



www.lsc.ohio.gov

OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
and Drafting

Legislative Budget
Office

H.B. 22
135th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsors: Reps. Schmidt and Hall

Elizabeth Molnar, Attorney

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 for six months.
- Establishes state recognition of thrombectomy-capable stroke centers under the same process used for recognition of hospitals as comprehensive stroke centers, primary stroke centers, or acute stroke ready hospitals.

DETAILED ANALYSIS

Stroke registry database

H.B. 22 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 The requirement begins six months after the bill's effective date.²

As part of the process for collecting stroke care data, ODH must establish or utilize a stroke registry database to store the data, including data that aligns with nationally recognized

¹ R.C. 3727.131.

² Section 3.

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.

Existing database

If, prior to the effective date of the bill's data collection provisions, 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.³

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.⁴

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.⁵

³ R.C. 3727.131(A).

⁴ R.C. 3727.131(B).

⁵ R.C. 3727.131(C)(2).

Stroke care performance measures

The bill requires the Director, when adopting the rules, to consider nationally recognized stroke care performance measures.⁶

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.⁷

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.⁸

Regulatory restrictions

The bill exempts rules adopted under it from existing law that limits regulatory restrictions adopted by certain agencies.⁹

Patient identity

The data collected and transmitted under the bill must not identify or tend to identify a particular patient.¹⁰

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.¹¹ 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 stroke center.

⁶ R.C. 3727.131(C)(1)(a).

⁷ R.C. 3727.131(C)(1)(b).

⁸ R.C. 3727.131(C)(1)(c).

⁹ R.C. 3727.131(C)(3); see R.C. 121.95 to 121.953, not in the bill.

¹⁰ R.C. 3727.131(E).

¹¹ 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.¹²

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.¹³

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 thrombectomy-capable stroke centers

The bill permits a hospital to obtain recognition by ODH as a thrombectomy-capable stroke center. The process for doing so is the same as the process that ODH uses under current law for recognition of hospitals as comprehensive stroke centers, primary stroke centers, or acute stroke ready hospitals.¹⁴

To be eligible for ODH's recognition in this new category, a hospital must be certified as a thrombectomy-capable stroke center by either (1) an accrediting organization approved by CMS or (2) an organization acceptable to ODH by using nationally recognized certification guidelines. As with the currently recognized categories of stroke care hospitals, the bill prohibits a hospital from representing itself as a thrombectomy-capable stroke center unless it is recognized as such by ODH. The bill does not specify a penalty for violating the prohibition.

HISTORY

Action	Date
Introduced	02-15-23

ANHB0022IN-135/tl

¹² R.C. 3727.131(D)(1).

¹³ R.C. 3727.131(F).

¹⁴ R.C. 3727.11, 3727.12, 3727.13, and 3727.14; R.C. 3727.15, not in the bill.