



Rep. Bob Biggins

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LRB095 18756 MJR 49532 a

1 AMENDMENT TO HOUSE BILL 4699

2 AMENDMENT NO. _____. Amend House Bill 4699, AS AMENDED, by
3 replacing everything after the enacting clause with the
4 following:

5 "Section 1. Short title. This Act may be cited as the
6 Stroke Center Recognition Act.

7 Section 5. Findings. The General Assembly finds and
8 declares that:

9 (1) Despite significant advances in diagnosis,
10 treatment, and prevention, stroke remains the third
11 highest killer in the United States. An estimated 700,000
12 to 750,000 new and recurrent strokes occur each year in
13 this country; and with the aging of the population, the
14 number of persons who have strokes is projected to increase
15 each year. Stroke is the number 3 killer of Illinois
16 residents and leads to the death of more than 7,500

1 citizens of Illinois each year and disables thousands more.
2 Illinois, Indiana, and Ohio have higher stroke mortality
3 rates than neighboring states Michigan, Minnesota, and
4 Wisconsin.

5 (2) A level of stroke center and Regional Stroke Center
6 Systems should be established for the treatment of acute
7 stroke. Primary Stroke Centers should be established in
8 acute care hospitals to evaluate, stabilize, and provide
9 emergency care to patients with acute stroke.

10 (3) It is in the best interest of the residents of this
11 State to have a program to recognize stroke centers
12 throughout the State, to provide specific patient care to
13 ensure that acute stroke patients receive safe and
14 effective care, and to provide financial support to acute
15 care hospitals to maintain and develop stroke centers.
16 Further it is in the best interest of the people of the
17 State of Illinois to improve the State's emergency medical
18 response to assure that stroke patients may be quickly
19 identified and transported to and treated in facilities
20 that provide timely and appropriate treatment for stroke
21 patients.

22 Section 10. Definitions. For purposes of this Act:

23 "Department" means the Illinois Department of Public
24 Health.

25 "Director" means the Director of the Illinois Department of

1 Public Health.

2 "Emergency Medical Services Provider" or "EMS provider"
3 means a vehicle service provider which coordinates and provides
4 pre-hospital and inter-hospital emergency care and
5 non-emergency medical transports at a Basic Level Support
6 Service, Intermediate Life Support Service, or Advanced Life
7 Support Service level, or any combination thereof, pursuant to
8 an EMS System program plan submitted to and approved by the
9 Department, and pursuant to the EMS Regional Plan adopted for
10 the EMS Region in which the system is located.

11 "Emergency Medical Services Region" or "EMS Region" means a
12 geographic area designated by the Department that encompasses
13 EMS Systems and trauma centers, in which emergency medical
14 services, trauma centers, and non-emergency medical services
15 are coordinated under an EMS Region Plan.

16 "Emergency Medical Services System" or "EMS System" means
17 an organization of hospitals, vehicle service providers and
18 personnel approved by the Department in a specific geographic
19 area, which coordinates and provides pre-hospital and
20 inter-hospital emergency care and non-emergency medical
21 transports at a BLS, ILS, or ALS level pursuant to a system
22 program plan submitted to and approved by the Department and
23 pursuant to the EMS Regional Plan adopted for the EMS Region in
24 which the EMS System is located.

25 "Emergency Medical Services Medical Director" or "EMS
26 Medical Director" means the physician, appointed by the

1 Resource Hospital, who has the responsibility and authority for
2 total management of the EMS System.

3 "Primary Stroke Center" means a hospital that has been
4 designated by the Joint Commission, or other
5 nationally-recognized accrediting body as approved by the
6 Department of Public Health as qualifying and maintaining
7 conformance with the requirements of this Act.

8 "Regional EMS Medical Directors Committee" or "Committee"
9 means a group comprised of the Region's EMS Medical Directors,
10 along with the medical advisor to a fire department vehicle
11 service provider. For Regions that include a municipal fire
12 department serving a population of over 2,000,000 people, that
13 fire department's medical advisor shall serve on the Committee.
14 For other EMS Regions, the fire department vehicle service
15 providers shall select which medical advisor to serve on the
16 Committee on an annual basis.

17 "Regional Stroke Center System" means Primary Stroke
18 Centers recognized by the Department, EMS Systems, and all
19 pre-hospital care providers in an EMS Region.

20 "Resource Hospital" means the hospital with the authority
21 and the responsibility for an EMS System as outlined in the
22 Department-approved EMS System Program Plan.

23 Section 15. Recognition of Primary Stroke Centers.

24 (a) The Department shall recognize any hospital as a
25 designated Primary Stroke Center if the hospital meets any of

1 the following criteria:

2 (1) is designated a Primary Stroke Center by the Joint
3 Commission;

4 (2) is designated a Primary Stroke Center by a
5 nationally-recognized accrediting body as approved by the
6 Department, provided that the designation criteria of the
7 accrediting body are in keeping with the most recent
8 evidence-based stroke guidelines as determined by national
9 organizations recognized for leadership and expertise in
10 evidence-based practices related to reducing the
11 occurrence, disabilities and death associated with stroke.

12 (b) The Department shall re-recognize a hospital as a
13 Primary Stroke Center every 2 years.

14 (c) Each hospital designated a Primary Stroke Center shall
15 notify the Department of its designation within 30 days after
16 receiving that designation. Each hospital shall notify the
17 Department if it ceases to be a Primary Stroke Center, within
18 30 days after it ceases having that designation.

19 (d) The Department may suspend its recognition of a
20 hospital's Primary Stroke Center designation at the request of
21 the hospital seeking a suspended status.

22 Section 20. Grants.

23 (a) In order to encourage and ensure the establishment and
24 retention of Primary Stroke Centers throughout the State, the
25 Director may award matching grants to hospitals that have been

1 designated Primary Stroke Centers or that seek designation as
2 Primary Stroke Centers, to be used for necessary
3 infrastructure, including personnel and equipment, or to meet
4 the fee requirements for accreditation surveys in order to
5 satisfy the criteria for designation. A matching grant shall
6 not exceed \$250,000 or 50% of the hospital's cost for the
7 necessary infrastructure, whichever is less. Monies shall be
8 given for this purpose as they are intended for this purpose.

9 (b) The Director may award grant monies to Primary Stroke
10 Centers for the purpose of developing a stroke network.

11 (c) A Primary Stroke Center or a hospital seeking
12 designation as a Primary Stroke Center may apply to the
13 Director for a matching grant in a manner and form designated
14 by the Director and shall provide information as the Director
15 deems necessary to determine if the hospital is eligible for
16 the grant.

17 (d) Matching grant awards shall be made to Primary Stroke
18 Centers or to hospitals seeking designation as a Primary Stroke
19 Center, placing greatest priority on facilities in areas with
20 high stroke morbidity rates and achieving geographic diversity
21 where possible.

22 Section 25. Reporting.

23 (a) The Director shall, not later than July 1, 2010,
24 prepare and submit to the Governor, the President of the
25 Senate, and the Speaker of the House of Representatives a

1 report indicating the total number of hospitals that have
2 applied for grants under Section 20 of this Act, the project
3 for which the application was submitted, the number of those
4 applicants that have been found eligible for the grants, the
5 total number of grants awarded, the name and address of each
6 grantee, and the amount of the award issued to each grantee.

7 (b) The Director shall, not later than September 1, 2009,
8 prepare and submit to the Governor, the President of the
9 Senate, and the Speaker of the House of Representatives a
10 report indicating, as of August 1, 2009, the total number of
11 hospitals that have attained Primary Stroke Center designation
12 and the accrediting body through which Primary Stroke Center
13 designations were attained.

14 (c) By September 1, 2009, the Director shall send the list
15 of recognized Primary Stroke Centers to all Resource Hospital
16 EMS Medical Directors in this State and shall post a list of
17 recognized Primary Stroke Centers on the Department's website.

18 (d) The Department shall add Primary Stroke Centers
19 immediately to the website listing upon notice to the
20 Department; any Primary Stroke Center whose designation is
21 revoked shall be removed from the website listing immediately
22 upon notice to the Department.

23 (e) The Department shall administer a data collection
24 system to collect data reported by Primary Stroke Centers to
25 the Joint Commission or other accrediting body as required to
26 fulfill Primary Stroke Center designation requirements. The

1 Department shall work with each Primary Stroke Center to
2 capture information using existing electronic reporting tools
3 used for accreditation purposes. Nothing in this Section shall
4 be construed to empower the Department to specify the form of
5 internal recordkeeping. The data collection system and data
6 collected shall comply with the following requirements:

7 (1) The confidentiality of patient records shall be
8 maintained in accordance with State and federal
9 regulations on the confidentiality of records.

10 (2) Hospitals shall not be required to submit financial
11 information that is proprietary in nature and unrelated to
12 the scope or purposes of this Act.

13 (3) Information submitted to the Department shall be
14 privileged, strictly confidential, and shall be used only
15 for medical research and the evaluation and improvement of
16 quality care. The identity, or any group of facts that
17 tends to lead to the identity, of any person or facility is
18 confidential and shall not be open to public inspection or
19 dissemination. Data submitted to the Department pursuant
20 to this Act shall not be a public record within the meaning
21 contained in the Illinois Freedom of Information Act. The
22 Director shall submit standards or guidelines for ensuring
23 the protection of data collected by the Department to the
24 General Assembly for approval pursuant to Section 45 of
25 this Act.

26 (4) Primary Stroke Centers may provide complete copies

1 of the same reports they submit to the Joint Commission or
2 other accrediting body. The Department shall access this
3 information directly from an accrediting body provided
4 that the Primary Stroke Center has granted the Department
5 permission to do so. The Department shall provide the
6 Primary Stroke Center with a copy of the data received from
7 the accreditation body so the Primary Stroke Center can
8 verify its accuracy.

9 (5) The aggregate data shall be made available to any
10 and all government agencies or contractors of government
11 agencies that have responsibility for the management and
12 administration of emergency medical services throughout
13 the State.

14 (6) The Department shall compile the data and report it
15 in aggregate form to be posted annually on its website. The
16 results of this report may be used by the EMS Regions and
17 the Department to conduct training regarding best
18 practices in the treatment of stroke.

19 (7) The data specific to a Primary Stroke Center shall
20 be made available only if that Primary Stroke Center
21 provides the Department written authorization for the
22 release of the data.

23 Section 30. Emergency medical services providers; triage
24 and transportation of a possible acute stroke patient to a
25 Primary Stroke Center.

1 (a) The Director shall submit a proposed stroke assessment
2 tool to the General Assembly for approval pursuant to Section
3 45 of this Act. Upon approval by the General Assembly, the
4 Director shall distribute the standardized stroke assessment
5 tool. The Director must post this stroke assessment tool on the
6 Department's website and provide a copy of the assessment tool
7 to each licensed emergency medical services provider no later
8 than January 15, 2010. Each EMS System must use a stroke-triage
9 assessment tool that conforms with and is substantially similar
10 to the sample stroke-triage assessment tool provided by the
11 Department.

12 (b) The Director shall work with EMS System Medical
13 Directors and Regional Stroke Center Systems to establish
14 protocols related to the assessment, treatment, and transport
15 of possible acute stroke patients by licensed emergency medical
16 services providers. Such protocols shall include regional
17 transport plans for the triage and transport of possible acute
18 stroke patients to the most appropriate facility, which may
19 include the bypass of health care facilities not designated as
20 Primary Stroke Centers when it is appropriate to do so.
21 Hospitals that are part of a stroke network shall not be
22 bypassed unless it is appropriate to do so.

23 (c) Each EMS System in the State shall comply with the
24 protocols established by the EMS Region related to the
25 assessment, treatment, and transport of possible acute stroke
26 patients by licensed emergency medical services providers in

1 the State and with all of the Sections of this Act by March 1,
2 2010.

3 (d) Each EMS System must address the items described in
4 subsections (a) through (c) of this Section through the
5 established quality improvement and patient outcome reviews as
6 provided in the EMS Regional Plan.

7 Section 35. Restricted practices. This Act is not a medical
8 practice guideline and may not be used to restrict the
9 authority of a hospital to provide services for which it has
10 received a license under State law. The General Assembly
11 intends that all patients be treated individually based on each
12 patient's needs and circumstances.

13 Section 40. Authorization to advertise. A person may not
14 claim or advertise to the public, by way of any medium
15 whatsoever, that a hospital is a Primary Stroke Center unless
16 the hospital is designated a Primary Stroke Center in
17 accordance with this Act.

18 Section 45. No authority to make or promulgate rules.
19 Notwithstanding any other rulemaking authority that may exist,
20 neither the Governor nor any agency or agency head under the
21 jurisdiction of the Governor has any authority to make or
22 promulgate rules to implement or enforce the provisions of this
23 Act. If, however, the Governor believes that rules are

1 necessary to implement or enforce the provisions of this Act,
2 the Governor may suggest rules to the General Assembly by
3 filing them with the Clerk of the House and Secretary of the
4 Senate and by requesting that the General Assembly authorize
5 such rulemaking by law, enact those suggested rules into law,
6 or take any other appropriate action in the General Assembly's
7 discretion. Nothing contained in this Act shall be interpreted
8 to grant rulemaking authority under any other Illinois statute
9 where such authority is not otherwise explicitly given. For the
10 purposes of this Act, "rules" is given the meaning contained in
11 Section 1-70 of the Illinois Administrative Procedure Act, and
12 "agency" and "agency head" are given the meanings contained in
13 Sections 1-20 and 1-25 of the Illinois Administrative Procedure
14 Act to the extent that such definitions apply to agencies or
15 agency heads under the jurisdiction of the Governor.

16 Section 99. Effective date. This Act takes effect upon
17 becoming law."