



Human Services Committee

Filed: 3/11/2009

09600HB2244ham001

LRB096 07994 KTG 23321 a

1 AMENDMENT TO HOUSE BILL 2244

2 AMENDMENT NO. _____. Amend House Bill 2244 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The State Finance Act is amended by adding
5 Section 5.719 as follows:

6 (30 ILCS 105/5.719 new)

7 Sec. 5.719. The Hospital Stroke Care Fund.

8 Section 10. The Emergency Medical Services (EMS) Systems
9 Act is amended by changing Sections 3.25, 3.30, 3.130, and
10 3.200 and by adding Sections 3.116, 3.117, 3.117.5, 3.118,
11 3.118.5, 3.119, and 3.226 as follows:

12 (210 ILCS 50/3.25)

13 Sec. 3.25. EMS Region Plan; Development.

14 (a) Within 6 months after designation of an EMS Region, an

1 EMS Region Plan addressing at least the information prescribed
2 in Section 3.30 shall be submitted to the Department for
3 approval. The Plan shall be developed by the Region's EMS
4 Medical Directors Committee with advice from the Regional EMS
5 Advisory Committee; portions of the plan concerning trauma
6 shall be developed jointly with the Region's Trauma Center
7 Medical Directors or Trauma Center Medical Directors
8 Committee, whichever is applicable, with advice from the
9 Regional Trauma Advisory Committee, if such Advisory Committee
10 has been established in the Region. Portions of the Plan
11 concerning stroke shall be developed jointly with the Regional
12 Stroke Advisory Subcommittee.

13 (1) A Region's EMS Medical Directors Committee shall be
14 comprised of the Region's EMS Medical Directors, along with
15 the medical advisor to a fire department vehicle service
16 provider. For regions which include a municipal fire
17 department serving a population of over 2,000,000 people,
18 that fire department's medical advisor shall serve on the
19 Committee. For other regions, the fire department vehicle
20 service providers shall select which medical advisor to
21 serve on the Committee on an annual basis.

22 (2) A Region's Trauma Center Medical Directors
23 Committee shall be comprised of the Region's Trauma Center
24 Medical Directors.

25 (b) A Region's Trauma Center Medical Directors may choose
26 to participate in the development of the EMS Region Plan

1 through membership on the Regional EMS Advisory Committee,
2 rather than through a separate Trauma Center Medical Directors
3 Committee. If that option is selected, the Region's Trauma
4 Center Medical Director shall also determine whether a separate
5 Regional Trauma Advisory Committee is necessary for the Region.

6 (c) In the event of disputes over content of the Plan
7 between the Region's EMS Medical Directors Committee and the
8 Region's Trauma Center Medical Directors or Trauma Center
9 Medical Directors Committee, whichever is applicable, the
10 Director of the Illinois Department of Public Health shall
11 intervene through a mechanism established by the Department
12 through rules adopted pursuant to this Act.

13 (d) "Regional EMS Advisory Committee" means a committee
14 formed within an Emergency Medical Services (EMS) Region to
15 advise the Region's EMS Medical Directors Committee and to
16 select the Region's representative to the State Emergency
17 Medical Services Advisory Council, consisting of at least the
18 members of the Region's EMS Medical Directors Committee, the
19 Chair of the Regional Trauma Committee, the EMS System
20 Coordinators from each Resource Hospital within the Region, one
21 administrative representative from an Associate Hospital
22 within the Region, one administrative representative from a
23 Participating Hospital within the Region, one administrative
24 representative from the vehicle service provider which
25 responds to the highest number of calls for emergency service
26 within the Region, one administrative representative of a

1 vehicle service provider from each System within the Region,
2 one Emergency Medical Technician (EMT)/Pre-Hospital RN from
3 each level of EMT/Pre-Hospital RN practicing within the Region,
4 and one registered professional nurse currently practicing in
5 an emergency department within the Region. Of the 2
6 administrative representatives of vehicle service providers,
7 at least one shall be an administrative representative of a
8 private vehicle service provider. The Department's Regional
9 EMS Coordinator for each Region shall serve as a non-voting
10 member of that Region's EMS Advisory Committee.

11 Every 2 years, the members of the Region's EMS Medical
12 Directors Committee shall rotate serving as Committee Chair,
13 and select the Associate Hospital, Participating Hospital and
14 vehicle service providers which shall send representatives to
15 the Advisory Committee, and the EMTs/Pre-Hospital RN and nurse
16 who shall serve on the Advisory Committee.

17 (e) "Regional Trauma Advisory Committee" means a committee
18 formed within an Emergency Medical Services (EMS) Region, to
19 advise the Region's Trauma Center Medical Directors Committee,
20 consisting of at least the Trauma Center Medical Directors and
21 Trauma Coordinators from each Trauma Center within the Region,
22 one EMS Medical Director from a resource hospital within the
23 Region, one EMS System Coordinator from another resource
24 hospital within the Region, one representative each from a
25 public and private vehicle service provider which transports
26 trauma patients within the Region, an administrative

1 representative from each trauma center within the Region, one
2 EMT representing the highest level of EMT practicing within the
3 Region, one emergency physician and one Trauma Nurse Specialist
4 (TNS) currently practicing in a trauma center. The Department's
5 Regional EMS Coordinator for each Region shall serve as a
6 non-voting member of that Region's Trauma Advisory Committee.

7 Every 2 years, the members of the Trauma Center Medical
8 Directors Committee shall rotate serving as Committee Chair,
9 and select the vehicle service providers, EMT, emergency
10 physician, EMS System Coordinator and TNS who shall serve on
11 the Advisory Committee.

12 (Source: P.A. 89-177, eff. 7-19-95.)

13 (210 ILCS 50/3.30)

14 Sec. 3.30. EMS Region Plan; Content.

15 (a) The EMS Medical Directors Committee shall address at
16 least the following:

17 (1) Protocols for inter-System/inter-Region patient
18 transports, including identifying the conditions of
19 emergency patients which may not be transported to the
20 different levels of emergency department, based on their
21 Department classifications and relevant Regional
22 considerations (e.g. transport times and distances);

23 (2) Regional standing medical orders;

24 (3) Patient transfer patterns, including criteria for
25 determining whether a patient needs the specialized

1 services of a trauma center, along with protocols for the
2 bypassing of or diversion to any hospital, trauma center or
3 regional trauma center which are consistent with
4 individual System bypass or diversion protocols and
5 protocols for patient choice or refusal;

6 (4) Protocols for resolving Regional or Inter-System
7 conflict;

8 (5) An EMS disaster preparedness plan which includes
9 the actions and responsibilities of all EMS participants
10 within the Region. Within 90 days of the effective date of
11 this amendatory Act of 1996, an EMS System shall submit to
12 the Department for review an internal disaster plan. At a
13 minimum, the plan shall include contingency plans for the
14 transfer of patients to other facilities if an evacuation
15 of the hospital becomes necessary due to a catastrophe,
16 including but not limited to, a power failure;

17 (6) Regional standardization of continuing education
18 requirements;

19 (7) Regional standardization of Do Not Resuscitate
20 (DNR) policies, and protocols for power of attorney for
21 health care; ~~and~~

22 (8) Protocols for disbursement of Department grants;
23 and -

24 (9) Protocols for the triage, treatment, and transport
25 of possible acute stroke patients.

26 (b) The Trauma Center Medical Directors or Trauma Center

1 Medical Directors Committee shall address at least the
2 following:

3 (1) The identification of Regional Trauma Centers;

4 (2) Protocols for inter-System and inter-Region trauma
5 patient transports, including identifying the conditions
6 of emergency patients which may not be transported to the
7 different levels of emergency department, based on their
8 Department classifications and relevant Regional
9 considerations (e.g. transport times and distances);

10 (3) Regional trauma standing medical orders;

11 (4) Trauma patient transfer patterns, including
12 criteria for determining whether a patient needs the
13 specialized services of a trauma center, along with
14 protocols for the bypassing of or diversion to any
15 hospital, trauma center or regional trauma center which are
16 consistent with individual System bypass or diversion
17 protocols and protocols for patient choice or refusal;

18 (5) The identification of which types of patients can
19 be cared for by Level I and Level II Trauma Centers;

20 (6) Criteria for inter-hospital transfer of trauma
21 patients;

22 (7) The treatment of trauma patients in each trauma
23 center within the Region;

24 (8) A program for conducting a quarterly conference
25 which shall include at a minimum a discussion of morbidity
26 and mortality between all professional staff involved in

1 the care of trauma patients;

2 (9) The establishment of a Regional trauma quality
3 assurance and improvement subcommittee, consisting of
4 trauma surgeons, which shall perform periodic medical
5 audits of each trauma center's trauma services, and forward
6 tabulated data from such reviews to the Department; and

7 (10) The establishment, within 90 days of the effective
8 date of this amendatory Act of 1996, of an internal
9 disaster plan, which shall include, at a minimum,
10 contingency plans for the transfer of patients to other
11 facilities if an evacuation of the hospital becomes
12 necessary due to a catastrophe, including but not limited
13 to, a power failure.

14 (c) The Region's EMS Medical Directors and Trauma Center
15 Medical Directors Committees shall appoint any subcommittees
16 which they deem necessary to address specific issues concerning
17 Region activities.

18 (Source: P.A. 89-177, eff. 7-19-95; 89-667, eff. 1-1-97.)

19 (210 ILCS 50/3.116 new)

20 Sec. 3.116. Hospital Stroke Care; definitions. As used in
21 Sections 3.116 through 3.119, 3.130, 3.200, and 3.226 of this
22 Act:

23 "Certification" or "certified" means certification, using
24 evidence-based standards, from a nationally-recognized
25 certifying body approved by the Department.

1 "Designation" or "designated" means the Department's
2 recognition of a hospital as a Primary Stroke Center or
3 Emergent Stroke Ready Hospital.

4 "Emergent stroke care" is emergency medical care that
5 includes diagnosis and emergency medical treatment of acute
6 stroke patients.

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

10 "Primary Stroke Center" means a hospital that has been
11 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. The
19 Regional Stroke Advisory Subcommittee shall consist of one
20 representative from the EMS Medical Directors Committee; equal
21 numbers of administrative representatives, or their designees,
22 from Primary Stroke Centers within the Region, if any, and from
23 hospitals that are capable of providing emergent stroke care
24 that are not Primary Stroke Centers within the Region; one
25 neurologist from a Primary Stroke Center in the Region, if any;
26 one nurse practicing in a Primary Stroke Center and one nurse

1 from a hospital capable of providing emergent stroke care that
2 is not a Primary Stroke Center; one representative from both a
3 public and a private vehicle service provider which transports
4 possible acute stroke patients within the Region; the State
5 designated regional EMS Coordinator; and in regions that serve
6 a population of over 2,000,000, a fire chief, or designee, from
7 the EMS Region.

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

11 (210 ILCS 50/3.117 new)

12 Sec. 3.117. Hospital Designations.

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

15 (1) The Department shall designate as many certified
16 Primary Stroke Centers as apply for that designation
17 provided they are certified by a nationally-recognized
18 certifying body, approved by the Department, and
19 certification criteria are consistent with the most
20 current nationally-recognized, evidence-based stroke
21 guidelines related to reducing the occurrence,
22 disabilities, and death associated with stroke.

23 (2) A hospital certified as a Primary Stroke Center by
24 a nationally-recognized certifying body approved by the
25 Department, shall send a copy of the Certificate to the

1 Department and shall be deemed, within 30 days of its
2 receipt by the Department, to be a State-designated Primary
3 Stroke Center.

4 (3) With respect to a hospital that is a designated
5 Primary Stroke Center, the Department shall have the
6 authority and responsibility to do the following:

7 (A) Suspend or revoke a hospital's Primary Stroke
8 Center designation upon receiving notice that the
9 hospital's Primary Stroke Center certification has
10 lapsed or has been revoked by the State recognized
11 certifying body.

12 (B) Suspend a hospital's Primary Stroke Center
13 designation, in extreme circumstances where patients
14 may be at risk for immediate harm or death, until such
15 time as the certifying body investigates and makes a
16 final determination regarding certification.

17 (C) Restore any previously suspended or revoked
18 Department designation upon notice to the Department
19 that the certifying body has confirmed or restored the
20 Primary Stroke Center certification of that previously
21 designated hospital.

22 (D) Suspend a hospital's Primary Stroke Center
23 designation at the request of a hospital seeking to
24 suspend its own Department designation.

25 (4) Primary Stroke Center designation shall remain
26 valid at all times while the hospital maintains its

1 certification as a Primary Stroke Center, in good standing,
2 with the certifying body. The duration of a Primary Stroke
3 Center designation shall coincide with the duration of its
4 Primary Stroke Center certification. Each designated
5 Primary Stroke Center shall have its designation
6 automatically renewed upon the Department's receipt of a
7 copy of the accrediting body's certification renewal.

8 (5) A hospital that no longer meets
9 nationally-recognized, evidence-based standards for
10 Primary Stroke Centers, or loses its Primary Stroke Center
11 certification, shall immediately notify the Department and
12 the Regional EMS Advisory Committee.

13 (b) The Department shall attempt to designate hospitals as
14 Emergent Stroke Ready Hospitals capable of providing emergent
15 stroke care in all areas of the State.

16 (1) The Department shall designate as many Emergent
17 Stroke Ready Hospitals as apply for that designation as
18 long as they meet the criteria in this Act.

19 (2) Hospitals may apply for, and receive, Emergent
20 Stroke Ready Hospital designation from the Department,
21 provided that the hospital attests, on a form developed by
22 the Department in consultation with the State Stroke
23 Advisory Subcommittee, that it meets, and will continue to
24 meet, the criteria for Emergent Stroke Ready Hospital
25 designation.

26 (3) Hospitals seeking Emergent Stroke Ready Hospital

1 designation shall develop policies and procedures that
2 consider nationally-recognized, evidence-based protocols
3 for the provision of emergent stroke care. Hospital
4 policies relating to emergent stroke care and stroke
5 patient outcomes shall be reviewed at least annually, or
6 more often as needed, by a hospital committee that oversees
7 quality improvement. Adjustments shall be made as
8 necessary to advance the quality of stroke care delivered.
9 Criteria for Emergent Stroke Ready Hospital designation of
10 hospitals shall be limited to the ability of a hospital to:

11 (A) create written acute care protocols related to
12 emergent stroke care;

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

15 (C) designate a director of stroke care, which may
16 be a clinical member of the hospital staff or the
17 designee of the hospital administrator, to oversee the
18 hospital's stroke care policies and procedures;

19 (D) administer thrombolytic therapy, or
20 subsequently developed medical therapies that meet
21 nationally-recognized, evidence-based stroke
22 guidelines;

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

24 (F) conduct blood coagulation studies at all
25 times; and

26 (G) maintain a log of stroke patients, which shall

1 be available for review upon request by the Department
2 or any hospital that has a written transfer agreement
3 with the Emergent Stroke Ready Hospital.

4 (4) With respect to Emergent Stroke Ready Hospital
5 designation, the Department shall have the authority and
6 responsibility to do the following:

7 (A) Require hospitals applying for Emergent Stroke
8 Ready Hospital designation to attest, on a form
9 developed by the Department in consultation with the
10 State Stroke Advisory Subcommittee, that the hospital
11 meets, and will continue to meet, the criteria for a
12 Emergent Stroke Ready Hospital.

13 (B) Designate a hospital as an Emergent Stroke
14 Ready Hospital no more than 20 business days after
15 receipt of an attestation that meets the requirements
16 for attestation.

17 (C) Require annual written attestation, on a form
18 developed by the Department in consultation with the
19 State Stroke Advisory Subcommittee, by Emergent Stroke
20 Ready Hospitals to indicate compliance with Emergent
21 Stroke Ready Hospital criteria, as described in this
22 Section, and automatically renew Emergent Stroke Ready
23 Hospital designation of the hospital.

24 (D) Issue an Emergency Suspension of Emergent
25 Stroke Ready Hospital designation when the Director,
26 or his or her designee, has determined that the

1 hospital no longer meets the Emergent Stroke Ready
2 Hospital criteria and an immediate and serious danger
3 to the public health, safety, and welfare exists. If
4 the Emergent Stroke Ready Hospital fails to eliminate
5 the violation immediately or within a fixed period of
6 time, not exceeding 10 days, as determined by the
7 Director, the Director may immediately revoke the
8 Emergent Stroke Ready Hospital designation. The
9 Emergent Stroke Ready Hospital may appeal the
10 revocation within 15 days after receiving the
11 Director's revocation order, by requesting an
12 administrative hearing.

13 (E) After notice and an opportunity for an
14 administrative hearing, suspend, revoke, or refuse to
15 renew an Emergent Stroke Ready Hospital designation,
16 when the Department finds the hospital is not in
17 substantial compliance with current Emergent Stroke
18 Ready Hospital criteria.

19 (c) The Department shall consult with the State Stroke
20 Advisory Subcommittee for developing the designation and
21 de-designation processes for Primary Stroke Centers and
22 Emergent Stroke Ready Hospitals.

23 (210 ILCS 50/3.117.5 new)

24 Sec. 3.117.5. Hospital Stroke Care; grants.

25 (a) In order to encourage the establishment and retention

1 of Primary Stroke Centers and Emergent Stroke Ready Hospitals
2 throughout the State, the Director may award, subject to
3 appropriation, matching grants to hospitals to be used for the
4 acquisition and maintenance of necessary infrastructure,
5 including personnel, equipment, and pharmaceuticals for the
6 diagnosis and treatment of acute stroke patients. Grants may be
7 used to pay the fee for certifications by Department approved
8 nationally-recognized certifying bodies or to provide
9 additional training for directors of stroke care or for
10 hospital staff.

11 (b) The Director may award grant moneys to Primary Stroke
12 Centers and Emergent Stroke Ready Hospitals for developing or
13 enlarging stroke networks, for stroke education, and to enhance
14 the ability of the EMS System to respond to possible acute
15 stroke patients.

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

23 (d) Matching grant awards shall be made to Primary Stroke
24 Centers, Emergent Stroke Ready Hospitals, or hospitals seeking
25 certification or designation as a Primary Stroke Center or
26 designation as an Emergent Stroke Ready Hospital. The

1 Department may consider prioritizing grant awards to hospitals
2 in areas with the highest incidence of stroke, taking into
3 account geographic diversity, where possible.

4 (210 ILCS 50/3.118 new)

5 Sec. 3.118. Reporting.

6 (a) The Director shall, not later than July 1, 2012,
7 prepare and submit to the Governor and the General Assembly a
8 report indicating the total number of hospitals that have
9 applied for grants, the project for which the application was
10 submitted, the number of those applicants that have been found
11 eligible for the grants, the total number of grants awarded,
12 the name and address of each grantee, and the amount of the
13 award issued to each grantee.

14 (b) By July 1, 2010, the Director shall send the list of
15 designated Primary Stroke Centers and designated Emergent
16 Stroke Ready Hospitals to all Resource Hospital EMS Medical
17 Directors in this State and shall post a list of designated
18 Primary Stroke Centers and Emergent Stroke Ready Hospitals on
19 the Department's website, which shall be continuously updated.

20 (c) The Department shall add the names of designated
21 Primary Stroke Centers and Emergent Stroke Ready Hospitals to
22 the website listing immediately upon designation and shall
23 immediately remove the name when a hospital loses its
24 designation after notice and a hearing.

25 (d) Stroke data collection systems and all stroke-related

1 data collected from hospitals shall comply with the following
2 requirements:

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

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

8 (3) Information submitted to the Department shall be
9 privileged and strictly confidential and shall be used only
10 for the evaluation and improvement of hospital stroke care.
11 Stroke data collected by the Department shall not be
12 directly available to the public and shall not be subject
13 to civil subpoena, nor discoverable or admissible in any
14 civil, criminal, or administrative proceeding against a
15 health care facility or health care professional.

16 (e) The Department may administer a data collection system
17 to collect data that is already reported by designated Primary
18 Stroke Centers to their certifying body, to fulfill Primary
19 Stroke Center certification requirements. Primary Stroke
20 Centers may provide complete copies of the same reports that
21 are submitted to their certifying body, to satisfy any
22 Department reporting requirements. In the event the Department
23 establishes reporting requirements for designated Primary
24 Stroke Centers, the Department shall permit each designated
25 Primary Stroke Center to capture information using existing
26 electronic reporting tools used for certification purposes.

1 Nothing in this Section shall be construed to empower the
2 Department to specify the form of internal recordkeeping. Three
3 years from the effective date of this amendatory Act of the
4 96th General Assembly, the Department may post stroke data
5 submitted by Primary Stroke Centers on its website, subject to
6 the following:

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

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

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

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

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

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

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

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

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

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

23 (11) Notwithstanding any other provision of law, under
24 no circumstances shall the Department disclose information
25 obtained from a hospital that is confidential under Part 21
26 of Article VIII of the Code of Civil Procedure.

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

4 (210 ILCS 50/3.118.5 new)

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

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

20 (1) an EMS Medical Director;

21 (2) a hospital administrator, or designee, from a
22 Primary Stroke Center;

23 (3) a hospital administrator, or designee, from a
24 hospital capable of providing emergent stroke care that is
25 not a Primary Stroke Center;

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

2 (5) a registered nurse from a hospital capable of
3 providing emergent stroke care that is not a Primary Stroke
4 Center;

5 (6) a neurologist from a Primary Stroke Center;

6 (7) an emergency department physician from a hospital,
7 capable of providing emergent stroke care, that is not a
8 Primary Stroke Center;

9 (8) an EMS Coordinator;

10 (9) an acute stroke patient advocate;

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

13 (11) a fire chief, or designee, from a rural EMS
14 Region;

15 (12) a representative from a private ambulance
16 provider; and

17 (13) a representative from the State Emergency Medical
18 Services Advisory Council.

19 (b) Of the members first appointed, 7 members shall be
20 appointed for a term of one year, 7 members shall be appointed
21 for a term of 2 years, and the remaining members shall be
22 appointed for a term of 3 years. The terms of subsequent
23 appointees shall be 3 years.

24 (c) The State Stroke Advisory Subcommittee shall be
25 provided a 90-day period in which to review and comment upon
26 all rules proposed by the Department pursuant to this Act

1 concerning stroke care, except for emergency rules adopted
2 pursuant to Section 5-45 of the Illinois Administrative
3 Procedure Act. The 90-day review and comment period shall
4 commence prior to publication of the proposed rules and upon
5 the Department's submission of the proposed rules to the
6 individual Committee members, if the Committee is not meeting
7 at the time the proposed rules are ready for Committee review.

8 (d) The State Stroke Advisory Subcommittee shall develop
9 and submit an evidence-based statewide stroke assessment tool
10 to clinically evaluate potential stroke patients to the
11 Department for final approval. Upon approval, the Department
12 shall disseminate the tool to all EMS Systems for adoption. The
13 Director shall post the Department-approved stroke assessment
14 tool on the Department's website. The State Stroke Advisory
15 Subcommittee shall review the Department-approved stroke
16 assessment tool at least annually to ensure its clinical
17 relevancy and to make changes when clinically warranted.

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

26 (f) The Director shall coordinate with and assist the EMS

1 System Medical Directors and Regional Stroke Advisory
2 Subcommittee within each EMS Region to establish protocols
3 related to the assessment, treatment, and transport of possible
4 acute stroke patients by licensed emergency medical services
5 providers. These protocols shall include regional transport
6 plans for the triage and transport of possible acute stroke
7 patients to the most appropriate Primary Stroke Center or
8 Emergent Stroke Ready Hospital, unless circumstances warrant
9 otherwise.

10 (210 ILCS 50/3.119 new)

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

17 (210 ILCS 50/3.130)

18 Sec. 3.130. Violations; Plans of Correction. Except for
19 emergency suspension orders, or actions initiated pursuant to
20 Sections 3.117(a), 3.117(b), and ~~Section~~ 3.90(b)(10) of this
21 Act, prior to initiating an action for suspension, revocation,
22 denial, nonrenewal, or imposition of a fine pursuant to this
23 Act, the Department shall:

24 (a) Issue a Notice of Violation which specifies the

1 Department's allegations of noncompliance and requests a plan
2 of correction to be submitted within 10 days after receipt of
3 the Notice of Violation;

4 (b) Review and approve or reject the plan of correction. If
5 the Department rejects the plan of correction, it shall send
6 notice of the rejection and the reason for the rejection. The
7 party shall have 10 days after receipt of the notice of
8 rejection in which to submit a modified plan;

9 (c) Impose a plan of correction if a modified plan is not
10 submitted in a timely manner or if the modified plan is
11 rejected by the Department;

12 (d) Issue a Notice of Intent to fine, suspend, revoke,
13 nonrenew or deny if the party has failed to comply with the
14 imposed plan of correction, and provide the party with an
15 opportunity to request an administrative hearing. The Notice of
16 Intent shall be effected by certified mail or by personal
17 service, shall set forth the particular reasons for the
18 proposed action, and shall provide the party with 15 days in
19 which to request a hearing.

20 (Source: P.A. 89-177, eff. 7-19-95.)

21 (210 ILCS 50/3.200)

22 Sec. 3.200. State Emergency Medical Services Advisory
23 Council.

24 (a) There shall be established within the Department of
25 Public Health a State Emergency Medical Services Advisory

1 Council, which shall serve as an advisory body to the
2 Department on matters related to this Act.

3 (b) Membership of the Council shall include one
4 representative from each EMS Region, to be appointed by each
5 region's EMS Regional Advisory Committee. The Governor shall
6 appoint additional members to the Council as necessary to
7 insure that the Council includes one representative from each
8 of the following categories:

- 9 (1) EMS Medical Director,
- 10 (2) Trauma Center Medical Director,
- 11 (3) Licensed, practicing physician with regular and
12 frequent involvement in the provision of emergency care,
- 13 (4) Licensed, practicing physician with special
14 expertise in the surgical care of the trauma patient,
- 15 (5) EMS System Coordinator,
- 16 (6) TNS,
- 17 (7) EMT-P,
- 18 (8) EMT-I,
- 19 (9) EMT-B,
- 20 (10) Private vehicle service provider,
- 21 (11) Law enforcement officer,
- 22 (12) Chief of a public vehicle service provider,
- 23 (13) Statewide firefighters' union member affiliated
24 with a vehicle service provider,
- 25 (14) Administrative representative from a fire
26 department vehicle service provider in a municipality with

1 a population of over 2 million people;

2 (15) Administrative representative from a Resource
3 Hospital or EMS System Administrative Director.

4 (c) Of the members first appointed, 5 members shall be
5 appointed for a term of one year, 5 members shall be appointed
6 for a term of 2 years, and the remaining members shall be
7 appointed for a term of 3 years. The terms of subsequent
8 appointees shall be 3 years. All appointees shall serve until
9 their successors are appointed and qualified.

10 (d) The Council shall be provided a 90-day period in which
11 to review and comment, in consultation with the subcommittee to
12 which the rules are relevant, upon all rules proposed by the
13 Department pursuant to this Act, except for rules adopted
14 pursuant to Section 3.190(a) of this Act, rules submitted to
15 the State Trauma Advisory Council and emergency rules adopted
16 pursuant to Section 5-45 of the Illinois Administrative
17 Procedure Act. The 90-day review and comment period may
18 commence upon the Department's submission of the proposed rules
19 to the individual Council members, if the Council is not
20 meeting at the time the proposed rules are ready for Council
21 review. Any non-emergency rules adopted prior to the Council's
22 90-day review and comment period shall be null and void. If the
23 Council fails to advise the Department within its 90-day review
24 and comment period, the rule shall be considered acted upon.

25 (e) Council members shall be reimbursed for reasonable
26 travel expenses incurred during the performance of their duties

1 under this Section.

2 (f) The Department shall provide administrative support to
3 the Council for the preparation of the agenda and minutes for
4 Council meetings and distribution of proposed rules to Council
5 members.

6 (g) The Council shall act pursuant to bylaws which it
7 adopts, which shall include the annual election of a Chair and
8 Vice-Chair.

9 (h) The Director or his designee shall be present at all
10 Council meetings.

11 (i) Nothing in this Section shall preclude the Council from
12 reviewing and commenting on proposed rules which fall under the
13 purview of the State Trauma Advisory Council.

14 (Source: P.A. 89-177, eff. 7-19-95; 90-655, eff. 7-30-98.)

15 (210 ILCS 50/3.226 new)

16 Sec. 3.226. Hospital Stroke Care Fund.

17 (a) The Hospital Stroke Care Fund is created as a special
18 fund in the State treasury for the purpose of receiving
19 appropriations, donations, and grants collected by the
20 Illinois Department of Public Health pursuant to Department
21 designation of Primary Stroke Centers and Emergent Stroke Ready
22 Hospitals. All moneys collected by the Department pursuant to
23 its authority to designate Primary Stroke Centers and Emergent
24 Stroke Ready Hospitals shall be deposited into the Fund, to be
25 used for the purposes in subsection (b).

1 (b) The purpose of the Fund is to allow the Director of the
2 Department to award matching grants to hospitals that have been
3 certified Primary Stroke Centers, that seek certification or
4 designation or both as Primary Stroke Centers, that have been
5 designated Emergent Stroke Ready Hospitals, that seek
6 designation as Emergent Stroke Ready Hospitals, and for the
7 development of stroke networks. Hospitals may use grant funds
8 to work with the EMS System to improve outcomes of possible
9 acute stroke patients.

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

13 (d) Interfund transfers from the Hospital Stroke Care Fund
14 shall be prohibited."