



## 98TH GENERAL ASSEMBLY

### State of Illinois

### 2013 and 2014

### SB3520

Introduced 2/14/2014, by Sen. Heather A. Steans

#### SYNOPSIS AS INTRODUCED:

- 30 ILCS 105/5.855 new
- 210 ILCS 50/3.116
- 210 ILCS 50/3.117
- 210 ILCS 50/3.117.5
- 210 ILCS 50/3.117.75 new
- 210 ILCS 50/3.118
- 210 ILCS 50/3.118.5
- 210 ILCS 50/3.119
- 210 ILCS 50/3.226

Amends the Emergency Medical Services (EMS) Systems Act. Provides that the Department of Public Health may designate a hospital as an Acute Stroke-Ready Hospital. Provides that a hospital that is certified as an Acute Stroke-Ready Hospital or Comprehensive Stroke Center by a nationally-recognized and Department-approved certifying body may be designated as such by the Department upon receipt of the certification and the payment of an annual fee. Provides that the fees collected for designation shall be used to support stroke care data collection and that any surplus funds from the fees shall be used to support the Department Stroke Coordinator's salary or for other stroke-care initiatives, including administrative oversight of stroke care. Amends the State Finance Act to create the Stroke Data Collection Fund as a special fund in the State treasury. Deletes provisions regarding designation of hospitals as Emergent Stroke-Ready Hospitals. Contains procedures regarding Department designation of Acute Stroke-Ready Hospitals and Comprehensive Stroke Centers.

LRB098 18128 RPS 53257 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

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 State Finance Act is amended by adding  
5 Section 5.855 as follows:

6 (30 ILCS 105/5.855 new)

7 Sec. 5.855. The Stroke Data Collection Fund.

8 Section 10. The Emergency Medical Services (EMS) Systems  
9 Act is amended by changing Sections 3.116, 3.117, 3.117.5,  
10 3.118, 3.118.5, 3.119, and 3.226 and by adding Section 3.117.75  
11 as follows:

12 (210 ILCS 50/3.116)

13 Sec. 3.116. Hospital Stroke Care; definitions. As used in  
14 Sections 3.116 through 3.119, 3.130, 3.200, and 3.226 of this  
15 Act:

16 "Acute Stroke-Ready Hospital" means a hospital that has  
17 been designated by the Department as meeting the criteria for  
18 providing emergent stroke care. Designation may be provided  
19 after a hospital has been certified or through application and  
20 designation as such.

21 "Certification" or "certified" means certification, using

1 evidence-based standards, from a nationally-recognized  
2 certifying body approved by the Department.

3 "Comprehensive Stroke Center" means a hospital that has  
4 been certified and has been designated as such.

5 "Designation" or "designated" means the Department's  
6 recognition of a hospital as a Comprehensive Stroke Center,  
7 Primary Stroke Center, or Acute Stroke-Ready Hospital ~~Emergent~~  
8 ~~Stroke Ready Hospital.~~

9 "Emergent stroke care" is emergency medical care that  
10 includes diagnosis and emergency medical treatment of acute  
11 stroke patients.

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

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

18 "Regional Stroke Advisory Subcommittee" means a  
19 subcommittee formed within each Regional EMS Advisory  
20 Committee to advise the Director and the Region's EMS Medical  
21 Directors Committee on the triage, treatment, and transport of  
22 possible acute stroke patients and to select the Region's  
23 representative to the State Stroke Advisory Subcommittee. At  
24 minimum, the Regional Stroke Advisory Subcommittee shall  
25 consist of: one representative from the EMS Medical Directors  
26 Committee; one EMS coordinator from a Resource Hospital; one

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

1 shall be appointed for a term of 3 years. The terms of  
2 subsequent appointees shall be 3 years. ~~The Regional Stroke~~  
3 ~~Advisory Subcommittee shall consist of one representative from~~  
4 ~~the EMS Medical Directors Committee; equal numbers of~~  
5 ~~administrative representatives, or their designees, from~~  
6 ~~Primary Stroke Centers within the Region, if any, and from~~  
7 ~~hospitals that are capable of providing emergent stroke care~~  
8 ~~that are not Primary Stroke Centers within the Region; one~~  
9 ~~neurologist from a Primary Stroke Center in the Region, if any;~~  
10 ~~one nurse practicing in a Primary Stroke Center and one nurse~~  
11 ~~from a hospital capable of providing emergent stroke care that~~  
12 ~~is not a Primary Stroke Center; one representative from both a~~  
13 ~~public and a private vehicle service provider which transports~~  
14 ~~possible acute stroke patients within the Region; the State~~  
15 ~~designated regional EMS Coordinator; and in regions that serve~~  
16 ~~a population of over 2,000,000, a fire chief, or designee, from~~  
17 ~~the EMS Region.~~

18 "State Stroke Advisory Subcommittee" means a standing  
19 advisory body within the State Emergency Medical Services  
20 Advisory Council.

21 (Source: P.A. 96-514, eff. 1-1-10.)

22 (210 ILCS 50/3.117)

23 Sec. 3.117. Hospital Designations.

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

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

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

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

20           (3.5) With respect to a hospital that is a designated  
21 Primary Stroke Center, the Department shall have the  
22 authority and responsibility to do the following:

23           (A) Suspend or revoke a hospital's Primary Stroke  
24 Center designation upon receiving notice that the  
25 hospital's Primary Stroke Center certification has  
26 lapsed or has been revoked by the State recognized

1 certifying body.

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

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

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

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

24 (5) A hospital that no longer meets  
25 nationally-recognized, evidence-based standards for  
26 Primary Stroke Centers, or loses its Primary Stroke Center

1 certification, shall ~~immediately~~ notify the Department and  
2 the Regional EMS Advisory Committee within 5 business days.

3 (a-5) The Department shall attempt to designate  
4 Comprehensive Stroke Centers in all areas of the State.

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

14 (2) A hospital certified as a Comprehensive Stroke  
15 Center shall send a copy of the Certificate and annual fee  
16 to the Department and shall be deemed, within 30 business  
17 days of its receipt by the Department, to be a  
18 State-designated Comprehensive Stroke Center.

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

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



1           (A) Suspend or revoke the hospital's Comprehensive  
2           Stroke Center designation upon receiving notice that  
3           the hospital's Comprehensive Stroke Center  
4           certification has lapsed or has been revoked by the  
5           State recognized certifying body.

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

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

16          (D) Suspend the hospital's Comprehensive Stroke  
17          Center designation at the request of a hospital seeking  
18          to suspend its own Department designation.

19          (5) Comprehensive Stroke Center designation shall  
20          remain valid at all times while the hospital maintains its  
21          certification as a Comprehensive Stroke Center, in good  
22          standing, with the certifying body. The duration of a  
23          Comprehensive Stroke Center designation shall coincide  
24          with the duration of its Comprehensive Stroke Center  
25          certification. Each designated Comprehensive Stroke Center  
26          shall have its designation automatically renewed upon the

1 Department's receipt of a copy of the certifying body's  
2 certification renewal.

3 (6) A hospital that no longer meets  
4 nationally-recognized, evidence-based standards for  
5 Comprehensive Stroke Centers, or loses its Comprehensive  
6 Stroke Center certification, shall notify the Department  
7 and the Regional EMS Advisory Committee within 5 business  
8 days.

9 (b) The Department shall attempt to designate hospitals as  
10 Acute Stroke-Ready Hospitals ~~Emergent Stroke Ready Hospitals~~  
11 ~~capable of providing emergent stroke care~~ in all areas of the  
12 State. Designation may be approved by the Department after a  
13 hospital has been certified as an Acute Stroke-Ready Hospital  
14 or through application and designation by the Department.

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

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

26 A hospital designated as an Acute Stroke-Ready

1 Hospital shall pay an annual fee as determined by the  
2 Department that shall be no less than \$100 and no greater  
3 than \$500. All fees shall be deposited into the Stroke Data  
4 Collection Fund.

5 (2.5) A hospital may apply for, and receive, Acute  
6 Stroke-Ready Hospital designation from the Department,  
7 provided that the hospital provides proof of current Acute  
8 Stroke-Ready Hospital certification and the hospital pays  
9 an annual fee.

10 (A) Acute Stroke-Ready Hospital designation shall  
11 remain valid at all times while the hospital maintains  
12 its certification as an Acute Stroke-Ready Hospital,  
13 in good standing, with the certifying body.

14 (B) The duration of an Acute Stroke-Ready Hospital  
15 designation shall coincide with the duration of its  
16 Acute Stroke-Ready Hospital certification.

17 (C) Each designated Acute Stroke-Ready Hospital  
18 shall have its designation automatically renewed upon  
19 the Department's receipt of a copy of the certifying  
20 body's certification renewal and Request for  
21 Department Acute Stroke-Ready Designation Form.

22 (D) A hospital must submit a copy of its  
23 certification renewal from the certifying body as soon  
24 as practical but no later than 30 business days after  
25 that certification is received by the hospital. Upon  
26 the Department's receipt of the renewal certification,

1           the Department shall renew the hospital's Acute  
2           Stroke-Ready Hospital designation.

3           (E) A hospital designated as an Acute Stroke-Ready  
4           Hospital shall pay an annual fee as determined by the  
5           Department that shall be no less than \$100 and no  
6           greater than \$500. All fees shall be deposited into the  
7           Stroke Data Collection Fund.

8           (3) Hospitals seeking Acute Stroke-Ready Hospital  
9           ~~Emergent Stroke Ready Hospital~~ designation that do not have  
10           certification shall develop policies and procedures that  
11           are consistent with ~~consider~~ nationally-recognized,  
12           evidence-based protocols for the provision of emergent  
13           stroke care. Hospital policies relating to emergent stroke  
14           care and stroke patient outcomes shall be reviewed at least  
15           annually, or more often as needed, by a hospital committee  
16           that oversees quality improvement. Adjustments shall be  
17           made as necessary to advance the quality of stroke care  
18           delivered. Criteria for Acute Stroke-Ready Hospital  
19           ~~Emergent Stroke Ready Hospital~~ designation of hospitals  
20           shall be limited to the ability of a hospital to:

21                   (A) create written acute care protocols related to  
22                   emergent stroke care;

23                   (A-5) participate in the data collection system  
24                   provided in Section 3.118, if available;

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

1 (C) designate a director of stroke care, which may  
2 be a clinical member of the hospital staff or the  
3 designee of the hospital administrator, to oversee the  
4 hospital's stroke care policies and procedures;

5 (C-5) staff an acute stroke team in accordance with  
6 national guidelines;

7 (D) administer thrombolytic therapy, or  
8 subsequently developed medical therapies that meet  
9 nationally-recognized, evidence-based stroke  
10 guidelines;

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

12 (F) conduct blood coagulation studies at all  
13 times; ~~and~~

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

19 (H) admit stroke patients to a stroke unit or  
20 transfer stroke patients to an Acute Stroke-Ready  
21 Hospital, Primary Stroke Center, or Comprehensive  
22 Stroke Center with a stroke unit available; and

23 (I) demonstrate compliance with  
24 nationally-recognized quality indicators.

25 (4) With respect to Acute Stroke-Ready Hospital  
26 ~~Emergent Stroke Ready Hospital~~ designation, the Department

1 shall have the authority and responsibility to do the  
2 following:

3 (A) Require hospitals applying for Acute  
4 Stroke-Ready Hospital ~~Emergent Stroke Ready Hospital~~  
5 designation to attest, on a form developed by the  
6 Department in consultation with the State Stroke  
7 Advisory Subcommittee, that the hospital meets, and  
8 will continue to meet, the criteria for an Acute  
9 Stroke-Ready ~~a Emergent Stroke Ready~~ Hospital.

10 (A-5) Require hospitals applying for Acute  
11 Stroke-Ready Hospital designation via national Acute  
12 Stroke-Ready Hospital certification to provide proof  
13 of current Acute Stroke-Ready Hospital certification,  
14 in good standing.

15 The Department shall require a hospital that is  
16 already certified as an Acute Stroke-Ready Hospital to  
17 send a copy of the Certificate to the Department.

18 Within 30 business days of the Department's  
19 receipt of a hospital's Acute Stroke-Ready Certificate  
20 and Request for Acute Stroke-Ready Hospital  
21 Designation Form that indicates that the hospital is a  
22 certified Acute Stroke-Ready Hospital, in good  
23 standing, the hospital shall be deemed a  
24 State-designated Acute Stroke-Ready Hospital. The  
25 Department shall send a designation notice to each  
26 hospital that it designates as an Acute Stroke-Ready

1 Hospital and shall add the names of designated Acute  
2 Stroke-Ready Hospitals to the website listing  
3 immediately upon designation. The Department shall  
4 immediately remove the name of a hospital from the  
5 website listing when a hospital loses its designation  
6 after notice and, if requested by the hospital, a  
7 hearing.

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

20 The Request for Acute Stroke-Ready Hospital  
21 Designation form shall contain a statement that  
22 instructs the hospital to "Provide proof of current  
23 Acute Stroke-Ready Hospital certification from a  
24 nationally-recognized certifying body approved by the  
25 Department".

26 (B) Designate a hospital as an Acute Stroke-Ready

1 ~~Hospital Emergent Stroke Ready Hospital~~ no more than 30  
2 ~~20~~ business days after receipt of an attestation that  
3 meets the requirements for attestation, unless the  
4 Department, within 30 days of receipt of the  
5 attestation, chooses to conduct an onsite survey prior  
6 to designation. If the Department chooses to conduct an  
7 onsite survey prior to designation, then the onsite  
8 survey shall be conducted within 90 days of receipt of  
9 the attestation.

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

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



1 ~~Hospital~~ fails to eliminate the violation immediately  
2 or within a fixed period of time, not exceeding 10  
3 days, as determined by the Director, the Director may  
4 immediately revoke the Acute Stroke-Ready Hospital  
5 ~~Emergent Stroke Ready Hospital~~ designation. The Acute  
6 Stroke-Ready Hospital ~~Emergent Stroke Ready Hospital~~  
7 may appeal the revocation within 15 business days after  
8 receiving the Director's revocation order, by  
9 requesting an administrative hearing.

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

17 (c) The Department shall consult with the State Stroke  
18 Advisory Subcommittee for developing the designation,  
19 re-designation, and de-designation processes for Comprehensive  
20 Stroke Centers, ~~for~~ Primary Stroke Centers,  
21 Acute Stroke-Ready Hospitals ~~Emergent Stroke Ready 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. 96-514, eff. 1-1-10; revised 11-12-13.)

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

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

21 (c) A Comprehensive Stroke Center, Primary Stroke Center,  
22 or Acute Stroke-Ready Hospital ~~Emergent Stroke Ready Hospital~~,  
23 or a hospital seeking certification as a Comprehensive Stroke  
24 Center, Primary Stroke Center, or Acute Stroke-Ready Hospital  
25 or designation as an Acute Stroke-Ready Hospital, ~~Emergent~~  
26 ~~Stroke Ready Hospital~~ may apply to the Director for a matching

1 grant in a manner and form specified by the Director and shall  
2 provide information as the Director deems necessary to  
3 determine whether the hospital is eligible for the grant.

4 (d) Matching grant awards shall be made to Comprehensive  
5 Stroke Centers, Primary Stroke Centers, Acute Stroke-Ready  
6 Hospitals ~~Emergent Stroke Ready Hospitals,~~ or hospitals  
7 seeking certification or designation as a Comprehensive Stroke  
8 Center, Primary Stroke Center, or Acute Stroke-Ready Hospital  
9 ~~designation as an Emergent Stroke Ready Hospital.~~ The  
10 Department may consider prioritizing grant awards to hospitals  
11 in areas with the highest incidence of stroke, taking into  
12 account geographic diversity, where possible.

13 (Source: P.A. 96-514, eff. 1-1-10.)

14 (210 ILCS 50/3.117.75 new)

15 Sec. 3.117.75 . Stroke Data Collection Fund.

16 (a) The Stroke Data Collection Fund is created as a special  
17 fund in the State treasury.

18 (b) Moneys in the fund shall be used by the Department to  
19 support the data collection provided for in Section 3.118 of  
20 this Act. Any surplus funds beyond what are needed to support  
21 the data collection provided for in Section 3.118 of this Act  
22 shall be used by the Department to support the salary of the  
23 Department Stroke Coordinator or for other stroke-care  
24 initiatives, including administrative oversight of stroke  
25 care.

1 (210 ILCS 50/3.118)

2 Sec. 3.118. Reporting.

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

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

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

1 (d) Stroke data collection systems and all stroke-related  
2 data collected from hospitals shall comply with the following  
3 requirements:

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

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

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

17 (e) The Department may administer a data collection system  
18 to collect data that is already reported by designated  
19 Comprehensive Stroke Centers, Primary Stroke Centers, and  
20 Acute Stroke-Ready Hospitals to their certifying body, to  
21 fulfill ~~Primary Stroke Center~~ certification requirements.  
22 Comprehensive Stroke Centers, Primary Stroke Centers, and  
23 Acute Stroke-Ready Hospitals may provide data used in  
24 submission ~~complete copies of the same reports that are~~  
25 ~~submitted~~ to their certifying body, to satisfy any Department  
26 reporting requirements. The Department may require submission

1 of data elements in a format that is used State-wide. In the  
2 event the Department establishes reporting requirements for  
3 designated Comprehensive Stroke Centers, Primary Stroke  
4 Centers, and Acute Stroke-Ready Hospitals, the Department  
5 shall permit each designated Comprehensive Stroke Center,  
6 Primary Stroke Center, or Acute Stroke-Ready Hospital to  
7 capture information using existing electronic reporting tools  
8 used for certification purposes. Nothing in this Section shall  
9 be construed to empower the Department to specify the form of  
10 internal recordkeeping. Three years from the effective date of  
11 this amendatory Act of the 96th General Assembly, the  
12 Department may post stroke data submitted by Comprehensive  
13 Stroke Centers, Primary Stroke Centers, and Acute Stroke-Ready  
14 Hospitals on its website, subject to the following:

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

19 (2) The limitations of the data sources and analytic  
20 methodologies used to develop comparative hospital  
21 information shall be clearly identified and acknowledged,  
22 including, but not limited to, the appropriate and  
23 inappropriate uses of the data.

24 (3) To the greatest extent possible, comparative  
25 hospital information initiatives shall use standard-based  
26 norms derived from widely accepted provider-developed

1 practice guidelines.

2 (4) Comparative hospital information and other  
3 information that the Department has compiled regarding  
4 hospitals shall be shared with the hospitals under review  
5 prior to public dissemination of the information.  
6 Hospitals have 30 days to make corrections and to add  
7 helpful explanatory comments about the information before  
8 the publication.

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

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

15 (7) Effective safeguards to protect against the  
16 dissemination of inconsistent, incomplete, invalid,  
17 inaccurate, or subjective hospital data shall be developed  
18 and implemented.

19 (8) The quality and accuracy of hospital information  
20 reported under this Act and its data collection, analysis,  
21 and dissemination methodologies shall be evaluated  
22 regularly.

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

26 (10) The Department shall disclose information under

1           this Section in accordance with provisions for inspection  
2           and copying of public records required by the Freedom of  
3           Information Act, provided that the information satisfies  
4           the provisions of this Section.

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

9           (12) No hospital report or Department disclosure may  
10          contain information identifying a patient, employee, or  
11          licensed professional.

12          (Source: P.A. 96-514, eff. 1-1-10.)

13          (210 ILCS 50/3.118.5)

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

16          (a) There shall be established within the State Emergency  
17          Medical Services Advisory Council, or other statewide body  
18          responsible for emergency health care, a standing State Stroke  
19          Advisory Subcommittee, which shall serve as an advisory body to  
20          the Council and the Department on matters related to the  
21          triage, treatment, and transport of possible acute stroke  
22          patients. Membership on the Committee shall be as  
23          geographically diverse as possible and include one  
24          representative from each Regional Stroke Advisory  
25          Subcommittee, to be chosen by each Regional Stroke Advisory



1 Subcommittee. The Director shall appoint additional members,  
2 as needed, to ensure there is adequate representation from the  
3 following:

4 (1) an EMS Medical Director;

5 (2) a hospital administrator, or designee, from a  
6 Comprehensive Stroke Center ~~Primary Stroke Center~~;

7 (3) a hospital administrator, or designee, from a  
8 ~~hospital capable of providing emergent stroke care that is~~  
9 ~~not a~~ Primary Stroke Center;

10 (3.5) a hospital administrator, or designee, from an  
11 Acute Stroke-Ready Hospital;

12 (3.10) a registered nurse from a Comprehensive Stroke  
13 Center;

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

15 (5) a registered nurse from an Acute Stroke-Ready  
16 Hospital ~~a hospital capable of providing emergent stroke~~  
17 ~~care that is not a Primary Stroke Center~~;

18 (5.5) a physician providing advanced stroke care from a  
19 Comprehensive Stroke center;

20 (6) a a physician providing stroke care ~~neurologist~~  
21 from a Primary Stroke Center;

22 (7) a physician providing stroke care from an Acute  
23 Stroke-Ready Hospital ~~an emergency department physician~~  
24 ~~from a hospital, capable of providing emergent stroke care,~~  
25 ~~that is not a Primary Stroke Center~~;

26 (8) an EMS Coordinator;

- 1 (9) an acute stroke patient advocate;
- 2 (10) a fire chief, or designee, from an EMS Region that  
3 serves a population of over 2,000,000 people;
- 4 (11) a fire chief, or designee, from a rural EMS  
5 Region;
- 6 (12) a representative from a private ambulance  
7 provider; ~~and~~
- 8 (12.5) a representative from a municipal EMS provider;  
9 and
- 10 (13) a representative from the State Emergency Medical  
11 Services Advisory Council.

12 (b) Of the members first appointed, 9 ~~7~~ members shall be  
13 appointed for a term of one year, 9 ~~7~~ members shall be  
14 appointed for a term of 2 years, and the remaining members  
15 shall be appointed for a term of 3 years. The terms of  
16 subsequent appointees shall be 3 years.

17 (c) The State Stroke Advisory Subcommittee shall be  
18 provided a 90-day period in which to review and comment upon  
19 all rules proposed by the Department pursuant to this Act  
20 concerning stroke care, except for emergency rules adopted  
21 pursuant to Section 5-45 of the Illinois Administrative  
22 Procedure Act. The 90-day review and comment period shall  
23 commence prior to publication of the proposed rules and upon  
24 the Department's submission of the proposed rules to the  
25 individual Committee members, if the Committee is not meeting  
26 at the time the proposed rules are ready for Committee review.

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

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

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

23 (f) The Director shall coordinate with and assist the EMS  
24 System Medical Directors and Regional Stroke Advisory  
25 Subcommittee within each EMS Region to establish protocols  
26 related to the assessment, treatment, and transport of possible

1 acute stroke patients by licensed emergency medical services  
2 providers. These protocols shall include regional transport  
3 plans for the triage and transport of possible acute stroke  
4 patients to the most appropriate Comprehensive Stroke Center,  
5 Primary Stroke Center, or Acute Stroke-Ready Hospital ~~Emergent~~  
6 ~~Stroke-Ready Hospital,~~ unless circumstances warrant otherwise.

7 (Source: P.A. 96-514, eff. 1-1-10.)

8 (210 ILCS 50/3.119)

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

16 (Source: P.A. 96-514, eff. 1-1-10.)

17 (210 ILCS 50/3.226)

18 Sec. 3.226. Hospital Stroke Care Fund.

19 (a) The Hospital Stroke Care Fund is created as a special  
20 fund in the State treasury for the purpose of receiving  
21 appropriations, donations, and grants collected by the  
22 Illinois Department of Public Health pursuant to Department  
23 designation of Comprehensive Stroke Centers, Primary Stroke  
24 Centers, and Acute Stroke-Ready Hospitals ~~Emergent Stroke~~

1 ~~Ready Hospitals.~~ All moneys collected by the Department  
2 pursuant to its authority to designate Comprehensive Stroke  
3 Centers, Primary Stroke Centers, and Acute Stroke-Ready  
4 Hospitals ~~Emergent Stroke Ready Hospitals~~ shall be deposited  
5 into the Fund, to be used for the purposes in subsection (b).

6 (b) The purpose of the Fund is to allow the Director of the  
7 Department to award matching grants:

8 (1) to hospitals that have been certified as  
9 Comprehensive Stroke Centers, Primary Stroke Centers, or  
10 Acute Stroke-Ready Hospitals;

11 (2) to hospitals that seek certification or  
12 designation or both as Comprehensive Stroke Centers,  
13 Primary Stroke Centers, or Acute Stroke-Ready Hospitals;

14 (3) to hospitals that have been designated Acute  
15 Stroke-Ready Hospitals;

16 (4) to hospitals that seek designation as Acute  
17 Stroke-Ready Hospitals; and

18 (5) for the development of stroke networks.

19 Hospitals may use grant funds to work with the EMS System  
20 to improve outcomes of possible acute stroke patients.

21 ~~(b) The purpose of the Fund is to allow the Director of the~~  
22 ~~Department to award matching grants to hospitals that have been~~  
23 ~~certified Primary Stroke Centers, that seek certification or~~  
24 ~~designation or both as Primary Stroke Centers, that have been~~  
25 ~~designated Emergent Stroke Ready Hospitals, that seek~~  
26 ~~designation as Emergent Stroke Ready Hospitals, and for the~~

1 ~~development of stroke networks. Hospitals may use grant funds~~  
2 ~~to work with the EMS System to improve outcomes of possible~~  
3 ~~acute stroke patients.~~

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

7 (d) Interfund transfers from the Hospital Stroke Care Fund  
8 shall be prohibited.

9 (Source: P.A. 96-514, eff. 1-1-10.)