilizing the processes and
25 criteria provided in Public Act 96-514.

26 (1) (Blank).

1 (2) Hospitals may apply for, and receive, Acute
2 Stroke-Ready Hospital designation from the Department,
3 provided that the hospital attests, on a form developed by
4 the Department in consultation with the State Stroke
5 Advisory Subcommittee, that it meets, and will continue to
6 meet, the criteria for Acute Stroke-Ready Hospital
7 designation and pays an annual fee.

8 A hospital designated as an Acute Stroke-Ready
9 Hospital shall pay an annual fee as determined by the
10 Department that shall be no less than \$100 and no greater
11 than \$500. All fees shall be deposited into the Stroke
12 Data Collection Fund.

13 (2.5) A hospital may apply for, and receive, Acute
14 Stroke-Ready Hospital designation from the Department,
15 provided that the hospital provides proof of current Acute
16 Stroke-Ready Hospital certification and the hospital pays
17 an annual fee.

18 (A) Acute Stroke-Ready Hospital designation shall
19 remain valid at all times while the hospital maintains
20 its certification as an Acute Stroke-Ready Hospital,
21 in good standing, with the certifying body.

22 (B) The duration of an Acute Stroke-Ready Hospital
23 designation shall coincide with the duration of its
24 Acute Stroke-Ready Hospital certification.

25 (C) Each designated Acute Stroke-Ready Hospital
26 shall have its designation automatically renewed upon

1 the Department's receipt of a copy of the certifying
2 body's certification renewal and Application for
3 Stroke Center Designation form.

4 (D) A hospital must submit a copy of its
5 certification renewal from the certifying body as soon
6 as practical but no later than 30 business days after
7 that certification is received by the hospital. Upon
8 the Department's receipt of the renewal certification,
9 the Department shall renew the hospital's Acute
10 Stroke-Ready Hospital designation.

11 (E) A hospital designated as an Acute Stroke-Ready
12 Hospital shall pay an annual fee as determined by the
13 Department that shall be no less than \$100 and no
14 greater than \$500. All fees shall be deposited into
15 the Stroke Data Collection Fund.

16 (3) Hospitals seeking Acute Stroke-Ready Hospital
17 designation that do not have certification shall develop
18 policies and procedures that are consistent with
19 nationally recognized, evidence-based protocols for the
20 provision of emergent stroke care. Hospital policies
21 relating to emergent stroke care and stroke patient
22 outcomes shall be reviewed at least annually, or more
23 often as needed, by a hospital committee that oversees
24 quality improvement. Adjustments shall be made as
25 necessary to advance the quality of stroke care delivered.
26 Criteria for Acute Stroke-Ready Hospital designation of

1 hospitals shall be limited to the ability of a hospital
2 to:

3 (A) create written acute care protocols related to
4 emergent stroke care;

5 (A-5) participate in the data collection system
6 provided in Section 3.118, if available;

7 (B) maintain a written transfer agreement with one
8 or more hospitals that have neurosurgical expertise;

9 (C) designate a Clinical Director of Stroke Care
10 who shall be a clinical member of the hospital staff
11 with training or experience, as defined by the
12 facility, in the care of patients with cerebrovascular
13 disease. This training or experience may include, but
14 is not limited to, completion of a fellowship or other
15 specialized training in the area of cerebrovascular
16 disease, attendance at national courses, or prior
17 experience in neuroscience intensive care units. The
18 Clinical Director of Stroke Care may be a neurologist,
19 neurosurgeon, emergency medicine physician, internist,
20 radiologist, advanced practice registered nurse, or
21 physician's assistant;

22 (C-5) provide rapid access to an acute stroke
23 team, as defined by the facility, that considers and
24 reflects nationally recognized, evidence-based
25 protocols or guidelines;

26 (D) administer thrombolytic therapy, or

1 subsequently developed medical therapies that meet
2 nationally recognized, evidence-based stroke
3 guidelines;

4 (E) conduct brain image tests at all times;

5 (F) conduct blood coagulation studies at all
6 times;

7 (G) maintain a log of stroke patients, which shall
8 be available for review upon request by the Department
9 or any hospital that has a written transfer agreement
10 with the Acute Stroke-Ready Hospital;

11 (H) admit stroke patients to a unit that can
12 provide appropriate care that considers and reflects
13 nationally recognized, evidence-based protocols or
14 guidelines or transfer stroke patients to an Acute
15 Stroke-Ready Hospital, Primary Stroke Center, or
16 Comprehensive Stroke Center, or another facility that
17 can provide the appropriate care that considers and
18 reflects nationally recognized, evidence-based
19 protocols or guidelines; and

20 (I) demonstrate compliance with nationally
21 recognized quality indicators.

22 (4) With respect to Acute Stroke-Ready Hospital
23 designation, the Department shall have the authority and
24 responsibility to do the following:

25 (A) Require hospitals applying for Acute
26 Stroke-Ready Hospital designation to attest, on a form

1 developed by the Department in consultation with the
2 State Stroke Advisory Subcommittee, that the hospital
3 meets, and will continue to meet, the criteria for an
4 Acute Stroke-Ready Hospital.

5 (A-5) Require hospitals applying for Acute
6 Stroke-Ready Hospital designation via national Acute
7 Stroke-Ready Hospital certification to provide proof
8 of current Acute Stroke-Ready Hospital certification,
9 in good standing.

10 The Department shall require a hospital that is
11 already certified as an Acute Stroke-Ready Hospital to
12 send a copy of the Certificate to the Department.

13 Within 30 business days of the Department's
14 receipt of a hospital's Acute Stroke-Ready Certificate
15 and Application for Stroke Center Designation form
16 that indicates that the hospital is a certified Acute
17 Stroke-Ready Hospital, in good standing, the hospital
18 shall be deemed a State-designated Acute Stroke-Ready
19 Hospital. The Department shall send a designation
20 notice to each hospital that it designates as an Acute
21 Stroke-Ready Hospital and shall add the names of
22 designated Acute Stroke-Ready Hospitals to the website
23 listing immediately upon designation. The Department
24 shall immediately remove the name of a hospital from
25 the website listing when a hospital loses its
26 designation after notice and, if requested by the

1 hospital, a hearing.

2 The Department shall develop an Application for
3 Stroke Center Designation form that contains a
4 statement that "The above named facility meets the
5 requirements for Acute Stroke-Ready Hospital
6 Designation as provided in Section 3.117 of the
7 Emergency Medical Services (EMS) Systems Act" and
8 shall instruct the applicant facility to provide: the
9 hospital name and address; the hospital CEO or
10 Administrator's typed name and signature; the hospital
11 Clinical Director of Stroke Care's typed name and
12 signature; and a contact person's typed name, email
13 address, and phone number.

14 The Application for Stroke Center Designation form
15 shall contain a statement that instructs the hospital
16 to "Provide proof of current Acute Stroke-Ready
17 Hospital certification from a nationally recognized
18 certifying body approved by the Department".

19 (B) Designate a hospital as an Acute Stroke-Ready
20 Hospital no more than 30 business days after receipt
21 of an attestation that meets the requirements for
22 attestation, unless the Department, within 30 days of
23 receipt of the attestation, chooses to conduct an
24 onsite survey prior to designation. If the Department
25 chooses to conduct an onsite survey prior to
26 designation, then the onsite survey shall be conducted

1 within 90 days of receipt of the attestation.

2 (C) Require annual written attestation, on a form
3 developed by the Department in consultation with the
4 State Stroke Advisory Subcommittee, by Acute
5 Stroke-Ready Hospitals to indicate compliance with
6 Acute Stroke-Ready Hospital criteria, as described in
7 this Section, and automatically renew Acute
8 Stroke-Ready Hospital designation of the hospital.

9 (D) Issue an Emergency Suspension of Acute
10 Stroke-Ready Hospital designation when the Director,
11 or his or her designee, has determined that the
12 hospital no longer meets the Acute Stroke-Ready
13 Hospital criteria and an immediate and serious danger
14 to the public health, safety, and welfare exists. If
15 the Acute Stroke-Ready Hospital fails to eliminate the
16 violation immediately or within a fixed period of
17 time, not exceeding 10 days, as determined by the
18 Director, the Director may immediately revoke the
19 Acute Stroke-Ready Hospital designation. The Acute
20 Stroke-Ready Hospital may appeal the revocation within
21 15 business days after receiving the Director's
22 revocation order, by requesting an administrative
23 hearing.

24 (E) After notice and an opportunity for an
25 administrative hearing, suspend, revoke, or refuse to
26 renew an Acute Stroke-Ready Hospital designation, when

1 the Department finds the hospital is not in
2 substantial compliance with current Acute Stroke-Ready
3 Hospital criteria.

4 (c) The Department shall consult with the State Stroke
5 Advisory Subcommittee for developing the designation,
6 re-designation, and de-designation processes for Comprehensive
7 Stroke Centers, Thrombectomy Capable Stroke Centers,
8 Thrombectomy Ready Stroke Centers, Primary Stroke Centers
9 Plus, Primary Stroke Centers, and Acute Stroke-Ready
10 Hospitals.

11 (d) The Department shall consult with the State Stroke
12 Advisory Subcommittee as subject matter experts at least
13 annually regarding stroke standards of care.

14 (Source: P.A. 102-687, eff. 12-17-21.)

15 (210 ILCS 50/3.117.5)

16 Sec. 3.117.5. Hospital Stroke Care; grants.

17 (a) In order to encourage the establishment and retention
18 of Comprehensive Stroke Centers, Thrombectomy Capable Stroke
19 Centers, Thrombectomy Ready Stroke Centers, Primary Stroke
20 Centers Plus, Primary Stroke Centers, and Acute Stroke-Ready
21 Hospitals throughout the State, the Director may award,
22 subject to appropriation, matching grants to hospitals to be
23 used for the acquisition and maintenance of necessary
24 infrastructure, including personnel, equipment, and
25 pharmaceuticals for the diagnosis and treatment of acute

1 stroke patients. Grants may be used to pay the fee for
2 certifications by Department approved nationally recognized
3 certifying bodies or to provide additional training for
4 directors of stroke care or for hospital staff.

5 (b) The Director may award grant moneys to Comprehensive
6 Stroke Centers, Thrombectomy Capable Stroke Centers,
7 Thrombectomy Ready Stroke Centers, Primary Stroke Centers
8 Plus, Primary Stroke Centers, and Acute Stroke-Ready Hospitals
9 for developing or enlarging stroke networks, for stroke
10 education, and to enhance the ability of the EMS System to
11 respond to possible acute stroke patients.

12 (c) A Comprehensive Stroke Center, Thrombectomy Capable
13 Stroke Center, Thrombectomy Ready Stroke Center, Primary
14 Stroke Center Plus, Primary Stroke Center, or Acute
15 Stroke-Ready Hospital, or a hospital seeking certification as
16 a Comprehensive Stroke Center, Thrombectomy Capable Stroke
17 Center, Thrombectomy Ready Stroke Center, Primary Stroke
18 Center Plus, Primary Stroke Center, or Acute Stroke-Ready
19 Hospital or designation as an Acute Stroke-Ready Hospital, may
20 apply to the Director for a matching grant in a manner and form
21 specified by the Director and shall provide information as the
22 Director deems necessary to determine whether the hospital is
23 eligible for the grant.

24 (d) Matching grant awards shall be made to Comprehensive
25 Stroke Centers, Thrombectomy Capable Stroke Centers,
26 Thrombectomy Ready Stroke Centers, Primary Stroke Centers

1 Plus, Primary Stroke Centers, Acute Stroke-Ready Hospitals, or
2 hospitals seeking certification or designation as a
3 Comprehensive Stroke Center, Thrombectomy Capable Stroke
4 Center, Thrombectomy Ready Stroke Center, Primary Stroke
5 Center Plus, Primary Stroke Center, or Acute Stroke-Ready
6 Hospital. The Department may consider prioritizing grant
7 awards to hospitals in areas with the highest incidence of
8 stroke, taking into account geographic diversity, where
9 possible.

10 (Source: P.A. 102-687, eff. 12-17-21.)

11 (210 ILCS 50/3.118)

12 Sec. 3.118. Reporting.

13 (a) The Director shall, not later than July 1, 2012,
14 prepare and submit to the Governor and the General Assembly a
15 report indicating the total number of hospitals that have
16 applied for grants, the project for which the application was
17 submitted, the number of those applicants that have been found
18 eligible for the grants, the total number of grants awarded,
19 the name and address of each grantee, and the amount of the
20 award issued to each grantee.

21 (b) By July 1, 2010, the Director shall send the list of
22 designated Comprehensive Stroke Centers, Thrombectomy Capable
23 Stroke Centers, Thrombectomy Ready Stroke Centers, Primary
24 Stroke Centers Plus, Primary Stroke Centers, and Acute
25 Stroke-Ready Hospitals to all Resource Hospital EMS Medical

1 Directors in this State and shall post a list of designated
2 Comprehensive Stroke Centers, Thrombectomy Capable Stroke
3 Centers, Thrombectomy Ready Stroke Centers, Primary Stroke
4 Centers Plus, Primary Stroke Centers, and Acute Stroke-Ready
5 Hospitals on the Department's website, which shall be
6 continuously updated.

7 (c) The Department shall add the names of designated
8 Comprehensive Stroke Centers, Thrombectomy Capable Stroke
9 Centers, Thrombectomy Ready Stroke Centers, Primary Stroke
10 Centers Plus, Primary Stroke Centers, and Acute Stroke-Ready
11 Hospitals to the website listing immediately upon designation
12 and shall immediately remove the name when a hospital loses
13 its designation after notice and a hearing.

14 (d) Stroke data collection systems and all stroke-related
15 data collected from hospitals shall comply with the following
16 requirements:

17 (1) The confidentiality of patient records shall be
18 maintained in accordance with State and federal laws.

19 (2) Hospital proprietary information and the names of
20 any hospital administrator, health care professional, or
21 employee shall not be subject to disclosure.

22 (3) Information submitted to the Department shall be
23 privileged and strictly confidential and shall be used
24 only for the evaluation and improvement of hospital stroke
25 care. Stroke data collected by the Department shall not be
26 directly available to the public and shall not be subject

1 to civil subpoena, nor discoverable or admissible in any
2 civil, criminal, or administrative proceeding against a
3 health care facility or health care professional.

4 (e) The Department may administer a data collection system
5 to collect data that is already reported by designated
6 Comprehensive Stroke Centers, Thrombectomy Capable Stroke
7 Centers, Thrombectomy Ready Stroke Centers, Primary Stroke
8 Centers Plus, Primary Stroke Centers, and Acute Stroke-Ready
9 Hospitals to their certifying body, to fulfill certification
10 requirements. Comprehensive Stroke Centers, Thrombectomy
11 Capable Stroke Centers, Thrombectomy Ready Stroke Centers,
12 Primary Stroke Centers Plus, Primary Stroke Centers, and Acute
13 Stroke-Ready Hospitals may provide data used in submission to
14 their certifying body, to satisfy any Department reporting
15 requirements. The Department may require submission of data
16 elements in a format that is used State-wide. In the event the
17 Department establishes reporting requirements for designated
18 Comprehensive Stroke Centers, Thrombectomy Capable Stroke
19 Centers, Thrombectomy Ready Stroke Centers, Primary Stroke
20 Centers Plus, Primary Stroke Centers, and Acute Stroke-Ready
21 Hospitals, the Department shall permit each designated
22 Comprehensive Stroke Center, Thrombectomy Capable Stroke
23 Centers, Thrombectomy Ready Stroke Centers, Primary Stroke
24 Centers Plus, Primary Stroke Center, or Acute Stroke-Ready
25 Hospital to capture information using existing electronic
26 reporting tools used for certification purposes. Nothing in

1 this Section shall be construed to empower the Department to
2 specify the form of internal recordkeeping. Three years from
3 the effective date of this amendatory Act of the 96th General
4 Assembly, the Department may post stroke data submitted by
5 Comprehensive Stroke Centers, Thrombectomy Capable Stroke
6 Centers, Thrombectomy Ready Stroke Centers, Primary Stroke
7 Centers Plus, Primary Stroke Centers, and Acute Stroke-Ready
8 Hospitals on its website, subject to the following:

9 (1) Data collection and analytical methodologies shall
10 be used that meet accepted standards of validity and
11 reliability before any information is made available to
12 the public.

13 (2) The limitations of the data sources and analytic
14 methodologies used to develop comparative hospital
15 information shall be clearly identified and acknowledged,
16 including, but not limited to, the appropriate and
17 inappropriate uses of the data.

18 (3) To the greatest extent possible, comparative
19 hospital information initiatives shall use standard-based
20 norms derived from widely accepted provider-developed
21 practice guidelines.

22 (4) Comparative hospital information and other
23 information that the Department has compiled regarding
24 hospitals shall be shared with the hospitals under review
25 prior to public dissemination of the information.
26 Hospitals have 30 days to make corrections and to add

1 helpful explanatory comments about the information before
2 the publication.

3 (5) Comparisons among hospitals shall adjust for
4 patient case mix and other relevant risk factors and
5 control for provider peer groups, when appropriate.

6 (6) Effective safeguards to protect against the
7 unauthorized use or disclosure of hospital information
8 shall be developed and implemented.

9 (7) Effective safeguards to protect against the
10 dissemination of inconsistent, incomplete, invalid,
11 inaccurate, or subjective hospital data shall be developed
12 and implemented.

13 (8) The quality and accuracy of hospital information
14 reported under this Act and its data collection, analysis,
15 and dissemination methodologies shall be evaluated
16 regularly.

17 (9) None of the information the Department discloses
18 to the public under this Act may be used to establish a
19 standard of care in a private civil action.

20 (10) The Department shall disclose information under
21 this Section in accordance with provisions for inspection
22 and copying of public records required by the Freedom of
23 Information Act, provided that the information satisfies
24 the provisions of this Section.

25 (11) Notwithstanding any other provision of law, under
26 no circumstances shall the Department disclose information

1 obtained from a hospital that is confidential under Part
2 21 of Article VIII of the Code of Civil Procedure.

3 (12) No hospital report or Department disclosure may
4 contain information identifying a patient, employee, or
5 licensed professional.

6 (Source: P.A. 98-1001, eff. 1-1-15.)

7 (210 ILCS 50/3.118.5)

8 Sec. 3.118.5. State Stroke Advisory Subcommittee; triage
9 and transport of possible acute stroke patients.

10 (a) There shall be established within the State Emergency
11 Medical Services Advisory Council, or other statewide body
12 responsible for emergency health care, a standing State Stroke
13 Advisory Subcommittee, which shall serve as an advisory body
14 to the Council and the Department on matters related to the
15 triage, treatment, and transport of possible acute stroke
16 patients. Membership on the Committee shall be as
17 geographically diverse as possible and include one
18 representative from each Regional Stroke Advisory
19 Subcommittee, to be chosen by each Regional Stroke Advisory
20 Subcommittee. The Director shall appoint additional members,
21 as needed, to ensure there is adequate representation from the
22 following:

23 (1) an EMS Medical Director;

24 (2) a hospital administrator, or designee, from a
25 Comprehensive Stroke Center;

1 (2.5) a hospital administrator, or designee, from a
2 Thrombectomy Capable Stroke Center, Thrombectomy Ready
3 Stroke Center, or Primary Stroke Center Plus;

4 (3) a hospital administrator, or designee, from a
5 Primary Stroke Center;

6 (3.5) a hospital administrator, or designee, from an
7 Acute Stroke-Ready Hospital;

8 (3.10) a registered nurse from a Comprehensive Stroke
9 Center;

10 (3.15) a registered nurse from a Thrombectomy Capable
11 Stroke Center, Thrombectomy Ready Stroke Center, or
12 Primary Stroke Center Plus;

13 (4) a registered nurse from a Primary Stroke Center;

14 (5) a registered nurse from an Acute Stroke-Ready
15 Hospital;

16 (5.5) a physician providing advanced stroke care from
17 a Comprehensive Stroke center;

18 (5.10) a physician providing stroke care from a
19 Thrombectomy Capable Stroke Center, Thrombectomy Ready
20 Stroke Center, or Primary Stroke Center Plus;

21 (6) a physician providing stroke care from a Primary
22 Stroke Center;

23 (7) a physician providing stroke care from an Acute
24 Stroke-Ready Hospital;

25 (8) an EMS Coordinator;

26 (9) an acute stroke patient advocate;

1 (10) a fire chief, or designee, from an EMS Region
2 that serves a population of over 2,000,000 people;

3 (11) a fire chief, or designee, from a rural EMS
4 Region;

5 (12) a representative from a private ambulance
6 provider;

7 (12.5) a representative from a municipal EMS provider;
8 and

9 (13) a representative from the State Emergency Medical
10 Services Advisory Council.

11 (b) Of the members first appointed, 9 members shall be
12 appointed for a term of one year, 9 members shall be appointed
13 for a term of 2 years, and the remaining members shall be
14 appointed for a term of 3 years. The terms of subsequent
15 appointees shall be 3 years.

16 (c) The State Stroke Advisory Subcommittee shall be
17 provided a 90-day period in which to review and comment upon
18 all rules proposed by the Department pursuant to this Act
19 concerning stroke care, except for emergency rules adopted
20 pursuant to Section 5-45 of the Illinois Administrative
21 Procedure Act. The 90-day review and comment period shall
22 commence prior to publication of the proposed rules and upon
23 the Department's submission of the proposed rules to the
24 individual Committee members, if the Committee is not meeting
25 at the time the proposed rules are ready for Committee review.

26 (d) The State Stroke Advisory Subcommittee shall develop

1 and submit an evidence-based statewide stroke assessment tool
2 to clinically evaluate potential stroke patients to the
3 Department for final approval. Upon approval, the Department
4 shall disseminate the tool to all EMS Systems for adoption.
5 The Director shall post the Department-approved stroke
6 assessment tool on the Department's website. The State Stroke
7 Advisory Subcommittee shall review the Department-approved
8 stroke assessment tool at least annually to ensure its
9 clinical relevancy and to make changes when clinically
10 warranted.

11 (d-5) Each EMS Regional Stroke Advisory Subcommittee shall
12 submit recommendations for continuing education for
13 pre-hospital personnel to that Region's EMS Medical Directors
14 Committee.

15 (e) Nothing in this Section shall preclude the State
16 Stroke Advisory Subcommittee from reviewing and commenting on
17 proposed rules which fall under the purview of the State
18 Emergency Medical Services Advisory Council. Nothing in this
19 Section shall preclude the Emergency Medical Services Advisory
20 Council from reviewing and commenting on proposed rules which
21 fall under the purview of the State Stroke Advisory
22 Subcommittee.

23 (f) The Director shall coordinate with and assist the EMS
24 System Medical Directors and Regional Stroke Advisory
25 Subcommittee within each EMS Region to establish protocols
26 related to the assessment, treatment, and transport of

1 possible acute stroke patients by licensed emergency medical
2 services providers. These protocols shall include regional
3 transport plans for the triage and transport of possible acute
4 stroke patients to the most appropriate Comprehensive Stroke
5 Center, Thrombectomy Capable Stroke Center, Thrombectomy Ready
6 Stroke Center, Primary Stroke Center Plus, Primary Stroke
7 Center, or Acute Stroke-Ready Hospital, unless circumstances
8 warrant otherwise.

9 (Source: P.A. 98-1001, eff. 1-1-15.)

10 (210 ILCS 50/3.119)

11 Sec. 3.119. Stroke Care; restricted practices. Sections in
12 this Act pertaining to Comprehensive Stroke Centers,
13 Thrombectomy Capable Stroke Centers, Thrombectomy Ready Stroke
14 Centers, Primary Stroke Centers Plus, Primary Stroke Centers,
15 and Acute Stroke-Ready Hospitals are not medical practice
16 guidelines and shall not be used to restrict the authority of a
17 hospital to provide services for which it has received a
18 license under State law.

19 (Source: P.A. 98-1001, eff. 1-1-15.)

20 (210 ILCS 50/3.226)

21 Sec. 3.226. Hospital Stroke Care Fund.

22 (a) The Hospital Stroke Care Fund is created as a special
23 fund in the State treasury for the purpose of receiving
24 appropriations, donations, and grants collected by the

1 Illinois Department of Public Health pursuant to Department
2 designation of Comprehensive Stroke Centers, Thrombectomy
3 Capable Stroke Centers, Thrombectomy Ready Stroke Centers,
4 Primary Stroke Centers Plus, Primary Stroke Centers, and Acute
5 Stroke-Ready Hospitals. All moneys collected by the Department
6 pursuant to its authority to designate Comprehensive Stroke
7 Centers, Thrombectomy Capable Stroke Centers, Thrombectomy
8 Ready Stroke Centers, Primary Stroke Centers Plus, Primary
9 Stroke Centers, and Acute Stroke-Ready Hospitals shall be
10 deposited into the Fund, to be used for the purposes in
11 subsection (b).

12 (b) The purpose of the Fund is to allow the Director of the
13 Department to award matching grants:

14 (1) to hospitals that have been certified as
15 Comprehensive Stroke Centers, Thrombectomy Capable Stroke
16 Centers, Thrombectomy Ready Stroke Centers, Primary Stroke
17 Centers Plus, Primary Stroke Centers, or Acute
18 Stroke-Ready Hospitals;

19 (2) to hospitals that seek certification or
20 designation or both as Comprehensive Stroke Centers,
21 Thrombectomy Capable Stroke Centers, Thrombectomy Ready
22 Stroke Centers, Primary Stroke Centers Plus, Primary
23 Stroke Centers, or Acute Stroke-Ready Hospitals;

24 (3) to hospitals that have been designated Acute
25 Stroke-Ready Hospitals;

26 (4) to hospitals that seek designation as Acute

1 Stroke-Ready Hospitals; and

2 (5) for the development of stroke networks.

3 Hospitals may use grant funds to work with the EMS System
4 to improve outcomes of possible acute stroke patients.

5 (c) Moneys deposited in the Hospital Stroke Care Fund
6 shall be allocated according to the hospital needs within each
7 EMS region and used solely for the purposes described in this
8 Act.

9 (d) Interfund transfers from the Hospital Stroke Care Fund
10 shall be prohibited.

11 (Source: P.A. 98-1001, eff. 1-1-15.)