



95TH GENERAL ASSEMBLY

State of Illinois

2007 and 2008

HB4699

Introduced 1/30/2008, 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, 2010, 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, 2010 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 18756 KBJ 44875 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. Stroke is the number 3 killer of Illinois
15 residents. Stroke leads to the death of more than 7,500
16 citizens of Illinois each year and disables thousands more.
17 Illinois, Indiana, and Ohio have higher stroke mortality
18 rates than neighboring states Michigan, Minnesota, and
19 Wisconsin. Furthermore, a pattern of higher mortality
20 exists in rural Illinois where there are few Primary Stroke
21 Centers and limited access to hospitals.

22 (2) Although new treatments are available to improve
23 the clinical outcomes of stroke, many acute care hospitals

1 lack the necessary staff and equipment to optimally triage
2 and treat stroke patients, including the provision of
3 optimal, safe, and effective emergency care for these
4 patients.

5 (3) A level of stroke center should be established for
6 the treatment of acute stroke. Primary Stroke Centers
7 should be established in as many acute care hospitals as
8 possible. These centers would evaluate, stabilize, and
9 provide emergency care to patients with acute stroke and
10 then, depending on the patient's needs and the center's
11 capabilities, either admit the patient and provide
12 inpatient care or transfer the patient to the closest, most
13 appropriate facility.

14 (4) There is a public health need for acute care
15 hospitals in this State to establish stroke centers to
16 ensure rapid triage, diagnostic evaluation, and treatment
17 of patients suffering a stroke. This should result in
18 increased survival and a decrease in the disabilities
19 associated with stroke.

20 (5) It is in the best interest of the residents of this
21 State to establish a program to designate stroke centers
22 throughout the State, to provide specific patient care and
23 support services criteria that stroke centers must meet in
24 order to ensure that stroke patients receive safe and
25 effective care, and to provide financial support to acute
26 care hospitals to encourage them to develop stroke centers

1 in all areas of the State.

2 Section 10. Designation of Primary Stroke Centers.

3 (a) The Director of Public Health shall designate as many
4 hospitals as Primary Stroke Centers as apply for the
5 designation, provided that the hospital meets the criteria set
6 forth in this Act. In addition to the criteria set forth in
7 this Act, the Director is encouraged to take into consideration
8 whether the hospital contracts with carriers that provide
9 coverage through the State Medicaid program.

10 (b) A hospital shall be designated as a Primary Stroke
11 Center if it has received a Certificate of Distinction for
12 Primary Stroke Centers issued by the Joint Commission on
13 Accreditation of Healthcare Organizations or another
14 nationally recognized accrediting body as determined by the
15 Department, or the Illinois Department of Public Health using
16 its own criteria, as long as it is consistent with the criteria
17 established by the Brain Attack Coalition. If the hospital has
18 not received the Certificate of Distinction for Primary Stroke
19 Centers, the hospital shall be designated as a Primary Stroke
20 Center at the discretion of the Director of Public Health if
21 the following criteria, as established by the Brain Attack
22 Coalition, has been met.

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

24 (1) maintain acute stroke team availability to see an
25 emergency department patient within 15 minutes of arrival

- 1 at the emergency department, 24 hours a day, 7 days a week;
- 2 (2) maintain written care protocols and standing
3 orders for emergency care of stroke patients;
- 4 (3) maintain neurology and emergency department
5 personnel trained in the diagnosis and treatment of acute
6 stroke;
- 7 (4) maintain telemetry or critical care beds staffed by
8 physicians and nurses who are trained and experienced in
9 caring for acute stroke patients;
- 10 (5) provide for neurosurgical services, including
11 operating room availability either at the hospital or under
12 agreement with a comprehensive stroke center within a 2
13 hour distance, 24 hours a day, 7 days a week; and
- 14 (6) provide acute care rehabilitation services.
- 15 (d) With respect to support services, the hospital must:
- 16 (1) demonstrate an institutional commitment and
17 support of a stroke center, including having a designated
18 physician serving as Stroke Center Director with special
19 training and experience in caring for stroke patients;
- 20 (2) maintain neuro-imaging services capability, which
21 shall include computerized tomography scanning or magnetic
22 resonance imaging and interpretation of the image that is
23 available 24 hours a day, 7 days a week, within 25 minutes
24 of order entry;
- 25 (3) maintain laboratory services capability, which
26 shall include blood testing, electrocardiography, and

1 X-ray services that are available 24 hours a day, 7 days a
2 week, within 45 minutes of order entry;

3 (4) develop and maintain outcomes and quality
4 activities, which shall include a database or registry to
5 track patient outcomes. This data shall include, at a
6 minimum: the number of patients evaluated; the number of
7 patients receiving acute interventional therapy; the
8 amount of time from patient presentation to delivery of
9 acute interventional therapy; patient length of stay;
10 patient functional outcome; and patient morbidity;

11 (5) provide annual continuing education on stroke to
12 support emergency services personnel regarding stroke
13 diagnosis and treatment, which will be the responsibility
14 of the Stroke Center Director;

15 (6) require the Stroke Center Director to obtain a
16 minimum of 8 hours of continuing education on stroke each
17 year; and

18 (7) demonstrate a continuing commitment to ongoing
19 education to the general public about stroke, which
20 includes conducting at least two programs annually for the
21 general public on the prevention, recognition, diagnosis,
22 and treatment of stroke.

23 (e) The Director of Public Health may suspend or revoke a
24 hospital's designation as a Primary Stroke Center after notice
25 and hearing if the Director determines that the hospital is not
26 in compliance with the requirements of this Act.

1 Section 15. Grants.

2 (a) In order to encourage and ensure the establishment of
3 Primary Stroke Centers throughout the State, the Director of
4 Public Health may award matching grants to hospitals that seek
5 designation as Primary Stroke Centers and demonstrate a need
6 for financial assistance to develop the necessary
7 infrastructure, including personnel and equipment, or to meet
8 the fee requirements for accreditation surveys in order to
9 satisfy the criteria for designation provided pursuant to this
10 Act. The matching grants shall not exceed \$250,000 or 50% of
11 the hospitals's cost for developing the necessary
12 infrastructure, whichever is less.

13 (b) A hospital seeking designation as a Primary Stroke
14 Center may apply to the Director of Public Health for a
15 matching grant in a manner and form designated by the Director
16 and provide such information as the Director deems necessary to
17 determine if the hospital is eligible for the grant.

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

1 Section 20. Report. The Director of Public Health must, not
2 later than July 1, 2010, prepare and submit to the Governor,
3 the President of the Senate, and the Speaker of the House of
4 Representatives a report indicating the total number of
5 hospitals that have applied for grants under Section 15 of this
6 Act before July 1, 2010 and the number of those applicants that
7 have been found eligible for the grants, the total number of
8 grants awarded, the name and address of each grantee, and the
9 amount of the award issued to each grantee.

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

12 Section 99. Effective date. This Act takes effect upon
13 becoming law.