

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, and 3.118.5 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, and 3.200 of this Act:

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

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

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

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

23 ~~"Emergent stroke care" is emergency medical care that~~

1 ~~includes diagnosis and emergency medical treatment of acute~~
2 ~~stroke patients.~~

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

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

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

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

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

1 clearly delineates committee responsibilities and structure.
2 Of the members first appointed, one-third shall be appointed
3 for a term of one year, one-third shall be appointed for a term
4 of 2 years, and the remaining members shall be appointed for a
5 term of 3 years. The terms of subsequent appointees shall be 3
6 years.

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

10 "Stroke certification" or "stroke-certified" means
11 certification, using evidence-based standards, from a
12 nationally recognized certifying body approved by the
13 Department.

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

18 ~~"Thrombectomy Ready Stroke Center" means a hospital that~~
19 ~~has been certified by a Department approved, nationally~~
20 ~~recognized certifying body and designated as such by the~~
21 ~~Department.~~

22 (Source: P.A. 102-687, eff. 12-17-21; 103-149, eff. 1-1-24;
23 103-363, eff. 7-28-23; 103-605, eff. 7-1-24.)

24 (210 ILCS 50/3.117)

25 Sec. 3.117. Hospital designations.

1 (a) The Department shall attempt to designate ~~Primary~~
2 Stroke Centers in all areas of the State.

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

11 (2) A hospital certified as a ~~Primary~~ Stroke Center by
12 a nationally recognized certifying body approved by the
13 Department, shall send a copy of the Certificate and
14 annual fee to the Department and shall be deemed, within
15 30 business days of its receipt by the Department, to be a
16 State-designated ~~Primary~~ Stroke Center.

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

22 (3.5) With respect to a hospital that is a designated
23 ~~Primary~~ Stroke Center, the Department shall have the
24 authority and responsibility to do the following:

25 (A) Suspend or revoke a hospital's ~~Primary~~ Stroke
26 Center designation upon receiving notice that the

1 hospital's ~~Primary~~ Stroke Center certification has
2 lapsed or has been revoked by the State recognized
3 certifying body.

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

9 (C) Restore any previously suspended or revoked
10 Department designation upon notice to the Department
11 that the certifying body has confirmed or restored the
12 ~~Primary~~ Stroke Center certification of that previously
13 designated hospital.

14 (D) Suspend a hospital's ~~Primary~~ Stroke Center
15 designation at the request of a hospital seeking to
16 suspend its own Department designation.

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

1 (5) A hospital that no longer meets nationally
2 recognized, evidence-based standards for ~~Primary~~ Stroke
3 Centers, ~~or~~ loses its ~~Primary~~ Stroke Center certification,
4 or has any change to its designation level shall notify
5 the Department and the Regional EMS Advisory Committee
6 within 5 business days.

7 ~~(a 5) The Department shall attempt to designate~~
8 ~~Comprehensive Stroke Centers in all areas of the State.~~

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

19 ~~(2) A hospital certified as a Comprehensive Stroke~~
20 ~~Center shall send a copy of the Certificate and annual fee~~
21 ~~to the Department and shall be deemed, within 30 business~~
22 ~~days of its receipt by the Department, to be a~~
23 ~~State designated Comprehensive Stroke Center.~~

24 ~~(3) A hospital designated as a Comprehensive Stroke~~
25 ~~Center shall pay an annual fee as determined by the~~
26 ~~Department that shall be no less than \$100 and no greater~~

1 ~~than \$500. All fees shall be deposited into the Stroke~~
2 ~~Data Collection Fund.~~

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

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

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

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

25 ~~(5) Comprehensive Stroke Center designation shall~~
26 ~~remain valid at all times while the hospital maintains its~~

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

9 ~~(6) A hospital that no longer meets nationally~~
10 ~~recognized, evidence based standards for Comprehensive~~
11 ~~Stroke Centers, or loses its Comprehensive Stroke Center~~
12 ~~certification, shall notify the Department and the~~
13 ~~Regional EMS Advisory Committee within 5 business days.~~

14 ~~(a 7) The Department shall attempt to designate~~
15 ~~Thrombectomy Capable Stroke Centers, Thrombectomy Ready Stroke~~
16 ~~Centers, and Primary Stroke Centers Plus in all areas of the~~
17 ~~State according to the following requirements:~~

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

26 ~~(2) A Thrombectomy Capable Stroke Center, Thrombectomy~~

1 ~~Ready Stroke Center, or Primary Stroke Center Plus shall~~
2 ~~send a copy of the certificate of its designation and~~
3 ~~annual fee to the Department and shall be deemed, within~~
4 ~~30 business days after its receipt by the Department, to~~
5 ~~be a State designated Thrombectomy Capable Stroke Center,~~
6 ~~Thrombectomy Ready Stroke Center, or Primary Stroke Center~~
7 ~~Plus.~~

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

14 ~~(4) With respect to a Thrombectomy Capable Stroke~~
15 ~~Center, Thrombectomy Ready Stroke Center, or Primary~~
16 ~~Stroke Center Plus, the Department shall:~~

17 ~~(A) suspend or revoke the Thrombectomy Capable~~
18 ~~Stroke Center, Thrombectomy Ready Stroke Center, or~~
19 ~~Primary Stroke Center Plus designation upon receiving~~
20 ~~notice that the Thrombectomy Capable Stroke Center's,~~
21 ~~Thrombectomy Ready Stroke Center's, or Primary Stroke~~
22 ~~Center Plus's certification has lapsed or has been~~
23 ~~revoked by its certifying body;~~

24 ~~(B) in extreme circumstances in which patients may~~
25 ~~be at risk for immediate harm or death, suspend the~~
26 ~~Thrombectomy Capable Stroke Center's, Thrombectomy~~

1 ~~Ready Stroke Center's, or Primary Stroke Center Plus's~~
2 ~~designation until its certifying body investigates the~~
3 ~~circumstances and makes a final determination~~
4 ~~regarding its 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 ~~Thrombectomy Capable Stroke Center's, Thrombectomy~~
9 ~~Ready Stroke Center's, or Primary Stroke Center Plus's~~
10 ~~certification; and~~

11 ~~(D) suspend the Thrombectomy Capable Stroke~~
12 ~~Center's, Thrombectomy Ready Stroke Center's, or~~
13 ~~Primary Stroke Center Plus's designation at the~~
14 ~~request of a facility seeking to suspend its own~~
15 ~~Department designation.~~

16 ~~(5) A Thrombectomy Capable Stroke Center, Thrombectomy~~
17 ~~Ready Stroke Center, or Primary Stroke Center Plus~~
18 ~~designation shall remain valid at all times while the~~
19 ~~facility maintains its certification as a Thrombectomy~~
20 ~~Capable Stroke Center, Thrombectomy Ready Stroke Center,~~
21 ~~or Primary Stroke Center Plus and is in good standing with~~
22 ~~the certifying body. The duration of a Thrombectomy~~
23 ~~Capable Stroke Center, Thrombectomy Ready Stroke Center,~~
24 ~~or Primary Stroke Center Plus designation shall be the~~
25 ~~same as the duration of its Thrombectomy Capable Stroke~~
26 ~~Center, Thrombectomy Ready Stroke Center, or Primary~~

~~Stroke Center Plus certification. Each designated Thrombectomy Capable Stroke Center, Thrombectomy Ready Stroke Center, or Primary Stroke Center Plus shall have its designation automatically renewed upon the Department's receipt of a copy of the certifying body's renewal of the certification.~~

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

(b) The Department shall consult with the State Stroke Advisory Subcommittee for the adoption or deletion of approved stroke designation levels. The approved stroke designation levels shall coincide with the stroke designation levels recognized by Department-approved certifying bodies. Beginning on the first day of the month that begins 12 months after the adoption of rules authorized by this subsection, the Department shall attempt to designate hospitals as Acute Stroke-Ready Hospitals in all areas of the State. Designation may be approved by the Department after a hospital has been certified as an Acute Stroke-Ready Hospital or through application and designation by the Department. ~~For any~~

1 ~~hospital that is designated as an Emergent Stroke Ready~~
2 ~~Hospital at the time that the Department begins the~~
3 ~~designation of Acute Stroke Ready Hospitals, the Emergent~~
4 ~~Stroke Ready designation shall remain intact for the duration~~
5 ~~of the 12 month period until that designation expires. Until~~
6 ~~the Department begins the designation of hospitals as Acute~~
7 ~~Stroke Ready Hospitals, hospitals may achieve Emergent Stroke~~
8 ~~Ready Hospital designation utilizing the processes and~~
9 ~~criteria provided in Public Act 96-514.~~

10 ~~(1) (Blank).~~

11 ~~(2)~~ Hospitals may apply for, and receive, Acute
12 Stroke-Ready Hospital designation from the Department,
13 provided that the hospital attests, on a form developed by
14 the Department in consultation with the State Stroke
15 Advisory Subcommittee, that it meets, and will continue to
16 meet, the criteria for Acute Stroke-Ready Hospital
17 designation and pays an annual fee.

18 ~~A hospital designated as an Acute Stroke Ready~~
19 ~~Hospital shall pay an annual fee as determined by the~~
20 ~~Department that shall be no less than \$100 and no greater~~
21 ~~than \$500. All fees shall be deposited into the Stroke~~
22 ~~Data Collection Fund.~~

23 ~~(2.5) A hospital may apply for, and receive, Acute~~
24 ~~Stroke Ready Hospital designation from the Department,~~
25 ~~provided that the hospital provides proof of current Acute~~
26 ~~Stroke Ready Hospital certification and the hospital pays~~

1 ~~an annual fee.~~

2 ~~(A) Acute Stroke Ready Hospital designation shall~~
3 ~~remain valid at all times while the hospital maintains~~
4 ~~its certification as an Acute Stroke Ready Hospital,~~
5 ~~in good standing, with the certifying body.~~

6 ~~(B) The duration of an Acute Stroke Ready Hospital~~
7 ~~designation shall coincide with the duration of its~~
8 ~~Acute Stroke Ready Hospital certification.~~

9 ~~(C) Each designated Acute Stroke Ready Hospital~~
10 ~~shall have its designation automatically renewed upon~~
11 ~~the Department's receipt of a copy of the certifying~~
12 ~~body's certification renewal and Application for~~
13 ~~Stroke Center Designation form.~~

14 ~~(D) A hospital must submit a copy of its~~
15 ~~certification renewal from the certifying body as soon~~
16 ~~as practical but no later than 30 business days after~~
17 ~~that certification is received by the hospital. Upon~~
18 ~~the Department's receipt of the renewal certification,~~
19 ~~the Department shall renew the hospital's Acute~~
20 ~~Stroke Ready Hospital designation.~~

21 ~~(E) A hospital designated as an Acute Stroke Ready~~
22 ~~Hospital shall pay an annual fee as determined by the~~
23 ~~Department that shall be no less than \$100 and no~~
24 ~~greater than \$500. All fees shall be deposited into~~
25 ~~the Stroke Data Collection Fund.~~

26 ~~(3) Hospitals seeking Acute Stroke Ready Hospital~~

1 ~~designation that do not have certification shall develop~~
2 ~~policies and procedures that are consistent with~~
3 ~~nationally recognized, evidence based protocols for the~~
4 ~~provision of emergent stroke care. Hospital policies~~
5 ~~relating to emergent stroke care and stroke patient~~
6 ~~outcomes shall be reviewed at least annually, or more~~
7 ~~often as needed, by a hospital committee that oversees~~
8 ~~quality improvement. Adjustments shall be made as~~
9 ~~necessary to advance the quality of stroke care delivered.~~
10 ~~Criteria for Acute Stroke Ready Hospital designation of~~
11 ~~hospitals shall be limited to the ability of a hospital~~
12 ~~to:~~

13 ~~(A) create written acute care protocols related to~~
14 ~~emergent stroke care;~~

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

17 ~~(B) maintain a written transfer agreement with one~~
18 ~~or more hospitals that have neurosurgical expertise;~~

19 ~~(C) designate a Clinical Director of Stroke Care~~
20 ~~who shall be a clinical member of the hospital staff~~
21 ~~with training or experience, as defined by the~~
22 ~~facility, in the care of patients with cerebrovascular~~
23 ~~disease. This training or experience may include, but~~
24 ~~is not limited to, completion of a fellowship or other~~
25 ~~specialized training in the area of cerebrovascular~~
26 ~~disease, attendance at national courses, or prior~~

1 ~~experience in neuroscience intensive care units. The~~
2 ~~Clinical Director of Stroke Care may be a neurologist,~~
3 ~~neurosurgeon, emergency medicine physician, internist,~~
4 ~~radiologist, advanced practice registered nurse, or~~
5 ~~physician assistant;~~

6 ~~(C 5) provide rapid access to an acute stroke~~
7 ~~team, as defined by the facility, that considers and~~
8 ~~reflects nationally recognized, evidence based~~
9 ~~protocols or guidelines;~~

10 ~~(D) administer thrombolytic therapy, or~~
11 ~~subsequently developed medical therapies that meet~~
12 ~~nationally recognized, evidence based stroke~~
13 ~~guidelines;~~

14 ~~(E) conduct brain image tests at all times;~~

15 ~~(F) conduct blood coagulation studies at all~~
16 ~~times;~~

17 ~~(G) maintain a log of stroke patients, which shall~~
18 ~~be available for review upon request by the Department~~
19 ~~or any hospital that has a written transfer agreement~~
20 ~~with the Acute Stroke Ready Hospital;~~

21 ~~(H) admit stroke patients to a unit that can~~
22 ~~provide appropriate care that considers and reflects~~
23 ~~nationally recognized, evidence based protocols or~~
24 ~~guidelines or transfer stroke patients to an Acute~~
25 ~~Stroke Ready Hospital, Primary Stroke Center, or~~
26 ~~Comprehensive Stroke Center, or another facility that~~

1 ~~can provide the appropriate care that considers and~~
2 ~~reflects nationally recognized, evidence-based~~
3 ~~protocols or guidelines; and~~

4 ~~(I) demonstrate compliance with nationally~~
5 ~~recognized quality indicators.~~

6 ~~(4) With respect to Acute Stroke Ready Hospital~~
7 ~~designation, the Department shall have the authority and~~
8 ~~responsibility to do the following:~~

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

15 ~~(A 5) Require hospitals applying for Acute~~
16 ~~Stroke Ready Hospital designation via national Acute~~
17 ~~Stroke Ready Hospital certification to provide proof~~
18 ~~of current Acute Stroke Ready Hospital certification,~~
19 ~~in good standing.~~

20 ~~The Department shall require a hospital that is~~
21 ~~already certified as an Acute Stroke Ready Hospital to~~
22 ~~send a copy of the Certificate to the Department.~~

23 ~~Within 30 business days of the Department's~~
24 ~~receipt of a hospital's Acute Stroke Ready Certificate~~
25 ~~and Application for Stroke Center Designation form~~
26 ~~that indicates that the hospital is a certified Acute~~

1 ~~Stroke Ready Hospital, in good standing, the hospital~~
2 ~~shall be deemed a State-designated Acute Stroke Ready~~
3 ~~Hospital. The Department shall send a designation~~
4 ~~notice to each hospital that it designates as an Acute~~
5 ~~Stroke Ready Hospital and shall add the names of~~
6 ~~designated Acute Stroke Ready Hospitals to the website~~
7 ~~listing immediately upon designation. The Department~~
8 ~~shall immediately remove the name of a hospital from~~
9 ~~the website listing when a hospital loses its~~
10 ~~designation after notice and, if requested by the~~
11 ~~hospital, a hearing.~~

12 ~~The Department shall develop an Application for~~
13 ~~Stroke Center Designation form that contains a~~
14 ~~statement that "The above named facility meets the~~
15 ~~requirements for Acute Stroke Ready Hospital~~
16 ~~Designation as provided in Section 3.117 of the~~
17 ~~Emergency Medical Services (EMS) Systems Act" and~~
18 ~~shall instruct the applicant facility to provide: the~~
19 ~~hospital name and address; the hospital CEO or~~
20 ~~Administrator's typed name and signature; the hospital~~
21 ~~Clinical Director of Stroke Care's typed name and~~
22 ~~signature; and a contact person's typed name, email~~
23 ~~address, and phone number.~~

24 ~~The Application for Stroke Center Designation form~~
25 ~~shall contain a statement that instructs the hospital~~
26 ~~to "Provide proof of current Acute Stroke Ready~~

1 ~~Hospital certification from a nationally recognized~~
2 ~~certifying body approved by the Department".~~

3 ~~(B) Designate a hospital as an Acute Stroke Ready~~
4 ~~Hospital no more than 30 business days after receipt~~
5 ~~of an attestation that meets the requirements for~~
6 ~~attestation, unless the Department, within 30 days of~~
7 ~~receipt of the attestation, chooses to conduct an~~
8 ~~onsite survey prior to designation. If the Department~~
9 ~~chooses to conduct an onsite survey prior to~~
10 ~~designation, then the onsite survey shall be conducted~~
11 ~~within 90 days of receipt of the attestation.~~

12 ~~(C) Require annual written attestation, on a form~~
13 ~~developed by the Department in consultation with the~~
14 ~~State Stroke Advisory Subcommittee, by Acute~~
15 ~~Stroke Ready Hospitals to indicate compliance with~~
16 ~~Acute Stroke Ready Hospital criteria, as described in~~
17 ~~this Section, and automatically renew Acute~~
18 ~~Stroke Ready Hospital designation of the hospital.~~

19 ~~(D) Issue an Emergency Suspension of Acute~~
20 ~~Stroke Ready Hospital designation when the Director,~~
21 ~~or his or her designee, has determined that the~~
22 ~~hospital no longer meets the Acute Stroke Ready~~
23 ~~Hospital criteria and an immediate and serious danger~~
24 ~~to the public health, safety, and welfare exists. If~~
25 ~~the Acute Stroke Ready Hospital fails to eliminate the~~
26 ~~violation immediately or within a fixed period of~~

1 ~~time, not exceeding 10 days, as determined by the~~
2 ~~Director, the Director may immediately revoke the~~
3 ~~Acute Stroke Ready Hospital designation. The Acute~~
4 ~~Stroke Ready Hospital may appeal the revocation within~~
5 ~~15 business days after receiving the Director's~~
6 ~~revocation order, by requesting an administrative~~
7 ~~hearing.~~

8 ~~(E) After notice and an opportunity for an~~
9 ~~administrative hearing, suspend, revoke, or refuse to~~
10 ~~renew an Acute Stroke Ready Hospital designation, when~~
11 ~~the Department finds the hospital is not in~~
12 ~~substantial compliance with current Acute Stroke Ready~~
13 ~~Hospital criteria.~~

14 (c) The Department shall consult with the State Stroke
15 Advisory Subcommittee for developing the designation,
16 re-designation, and de-designation processes of all stroke
17 designation levels recognized by the Department for
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.~~

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

25 (Source: P.A. 103-149, eff. 1-1-24; 104-417, eff. 8-15-25.)

1 (210 ILCS 50/3.117.5)

2 Sec. 3.117.5. Hospital Stroke Care; grants.

3 (a) In order to encourage the establishment and retention
4 of ~~Comprehensive Stroke Centers, Thrombectomy Capable Stroke~~
5 ~~Centers, Thrombectomy Ready Stroke Centers, Primary Stroke~~
6 ~~Centers Plus, Primary Stroke Centers, and Acute Stroke Ready~~
7 ~~Hospitals~~ throughout the State, the Director may award,
8 subject to appropriation, matching grants to hospitals to be
9 used for the acquisition and maintenance of necessary
10 infrastructure, including personnel, equipment, and
11 pharmaceuticals for the diagnosis and treatment of acute
12 stroke patients. Grants may be used to pay the fee for
13 certifications by Department approved nationally recognized
14 certifying bodies or to provide additional training for
15 directors of stroke care or for hospital staff.

16 (b) The Director may award grant moneys to ~~Comprehensive~~
17 ~~Stroke Centers, Thrombectomy Capable Stroke Centers,~~
18 ~~Thrombectomy Ready Stroke Centers, Primary Stroke Centers~~
19 ~~Plus, Primary Stroke Centers, and Acute Stroke Ready Hospitals~~
20 for developing or enlarging stroke networks, for stroke
21 education, and to enhance the ability of the EMS System to
22 respond to possible acute stroke patients.

23 (c) A ~~Comprehensive Stroke Center, Thrombectomy Capable~~
24 ~~Stroke Center, Thrombectomy Ready Stroke Center, Primary~~
25 ~~Stroke Center Plus, Primary Stroke Center, or Acute~~
26 ~~Stroke Ready Hospital, or a hospital seeking certification as~~

1 ~~a Comprehensive Stroke Center, Thrombectomy Capable Stroke~~
2 ~~Center, Thrombectomy Ready Stroke Center, Primary Stroke~~
3 ~~Center Plus, Primary Stroke Center, or Acute Stroke Ready~~
4 ~~Hospital or designation as an Acute Stroke Ready Hospital,~~ may
5 apply to the Director for a matching grant in a manner and form
6 specified by the Director and shall provide information as the
7 Director deems necessary to determine whether the hospital is
8 eligible for the grant.

9 (d) Matching grant awards shall be made to ~~Comprehensive~~
10 ~~Stroke Centers, Thrombectomy Capable Stroke Centers,~~
11 ~~Thrombectomy Ready Stroke Centers, Primary Stroke Centers~~
12 ~~Plus, Primary Stroke Centers, Acute Stroke Ready Hospitals, or~~
13 ~~hospitals seeking certification or designation as a~~
14 ~~Comprehensive Stroke Center, Thrombectomy Capable Stroke~~
15 ~~Center, Thrombectomy Ready Stroke Center, Primary Stroke~~
16 ~~Center Plus, Primary Stroke Center, or Acute Stroke Ready~~
17 ~~Hospital.~~ The Department may consider prioritizing grant
18 awards to hospitals in areas with the highest incidence of
19 stroke, taking into account geographic diversity, where
20 possible.

21 (Source: P.A. 102-687, eff. 12-17-21; 103-149, eff. 1-1-24.)

22 (210 ILCS 50/3.118)

23 Sec. 3.118. Reporting.

24 (a) The Director shall, not later than July 1, 2012,
25 prepare and submit to the Governor and the General Assembly a

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

7 (b) By July 1, 2010, the Director shall send the list of
8 designated ~~Comprehensive Stroke Centers, Thrombectomy Capable~~
9 ~~Stroke Centers, Thrombectomy Ready Stroke Centers, Primary~~
10 ~~Stroke Centers Plus, Primary Stroke Centers, and Acute~~
11 ~~Stroke Ready Hospitals~~ to all Resource Hospital EMS Medical
12 Directors in this State and shall post a list of designated
13 ~~Comprehensive Stroke Centers~~ and Department-approved stroke
14 levels ~~, Thrombectomy Capable Stroke Centers, Thrombectomy~~
15 ~~Ready Stroke Centers, Primary Stroke Centers Plus, Primary~~
16 ~~Stroke Centers, and Acute Stroke Ready Hospitals~~ on the
17 Department's website, which shall be continuously updated.

18 (c) The Department shall add the names of designated
19 ~~Comprehensive Stroke Centers, Thrombectomy Capable Stroke~~
20 ~~Centers, Thrombectomy Ready Stroke Centers, Primary Stroke~~
21 ~~Centers Plus, Primary Stroke Centers, and Acute Stroke Ready~~
22 ~~Hospitals~~ to the website listing immediately upon designation
23 and shall immediately remove the name when a hospital loses
24 its designation after notice and a hearing.

25 (d) Stroke data collection systems and all stroke-related
26 data collected from hospitals shall comply with the following

1 requirements:

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

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

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

15 (e) The Department may administer a data collection system
16 to collect data that is already reported by designated
17 ~~Comprehensive Stroke Centers, Thrombectomy Capable Stroke~~
18 ~~Centers, Thrombectomy Ready Stroke Centers, Primary Stroke~~
19 ~~Centers Plus, Primary Stroke Centers, and Acute Stroke Ready~~
20 ~~Hospitals to their certifying body, to fulfill certification~~
21 ~~requirements. Comprehensive Stroke Centers, Thrombectomy~~
22 ~~Capable Stroke Centers, Thrombectomy Ready Stroke Centers,~~
23 ~~Primary Stroke Centers Plus, Primary Stroke Centers, and Acute~~
24 ~~Stroke Ready Hospitals may provide data used in submission to~~
25 their current Stroke certifying body. The data collection
26 system may be used 7 to satisfy any Department reporting

1 requirements. The Department shall establish reporting
2 requirements for designated Stroke Centers to capture
3 information using new or existing electronic reporting tools
4 for statewide data collection and certification purposes.
5 Submission of such data elements shall be in a format that is
6 used statewide ~~The Department may require submission of data~~
7 ~~elements in a format that is used State wide. In the event the~~
8 ~~Department establishes reporting requirements for designated~~
9 ~~Comprehensive Stroke Centers, Thrombectomy Capable Stroke~~
10 ~~Centers, Thrombectomy Ready Stroke Centers, Primary Stroke~~
11 ~~Centers Plus, Primary Stroke Centers, and Acute Stroke Ready~~
12 ~~Hospitals, the Department shall permit each designated~~
13 ~~Comprehensive Stroke Center, Thrombectomy Capable Stroke~~
14 ~~Centers, Thrombectomy Ready Stroke Centers, Primary Stroke~~
15 ~~Centers Plus, Primary Stroke Center, or Acute Stroke Ready~~
16 ~~Hospital to capture information using existing electronic~~
17 ~~reporting tools used for certification purposes.~~ Nothing in
18 this Section shall be construed to empower the Department to
19 specify the form of internal recordkeeping. ~~Three years from~~
20 ~~the effective date of this amendatory Act of the 96th General~~
21 ~~Assembly, the~~ The Department may post the collected stroke
22 data submitted by ~~Comprehensive Stroke Centers, Thrombectomy~~
23 ~~Capable Stroke Centers, Thrombectomy Ready Stroke Centers,~~
24 ~~Primary Stroke Centers Plus, Primary Stroke Centers, and Acute~~
25 ~~Stroke Ready Hospitals~~ on its website, subject to the
26 following:

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

5 (2) The limitations of the data sources and analytic
6 methodologies used to develop comparative hospital
7 information shall be clearly identified and acknowledged,
8 including, but not limited to, the appropriate and
9 inappropriate uses of the data.

10 (3) To the greatest extent possible, comparative
11 hospital information initiatives shall use standard-based
12 norms derived from widely accepted provider-developed
13 practice guidelines.

14 (4) Comparative hospital information and other
15 information that the Department has compiled regarding
16 hospitals shall be shared with the hospitals under review
17 prior to public dissemination of the information.
18 Hospitals have 30 days to make corrections and to add
19 helpful explanatory comments about the information before
20 the publication.

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

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

1 (7) Effective safeguards to protect against the
2 dissemination of inconsistent, incomplete, invalid,
3 inaccurate, or subjective hospital data shall be developed
4 and implemented.

5 (8) The quality and accuracy of hospital information
6 reported under this Act and its data collection, analysis,
7 and dissemination methodologies shall be evaluated
8 regularly.

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

12 (10) The Department shall disclose information under
13 this Section in accordance with provisions for inspection
14 and copying of public records required by the Freedom of
15 Information Act, provided that the information satisfies
16 the provisions of this Section.

17 (11) Notwithstanding any other provision of law, under
18 no circumstances shall the Department disclose information
19 obtained from a hospital that is confidential under Part
20 21 of Article VIII of the Code of Civil Procedure.

21 (12) No hospital report or Department disclosure may
22 contain information identifying a patient, employee, or
23 licensed professional.

24 (Source: P.A. 103-149, eff. 1-1-24.)

25 (210 ILCS 50/3.118.5)

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

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

16 (1) an EMS Medical Director;

17 (2) a hospital administrator, or designee, from a
18 Comprehensive Stroke Center;

19 (2.5) a hospital administrator, or designee, from a
20 Thrombectomy Capable Stroke Center, Thrombectomy Ready
21 Stroke Center, or Primary Stroke Center Plus;

22 (3) a hospital administrator, or designee, from a
23 Primary Stroke Center;

24 (3.5) a hospital administrator, or designee, from an
25 Acute Stroke-Ready Hospital;

26 (3.10) a registered nurse from a Comprehensive Stroke

1 Center;

2 (3.15) a registered nurse from a Thrombectomy Capable
3 Stroke Center, Thrombectomy Ready Stroke Center, or
4 Primary Stroke Center Plus;

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

6 (5) a registered nurse from an Acute Stroke-Ready
7 Hospital;

8 (5.5) a physician providing advanced stroke care from
9 a Comprehensive Stroke center;

10 (5.10) a physician providing stroke care from a
11 Thrombectomy Capable Stroke Center, Thrombectomy Ready
12 Stroke Center, or Primary Stroke Center Plus;

13 (6) a physician providing stroke care from a Primary
14 Stroke Center;

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

17 (8) an EMS Coordinator;

18 (9) an acute stroke patient advocate;

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

21 (11) a fire chief, or designee, from a rural EMS
22 Region;

23 (12) a representative from a private ambulance
24 provider;

25 (12.5) a representative from a municipal EMS provider;

26 and

1 (13) a representative from the State Emergency Medical
2 Services Advisory Council.

3 (b) Of the members first appointed, 9 members shall be
4 appointed for a term of one year, 9 members shall be appointed
5 for a term of 2 years, and the remaining members shall be
6 appointed for a term of 3 years. The terms of subsequent
7 appointees shall be 3 years.

8 (c) The State Stroke Advisory Subcommittee shall be
9 provided a 90-day period in which to review and comment upon
10 all rules proposed by the Department pursuant to this Act
11 concerning stroke care, except for emergency rules adopted
12 pursuant to Section 5-45 of the Illinois Administrative
13 Procedure Act. The 90-day review and comment period shall
14 commence prior to publication of the proposed rules and upon
15 the Department's submission of the proposed rules to the
16 individual Committee members, if the Committee is not meeting
17 at the time the proposed rules are ready for Committee review.
18 The Department shall give due consideration to any
19 recommendations submitted by the members of the State Stroke
20 Advisory Subcommittee and shall notify the Subcommittee in
21 writing of any recommendations that are not taken. The
22 Department shall retain such notices in accordance with the
23 Department's policies.

24 (d) The State Stroke Advisory Subcommittee shall develop
25 and submit an evidence-based statewide stroke assessment tool
26 to clinically evaluate potential stroke patients to the

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

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

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

21 (f) The Director shall coordinate with and assist the EMS
22 System Medical Directors and Regional Stroke Advisory
23 Subcommittee within each EMS Region to establish protocols
24 related to the assessment, treatment, and transport of
25 possible acute stroke patients by licensed emergency medical
26 services providers. These protocols shall include regional

1 transport plans for the triage and transport of possible acute
2 stroke patients to the most appropriate ~~Comprehensive~~ Stroke
3 ~~Center, Thrombectomy Capable Stroke Center, Thrombectomy Ready~~
4 ~~Stroke Center, Primary Stroke Center Plus, Primary Stroke~~
5 ~~Center, or Acute Stroke Ready Hospital,~~ unless circumstances
6 warrant otherwise.

7 (Source: P.A. 103-149, eff. 1-1-24.)