

Senate Bill 200

Sponsored by Senator BATES (Pre-session filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Requires Oregon Health Authority to develop criteria for and to designate primary stroke centers. Creates stroke system of care task force to make recommendations for establishing effective stroke system of care within state. Sunsets task force January 2, 2013. Requires authority to adopt protocols for assessment, treatment and transport of stroke patients. Requires emergency medical technicians to receive training on protocols. Requires authority to maintain database of stroke response and treatment data and to encourage sharing of information between health care providers to improve quality of care.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to care for stroke patients; and declaring an emergency.

3 Whereas the rapid identification, diagnosis and treatment of stroke can save the lives of stroke
4 patients and in some cases can reverse neurological damage such as paralysis and speech and lan-
5 guage impairments, leaving stroke patients with few or no neurological deficits; and

6 Whereas despite significant advances in diagnosis, treatment and prevention, stroke is the third
7 leading cause of death and the leading cause of disability; and

8 Whereas an estimated 780,000 new and recurrent strokes occur each year in this country and
9 with the aging of the population the number is projected to increase; and

10 Whereas although new treatments are available to improve the clinical outcomes of stroke,
11 many acute care hospitals lack the necessary staff and equipment to optimally triage and treat
12 stroke patients; and

13 Whereas an effective system to support stroke survival is needed in our communities in order
14 to treat stroke patients in a timely manner and to improve the overall treatment of stroke patients
15 to increase the survival rate and decrease the disabilities associated with stroke; and

16 Whereas there is a public health need for acute care hospitals in this state to establish primary
17 stroke centers to ensure the rapid triage, diagnostic evaluation and treatment of patients who have
18 suffered a stroke; and

19 Whereas primary stroke centers should be established in as many acute care hospitals as pos-
20 sible; and

21 Whereas it is in the best interests of the residents of this state to establish a program to facil-
22 itate development of stroke treatment capabilities throughout the state and to provide specific pa-
23 tient care and support services criteria that stroke centers must meet in order to ensure that stroke
24 patients receive safe and effective care; and

25 Whereas it is in the best interests of the people of this state to modify the state's emergency
26 medical response system to ensure that stroke patients may be quickly identified and transported
27 to and treated in facilities that have specialized programs for providing timely and effective treat-
28 ment for stroke patients; now, therefore,

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 **Be It Enacted by the People of the State of Oregon:**

2 **SECTION 1. (1) The Oregon Health Authority shall prescribe by rule criteria for an acute**
3 **care hospital to qualify as a primary stroke center. The criteria must be consistent with The**
4 **Joint Commission's primary stroke center certification criteria.**

5 **(2) The authority shall designate primary stroke centers and may suspend or terminate**
6 **a hospital's designation as a primary stroke center after notice and an opportunity for**
7 **hearing in accordance with ORS chapter 183.**

8 **(3) The authority shall post a list of primary stroke centers to the authority's website.**

9 **(4) A hospital may not advertise or hold itself out to the public as a primary stroke**
10 **center if the hospital is not designated by the authority as a primary stroke center under**
11 **this section.**

12 **SECTION 2. (1) The stroke system of care task force is created in the Oregon Health**
13 **Authority and charged with making recommendations for the establishment of a stroke**
14 **system of care in this state. The membership of the task force includes but is not limited**
15 **to representatives of:**

16 **(a) The Oregon Health Authority;**

17 **(b) The State Emergency Medical Service Committee appointed under ORS 682.039;**

18 **(c) The Office of Rural Health created by ORS 442.475;**

19 **(d) The American Stroke Association;**

20 **(e) Primary stroke centers designated under section 1 of this 2011 Act;**

21 **(f) Rural hospitals;**

22 **(g) Physicians; and**

23 **(h) Emergency medical services providers.**

24 **(2) Members of the task force shall be appointed by the Governor and serve at the**
25 **pleasure of the Governor.**

26 **(3) Official action by the task force requires the approval of a majority of the members**
27 **of the task force.**

28 **(4) The task force shall elect one of its members to serve as chairperson.**

29 **(5) The task force shall meet at times and places specified by the call of the chairperson**
30 **or of a majority of the members of the task force.**

31 **(6) Members of the task force are not entitled to compensation but may be reimbursed**
32 **for actual and necessary travel and other expenses incurred by them in the performance of**
33 **their official duties in the manner and amounts provided for in ORS 292.495.**

34 **(7) The authority shall provide staff support to the task force.**

35 **(8) All agencies of state government, as defined in ORS 174.111, are directed to assist the**
36 **task force in the performance of its duties and, to the extent permitted by laws relating to**
37 **confidentiality, to furnish such information and advice as the members of the task force**
38 **consider necessary.**

39 **(9) The task force shall submit its recommendations to the Director of the Oregon Health**
40 **Authority and to the Legislative Assembly in the manner provided by ORS 192.245 no later**
41 **than June 30, 2012.**

42 **(10) The authority shall adopt rules that take into account the recommendations of the**
43 **task force on or before January 1, 2013.**

44 **SECTION 3. (1) In consultation with primary stroke centers designated under section 1**
45 **of this 2011 Act, the Oregon Health Authority shall adopt:**

1 (a) Protocols for the assessment, treatment and transport of stroke patients by certified
 2 emergency medical technicians. The protocols must include a requirement for emergency
 3 medical technicians to transport stroke patients to the closest primary stroke center if a
 4 center is located within a 60-minute period of transport.

5 (b) A stroke triage assessment tool that is consistent with nationally recognized stan-
 6 dards for triage of stroke patients. The authority shall post the stroke triage assessment tool
 7 to the authority's website and distribute the tool to each licensed ambulance service and
 8 other agencies that provide emergency medical services.

9 (2) Protocols adopted by the authority under subsection (1) of this section:

10 (a) Are not medical practice guidelines;

11 (b) May not be used by the authority to restrict the services provided within a hospital's
 12 license; and

13 (c) May not substitute for treating each patient individually based on the patient's needs
 14 and circumstances.

15 (3) The authority shall:

16 (a) Maintain a database of information and statistics on stroke care in this state in co-
 17 ordination with and to avoid duplication with national health organizations maintaining
 18 similar information;

19 (b) Establish the form and manner for hospitals and emergency services providers to
 20 report data on the treatment of stroke patients; and

21 (c) Encourage and facilitate the sharing of information and data among health care pro-
 22 viders to improve the quality of care.

23 (4) The authority shall prepare an annual report summarizing the data collected under
 24 subsection (3) of this section and shall present the report to the Governor, the President of
 25 the Senate and the Speaker of the House of Representatives. The authority shall post the
 26 report to the authority's website.

27 (5) All data reported and compiled under subsection (3) of this section is confidential and
 28 may be disclosed only to public bodies or contractors of public bodies that have responsibility
 29 for the management or administration of emergency medical services.

30 (6) The authority shall establish and implement a plan for the continuous improvement
 31 of the quality of care and treatment provided to stroke patients in this state.

32 **SECTION 4.** Section 5 of this 2011 Act is added to and made a part of ORS chapter 682.

33 **SECTION 5.** A training course approved by the Oregon Health Authority under ORS
 34 682.216 must include training on the protocols for assessment, treatment and transport of
 35 stroke patients adopted by the authority under section 3 of this 2011 Act.

36 **SECTION 6.** Section 2 of this 2011 Act is repealed January 2, 2013.

37 **SECTION 7.** Section 5 of this 2011 Act becomes operative January 2, 2013.

38 **SECTION 8.** This 2011 Act being necessary for the immediate preservation of the public
 39 peace, health and safety, an emergency is declared to exist, and this 2011 Act takes effect
 40 on its passage.