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H.B. 431
134th General Assembly

Bill Analysis

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Version: As Reported by House Health

Primary Sponsors: Reps. Schmidt and Liston

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SUMMARY

- Requires the Department of Health to compile and oversee data related to stroke care and, as part of that process, to establish or utilize a stroke registry database.
- Requires certain hospitals to collect data regarding stroke care and to transmit that data for inclusion in the stroke registry database.
- Authorizes the Department to establish an oversight committee to advise and assist the Department in implementing the stroke registry database.
- Delays the effective date of the bill's provisions regarding the stroke registry database to the date that is six months after the bill's effective date.
- Adds thrombectomy-capable stroke centers to the existing law that allows for state recognition of hospitals as comprehensive stroke centers, primary stroke centers, or acute stroke ready hospitals.

DETAILED ANALYSIS

Stroke registry database

H.B. 431 requires the Ohio Department of Health (ODH) to establish and maintain a process for collecting, transmitting, compiling, and overseeing data related to stroke care.¹ As part of this process, ODH must establish or utilize a stroke registry database to store the data, including data that aligns with nationally recognized treatment guidelines and performance measures. The bill also requires the stroke care data to be collected, transmitted, compiled, and overseen in a manner prescribed by the Director of Health.

¹ R.C. 3727.131.

Existing database

If, prior to the bill's effective date, ODH established or utilized a stroke registry database that meets the bill's requirements, then both of the following apply:

- The bill must not be construed to require ODH to establish or utilize another database;
- ODH must maintain both the process for collecting, transmitting, compiling, and overseeing data required by the bill as well as the stroke registry database itself, even if federal moneys are no longer available to support the process or database.²

Note on Coverdell National Acute Stroke Program

The federal Paul Coverdell National Acute Stroke Program, administered by the federal Centers for Disease Control and Prevention (CDC), provides funds to state health departments to collect, measure, and track data to improve the quality of care for stroke patients. Ohio is one of nine states participating in the program. For more details on the program, including Ohio's participation, please see the following: [Paul Coverdell National Acute Stroke Program](#) and [The Ohio Coverdell Stroke Program](#).

ODH rulemaking

The bill requires the Director of Health to adopt rules as necessary to implement the bill's provisions, including rules specifying both the data to be collected and the manner in which it is to be collected and later transmitted for inclusion in the stroke registry database.³

Data to be collected

Under the bill, the data to be collected must align with stroke consensus metrics developed and approved by (1) the CDC and (2) accreditation organizations that are approved by the federal Centers for Medicare and Medicaid Services (CMS) and that certify stroke centers. In addition, the data must be consistent with nationally recognized treatment guidelines for patients with confirmed stroke. With respect to mechanical endovascular thrombectomy, the data must relate to the treatment's processes, complications, and outcomes, including data required by national certifying organizations.

Data samples

When adopting rules under the bill, the Director may specify that, of the data collected, only samples are to be transmitted for inclusion in the stroke registry database.⁴

² R.C. 3727.131(A).

³ R.C. 3727.131(B).

⁴ R.C. 3727.131(C).

Stroke care performance measures

The bill requires the Director, when adopting the rules, to consider nationally recognized stroke care performance measures.⁵

Electronic platform

The Director must designate in rule an electronic platform for the collection and transmission of data. In doing so, the Director must consider nationally recognized stroke data platforms.⁶

Coordination

The Director must coordinate with (1) hospitals recognized by ODH as stroke centers and stroke ready hospitals and (2) national voluntary health organizations involved in stroke quality improvement – in an effort to avoid duplication and redundancy – when adopting rules.⁷

Removal of existing regulatory restrictions

The bill exempts rules adopted under it from the current law requirement that a state agency remove two or more existing regulatory restrictions when adopting a new one.⁸

Patient identity

The data collected and transmitted under the bill must not identify or tend to identify a particular patient.⁹

Duties of hospitals

Under the bill, each hospital recognized by ODH as a comprehensive stroke center, thrombectomy-capable stroke center, or primary stroke center must collect the data specified by the Director of Health in rule and then transmit it for inclusion in the stroke registry database.¹⁰ In the case of a hospital that is recognized by ODH as an acute stroke ready hospital, the bill instead encourages the collection and transmission of such data.

The bill also specifies that data relating to mechanical endovascular thrombectomy, in particular the treatment's processes, complications, and outcomes, is to be collected and transmitted only by a hospital recognized as a thrombectomy-capable hospital.

⁵ R.C. 3727.131(C).

⁶ R.C. 3727.131(C).

⁷ R.C. 3727.131(C).

⁸ R.C. 121.95(F), not in the bill, and R.C. 3727.131(C).

⁹ R.C. 3727.131(E).

¹⁰ R.C. 3727.131(D).

The bill authorizes a hospital to contract with a third-party organization to collect and transmit the data. If a contract is entered into, the organization must then collect and transmit the data.¹¹

Oversight committee

The bill authorizes ODH to establish an oversight committee to advise and monitor the bill's implementation and assist ODH in developing short- and long-term goals for the stroke registry database.¹²

If established, the committee's membership must consist of individuals with expertise or experience in data collection, data management, or stroke care, including the following:

- Individuals representing organizations advocating on behalf of those with stroke or cardiovascular conditions;
- Individuals representing hospitals recognized by ODH as comprehensive stroke centers, thrombectomy-capable stroke centers, primary stroke centers, or acute stroke ready hospitals.

Recognition of stroke care hospitals

H.B. 464, enacted by the 132nd General Assembly, established a process by which hospitals meeting certain eligibility requirements may obtain recognition by ODH as comprehensive stroke centers, primary stroke centers, or acute stroke ready hospitals.¹³ To be eligible, a hospital must be certified as a comprehensive or primary stroke center or acute stroke ready hospital by CMS or an organization acceptable to ODH. The act also 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 ODH. The bill adds hospitals that are certified as thrombectomy-capable stroke centers to this law.

HISTORY

Action	Date
Introduced	09-22-21
Reported, H. Health	03-23-22

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¹¹ R.C. 3727.131(D)(1).

¹² R.C. 3727.131(F).

¹³ R.C. 3727.11 to 3727.14 and 3727.15, not in the bill.