



95TH GENERAL ASSEMBLY

State of Illinois

2007 and 2008

HB1541

Introduced 2/22/2007, by Rep. Bob Biggins

SYNOPSIS AS INTRODUCED:

New Act

Creates the Primary Stroke Center Designation Act. Sets forth the findings of the General Assembly. Provides that the Director of Public Health shall designate as many hospitals as primary stroke centers as apply for the designation, provided that the hospital meets the criteria set forth in the Act. Provides the criteria necessary for designation as a primary stroke center. Provides that the Director of Public Health may suspend or revoke a hospital's designation as a primary stroke center after notice and hearing if the Director determines that the hospital does not comply with the requirements of the Act. Provides that the Director of Public Health may award matching grants to hospitals that seek designation as primary stroke centers and demonstrate a need for financial assistance to develop the necessary infrastructure. Provides that the Director of Public Health must, not later than July 1, 2009 prepare and submit to the Governor, the President of the Senate, and the Speaker of the General Assembly a report indicating the total number of hospitals that have applied for grants under the Act before July 1, 2009 and the number of those applicants that have been found eligible for the grants, the total number of grants awarded, the name and address of each grantee and hospital and the amount of the award to each, and the amount of each award that has been awarded to the grantee. Effective immediately.

LRB095 05127 KBJ 25197 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning public health.

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

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

6 Section 5. Findings.

7 (a) The General Assembly finds and 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
14 increase.

15 (2) Although new treatments are available to improve
16 the clinical outcomes of stroke, many acute care hospitals
17 lack the necessary staff and equipment to optimally triage
18 and treat stroke patients, including the provision of
19 optimal, safe, and effective emergency care for these
20 patients.

21 (3) A level of stroke center should be established for
22 the treatment of acute stroke. Primary stroke centers
23 should be established in as many acute care hospitals as

1 possible. These centers would evaluate, stabilize, and
2 provide emergency care to patients with acute stroke and
3 then, depending on the patient's needs and the center's
4 capabilities, either admit the patient and provide
5 inpatient care or transfer the patient to a comprehensive
6 stroke center.

7 (4) There is a public health need for acute care
8 hospitals in this State to establish stroke centers to
9 ensure rapid triage, diagnostic evaluation, and treatment
10 of patients suffering a stroke. This should result in
11 increased survival and a decrease in the disabilities
12 associated with stroke.

13 (5) It is in the best interest of the residents of this
14 State to establish a program to designate stroke centers
15 throughout the State, to provide specific patient care and
16 support services criteria that stroke centers must meet in
17 order to ensure that stroke patients receive safe and
18 effective care, and to provide financial support to acute
19 care hospitals to encourage them to develop stroke centers
20 in all areas of the State.

21 Section 10. Designation of primary stroke centers.

22 (a) The Director of Public Health shall designate as many
23 hospitals as primary stroke centers as apply for the
24 designation, provided that the hospital meets the criteria set
25 forth in this Act. In addition to the criteria set forth in

1 this Act, the Director is encouraged to take into consideration
2 whether the hospital contracts with carriers that provide
3 coverage through the State Medicaid program.

4 (b) A hospital shall be designated as a primary stroke
5 center if it has received a Certificate of Distinction for
6 Primary Stroke Centers issued by the Joint Commission on
7 Accreditation of Healthcare Organizations (JCAHO) or, if the
8 hospital has not received the Certificate of Distinction for
9 Primary Stroke Centers, at the discretion of the Director of
10 Public Health if the following criteria, as established by the
11 Brain Attack Coalition, has been met.

12 (c) With respect to patient care, the hospital must:

13 (1) maintain acute stroke team availability to see an
14 emergency department patient within 15 minutes of arrival
15 at the emergency department, 24 hours a day, 7 days a week;

16 (2) maintain written care protocols and standing
17 orders for emergency care of stroke patients;

18 (3) maintain neurology and emergency department
19 personnel trained in the diagnosis and treatment of acute
20 stroke;

21 (4) maintain telemetry or critical care beds staffed by
22 physicians and nurses who are trained and experienced in
23 caring for acute stroke patients;

24 (5) provide for neurosurgical services, including
25 operating room availability either at the hospital or under
26 agreement with a comprehensive stroke center within a 2

1 hour distance, 24 hours a day, 7 days a week;

2 (6) provide acute care rehabilitation services; and

3 (7) enter into and maintain a written transfer
4 agreement with a comprehensive stroke center so that
5 patients with complex strokes can be transported to a
6 comprehensive center for care when clinically warranted.

7 (d) With respect to support services, the hospital must:

8 (1) demonstrate an institutional commitment and
9 support of a stroke center, including having a designated
10 physician serving as stroke center director with special
11 training and experience in caring for patients with stroke;

12 (2) maintain neuro-imaging services capability, which
13 shall include computerized tomography scanning or magnetic
14 resonance imaging and interpretation of the image that is
15 available 24 hours a day, 7 days a week, within 25 minutes
16 of order entry;

17 (3) maintain laboratory services capability, which
18 shall include blood testing, electrocardiography, and
19 X-ray services that are available 24 hours a day, 7 days a
20 week, within 45 minutes of order entry;

21 (4) develop and maintain outcomes and quality
22 activities, which shall include a database or registry to
23 track patient outcomes. This data shall include, at a
24 minimum: the number of patients evaluated; the number of
25 patients receiving acute interventional therapy; the
26 amount of time from patient presentation to delivery of

1 acute interventional therapy; patient length of stay;
2 patient functional outcome; and patient morbidity. A
3 primary stroke center may share this data with its
4 affiliated comprehensive stroke center for the purposes of
5 quality improvement and research;

6 (5) provide annual continuing education on stroke to
7 support emergency services personnel regarding stroke
8 diagnosis and treatment, which will be the responsibility
9 of the stroke center director;

10 (6) require the stroke center director to obtain a
11 minimum of 8 hours of continuing education on stroke each
12 year; and

13 (7) demonstrate a continuing commitment to ongoing
14 education to the general public about stroke, which
15 includes conducting at least two programs annually for the
16 general public on the prevention, recognition, diagnosis,
17 and treatment of stroke.

18 (e) The Director of Public Health may suspend or revoke a
19 hospital's designation as a primary stroke center after notice
20 and hearing if the Director determines that the hospital is not
21 in compliance with the requirements of this Act.

22 Section 15. Grants.

23 (a) In order to encourage and ensure the establishment of
24 primary stroke centers throughout the State, the Director of
25 Public Health may award matching grants to hospitals that seek

1 designation as primary stroke centers and demonstrate a need
2 for financial assistance to develop the necessary
3 infrastructure, including personnel and equipment, in order to
4 satisfy the criteria for designation provided pursuant to this
5 Act. The matching grants shall not exceed \$250,000 or 50% of
6 the hospitals's cost for developing the necessary
7 infrastructure, whichever is less.

8 (b) A hospital seeking designation as a primary stroke
9 center must apply to the Director of Public Health for a
10 matching grant in a manner and form designated by the Director
11 and provide such information as the Director deems necessary to
12 determine if the hospital is eligible for the grant.

13 (c) Matching grant awards shall be made to at least 2
14 applicant hospitals in the northern region of this State, at
15 least 2 applicant hospitals in the central region of this
16 State, and at least 2 applicant hospitals in the southern
17 region of this State, provided in the case of each region that
18 the applicant hospital receiving the grants must be eligible
19 under the provisions of this Act.

20 (d) No more than 20% of the funds appropriated pursuant to
21 this Act shall be allocated to hospitals that seek designation
22 as primary stroke centers.

23 Section 20. Report. The Director of Public Health must, not
24 later than July 1, 2009, prepare and submit to the Governor,
25 the President of the Senate, and the Speaker of the General

1 Assembly a report indicating the total number of hospitals that
2 have applied for grants under Section 15 of this Act before
3 July 1, 2009 and the number of those applicants that have been
4 found eligible for the grants, the total number of grants
5 awarded, the name and address of each grantee, and the amount
6 of the award issued to each grantee.

7 Section 25. Rules. The Director of Public Health shall
8 adopt rules to carry out the purposes of this Act.

9 Section 99. Effective date. This Act takes effect upon
10 becoming law.