



Health Care Availability and Access Committee

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LRB095 18756 MJR 47795 a

1 AMENDMENT TO HOUSE BILL 4699

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

4 "Section 1. Short title. This Act may be cited as the
5 Primary Stroke Center Designation Act.

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

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

1 Illinois, Indiana, and Ohio have higher stroke mortality
2 rates than neighboring states Michigan, Minnesota, and
3 Wisconsin.

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

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

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

22 "Brain Attack Coalition" refers to the national group of
23 professional, voluntary and governmental entities dedicated to
24 reducing the occurrence, disability and death associated with
25 stroke.

1 "Department" means the Illinois Department of Public
2 Health.

3 "Director" means the Director of the Illinois Department of
4 Public Health.

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

11 Section 15. Designation of Primary Stroke Centers.

12 (a) The Department shall recognize a hospital as a Primary
13 Stroke Center if the hospital meets any of the following
14 criteria:

15 (1) is designated a Primary Stroke Center by the Joint
16 Commission;

17 (2) is designated a Primary Stroke Center by a
18 nationally recognized accrediting body as approved by the
19 Department, provided that the criteria for Primary Stroke
20 Center certification of the accrediting body are
21 consistent with the most recent criteria established by the
22 Brain Attack Coalition; or

23 (3) is designated as a Primary Stroke Center by the
24 Department. The Department may designate a hospital as a
25 Primary Stroke Center, provided that the Department's

1 criteria for Primary Stroke Center certification are
2 consistent with the most recent criteria established by the
3 Brain Attack Coalition.

4 (b) Each hospital designated a Primary Stroke Center shall
5 notify the Department of its designation within 30 days after
6 receiving that designation. Each hospital shall notify the
7 Department if it ceases to be a Primary Stroke Center, within
8 30 days after it ceases having that designation.

9 Section 20. Grants.

10 (a) In order to encourage and ensure the establishment of
11 Primary Stroke Centers throughout the State, the Director may
12 award matching grants to hospitals that have been designated
13 Primary Stroke Centers or that seek designation as Primary
14 Stroke Centers, to be used for necessary infrastructure,
15 including personnel and equipment, or to meet the fee
16 requirements for accreditation surveys in order to satisfy the
17 criteria for designation. A matching grant shall not exceed
18 \$250,000 or 50% of the hospital's cost for the necessary
19 infrastructure, whichever is less.

20 (b) A hospital seeking designation as a Primary Stroke
21 Center may apply to the Director for a matching grant in a
22 manner and form designated by the Director and shall provide
23 information as the Director deems necessary to determine if the
24 hospital is eligible for the grant.

25 (c) Matching grant awards shall be made to Primary Stroke

1 Centers, placing greatest priority on facilities in areas with
2 high stroke morbidity rates and achieving geographic diversity
3 where possible.

4 Section 25. Reporting.

5 (a) The Director shall, not later than July 1, 2010,
6 prepare and submit to the Governor, the President of the
7 Senate, and the Speaker of the House of Representatives a
8 report indicating the total number of hospitals that have
9 applied for grants under Section 20 of this Act, the project
10 for which the application was submitted, the number of those
11 applicants that have been found eligible for the grants, the
12 total number of grants awarded, the name and address of each
13 grantee, and the amount of the award issued to each grantee.

14 (b) The Director shall, not later than September 1, 2009,
15 prepare and submit to the Governor, the President of the
16 Senate, and the Speaker of the House of Representatives a
17 report indicating, as of August 1, 2009, the total number of
18 hospitals that have attained Primary Stroke Center designation
19 and the accrediting body through which Primary Stroke Center
20 designations were attained.

21 (c) By September 1, 2009, the Director shall send the list
22 of designated Primary Stroke Centers to the medical director of
23 each licensed emergency medical services provider in this State
24 and shall post a list of designated Primary Stroke Centers on
25 the Department's website.

1 (d) The Department shall add Primary Stroke Centers
2 immediately to the website listing upon notice to the
3 Department; any Primary Stroke Center whose designation is
4 revoked shall be removed from the website listing immediately
5 upon notice to the Department.

6 (e) Each Primary Stroke Center shall semiannually report to
7 the Department data collected to fulfill its designation
8 requirements. The report shall comply with the following:

9 (1) Primary Stroke Centers may provide complete copies
10 of the same reports they submit to the Joint Commission or
11 other accrediting body, provided the data collected and
12 reported substantially matches data reporting requirements
13 established by the Brain Attack Coalition. The Department
14 shall access this information directly from an accrediting
15 body provided that the Primary Stroke Center has granted
16 the Department permission to do so. The Department shall
17 provide the Primary Stroke Center with a copy of the data
18 received from the accreditation body so the Primary Stroke
19 Center can verify its accuracy.

20 (2) The aggregate data shall be made available to any
21 and all government agencies or contractors of government
22 agencies that have responsibility for the management and
23 administration of emergency medical services throughout
24 the State. However, such data shall not be a public record
25 within the meaning contained in the Illinois Freedom of
26 Information Act.

1 (3) The Department shall compile the data and report it
2 in aggregate form to be posted annually on its website. The
3 results of this report may be used by the Department to
4 conduct training regarding best practices in the treatment
5 of stroke.

6 (4) The data specific to a Primary Stroke Center shall
7 be made available to other individuals only if that Primary
8 Stroke Center provides the Department written
9 authorization for the release of the data.

10 Section 30. Emergency medical services providers; triage
11 and transportation of stroke victims to a Primary Stroke
12 Center.

13 (a) The Director shall submit a proposed stroke assessment
14 tool to the General Assembly for approval pursuant to Section
15 45 of this Act. Upon approval by the General Assembly, the
16 Director shall distribute the standardized stroke assessment
17 tool. The Director must post this stroke assessment tool on the
18 Department's website and provide a copy of the assessment tool
19 to each licensed emergency medical services provider no later
20 than January 15, 2010. Each licensed emergency medical services
21 provider must use a stroke-triage assessment tool that conforms
22 with and is substantially similar to the sample stroke-triage
23 assessment tool provided by the Department.

24 (b) The Director shall work with Primary Stroke Centers and
25 emergency medical providers to establish protocols related to

1 the assessment, treatment, and transport of stroke patients by
2 licensed emergency medical services providers in this State.
3 Such protocols shall include regional transport plans for the
4 triage and transport of stroke patients to the closest, most
5 appropriate facility, including the bypass of health care
6 facilities not designated as Primary Stroke Centers when it is
7 safe to do so.

8 (c) Each emergency medical services provider licensed in
9 the State shall comply with the protocols established by the
10 Director related to the assessment, treatment, and transport of
11 stroke patients by licensed emergency medical services
12 providers in the State and with all of the Sections of this Act
13 by March 1, 2010.

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

20 Section 40. Authorization to advertise. A person may not
21 claim or advertise to the public, by way of any medium
22 whatsoever, that a hospital is a Primary Stroke Center unless
23 the hospital is designated a Primary Stroke Center in
24 accordance with this Act.

1 Section 45. No authority to make or promulgate rules.
2 Notwithstanding any other rulemaking authority that may exist,
3 neither the Governor nor any agency or agency head under the
4 jurisdiction of the Governor has any authority to make or
5 promulgate rules to implement or enforce the provisions of this
6 Act. If, however, the Governor believes that rules are
7 necessary to implement or enforce the provisions of this Act,
8 the Governor may suggest rules to the General Assembly by
9 filing them with the Clerk of the House and Secretary of the
10 Senate and by requesting that the General Assembly authorize
11 such rulemaking by law, enact those suggested rules into law,
12 or take any other appropriate action in the General Assembly's
13 discretion. Nothing contained in this Act shall be interpreted
14 to grant rulemaking authority under any other Illinois statute
15 where such authority is not otherwise explicitly given. For the
16 purposes of this Act, "rules" is given the meaning contained in
17 Section 1-70 of the Illinois Administrative Procedure Act, and
18 "agency" and "agency head" are given the meanings contained in
19 Sections 1-20 and 1-25 of the Illinois Administrative Procedure
20 Act to the extent that such definitions apply to agencies or
21 agency heads under the jurisdiction of the Governor.

22 Section 99. Effective date. This Act takes effect upon
23 becoming law."