



OHIO LEGISLATIVE SERVICE COMMISSION

Final Analysis

Jason Hoskins

Am. Sub. H.B. 464 132nd General Assembly (As Passed by the General Assembly)

- Reps.** Lipps and Antonio, Huffman, West, Seitz, Rezabek, Carfagna, LaTourette, Leland, Lang, T. Johnson, Reece, Clyde, Gavarone, DeVitis, Schuring, Green, Thompson, Boggs, Koehler, Ingram, Romanchuk, Kent, Keller, Manning, Blessing, Lepore-Hagan, Anielski, Ashford, Boccieri, Boyd, Brown, Butler, Craig, Cupp, Dean, Dever, Faber, Fedor, Galonski, Ginter, Greenspan, Hambley, Holmes, Hoops, Howse, Hughes, Kelly, Kick, Landis, Lanese, McClain, Miller, O'Brien, Patterson, Patton, Pelanda, Perales, Reineke, Riedel, Rogers, Ryan, Schaffer, Scherer, Sheehy, K. Smith, Stein, Strahorn, Sykes, Young
- Sens.** Beagle, Bacon, Brown, Burke, Dolan, Eklund, Gardner, Hackett, Hottinger, Huffman, Jordan, Kunze, Lehner, Manning, Obhof, O'Brien, Oelslager, Peterson, Schiavoni, Skindell, Sykes, Tavares, Terhar, Thomas, Williams, Wilson

Effective date: March 20, 2019

ACT SUMMARY

- Creates a process for state recognition of hospitals as comprehensive stroke centers, primary stroke centers, or acute stroke ready hospitals.
- Prohibits a hospital from representing itself as a comprehensive or primary stroke center or acute stroke ready hospital unless it is recognized as such by the Ohio Department of Health.
- Requires the establishment of written protocols for emergency medical service personnel when assessing, treating, and transporting stroke patients.

* This version updates the effective date.

CONTENT AND OPERATION

State recognition

The act establishes a process by which hospitals that meet certain requirements may obtain state recognition as comprehensive stroke centers, primary stroke centers, or acute stroke ready hospitals. The recognition process is to be administered by the Ohio Department of Health (ODH).¹

Eligibility

To qualify for recognition, a hospital must be certified as a comprehensive or primary stroke center or acute stroke ready hospital by either (1) an accrediting organization approved by the federal Centers for Medicare and Medicaid Services (CMS) or (2) another organization acceptable to ODH that certifies stroke centers or stroke ready hospitals in accordance with nationally recognized certification guidelines. If a hospital meets this certification requirement and submits a complete application, ODH must recognize it.²

Supplementary levels of stroke care – primary centers

If a primary stroke center has attained supplementary levels of stroke care distinction as identified by a CMS-approved accrediting organization or an ODH-accepted organization, ODH must include that distinction in its recognition. The act specifies that supplementary levels of stroke care distinction include offering patients mechanical endovascular therapy.³ According to the American Stroke Association, physical removal of a large blood clot, called an endovascular procedure or a mechanical thrombectomy, is a recommended treatment option for stroke patients.⁴

Additional levels of certification

If a CMS-approved or an ODH-accepted organization establishes a level of stroke certification that is in addition to the act's three levels, ODH must recognize a hospital

¹ R.C. 3723.11 to 3727.15.

² R.C. 3727.12 and 3727.13(A).

³ R.C. 3727.13(A)(2)(b).

⁴ See http://www.strokeassociation.org/STROKEORG/AboutStroke/Treatment/Stroke-Treatment_UCM_492017_SubHomePage.jsp.



certified at that additional level. In that case, ODH and the hospital must comply with the procedures outlined in the act for seeking or granting recognition.⁵

Termination of recognition

The act requires ODH to end a hospital's recognition if the accrediting organization that certified the hospital revokes, rescinds, or otherwise terminates the hospital's certification with that organization, or the certification expires.⁶

Hospital list

By January 1 and July 1 each year, ODH must compile and send a list of recognized hospitals to the medical director and cooperating physician advisory board of each emergency medical service organization. ODH must maintain a comprehensive list on its website and update it no later than 30 days after a hospital is recognized by ODH or its recognition ends.⁷

Representation and affiliation

The act prohibits a hospital from representing itself as a comprehensive or primary stroke center or acute stroke ready hospital unless recognized as such by ODH. It does not, however, specify a penalty for violating this prohibition.

The act provides that its prohibition does not prevent a hospital from representing itself as having an affiliation or relationship with an ODH-recognized stroke center or stroke ready hospital or a hospital in another state certified as a comprehensive stroke center, primary stroke center, or acute stroke ready hospital by a CMS-approved accrediting organization.⁸

Rulemaking

The ODH Director may adopt rules as considered necessary to implement the act's provisions governing hospital recognition. The rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119.).⁹

⁵ R.C. 3727.14.

⁶ R.C. 3727.13(B).

⁷ R.C. 3727.13(C).

⁸ R.C. 3727.11.

⁹ R.C. 3725.15.



Protocols – emergency medical service personnel

Under the act, the medical director or cooperating physician advisory board of each emergency medical service organization must establish written protocols for emergency medical service personnel when assessing, treating, and transporting stroke patients to hospitals. When establishing the protocols, one or more local hospitals must be consulted. Each emergency medical service organization must provide copies of its protocols to the State Board of Emergency Medical, Fire, and Transportation Services, and the regional director or regional advisory board for the organization's emergency medical services region.¹⁰

HISTORY

ACTION	DATE
Introduced	01-16-18
Reported, H. Health	04-11-18
Passed House (87-1)	06-07-18
Reported, S. Health, Human Services & Medicaid	11-28-18
Passed Senate (31-0)	12-12-18
House concurred in Senate amendments (86-0)	12-13-18

18-HB464-UPDATED-132.docx/ar

¹⁰ R.C. 4765.401.

