

Talking Points for SB 375 A:

Establishes Stroke Care Committee and asks Oregon Health Authority to designate stroke database.

Section 1 The Stroke Care Committee is established under the Oregon Health Authority. It shall be comprised of at least ten members as follows:

- Two physicians who specialize in the care of stroke patients, one of whom is a neurologist;
- One physician who specializes in emergency medicine;
- At least three hospital administrators, or designees of hospital administrators, of whom: (A) At least one must be from a certified Comprehensive Stroke Center; “(B) One must be from a certified Primary Stroke Center; and “(C) One must be from a rural hospital that uses Telestroke;
- One nurse who is a stroke coordinator or who works in an emergency department and has experience treating stroke;
- One emergency medical services provider who works for a licensed ambulance service;
- One health practitioner who specializes in rehabilitative medicine; and
- One individual who has experience advocating for the care of stroke patients and who is not a health care provider.

Membership must include geographic diversity of the state including rural areas.

Stroke Care Committee tasks:

- Analyze data related to prevention and treatment of strokes
- Identify potential interventions to improve stroke care; and
- Advise the authority on meeting the objectives of the authority.

Section 2. Committee Members’ terms of office.

Section 3. The Oregon Health Authority shall, in accordance with recommendations made by the Stroke Care Committee, establish and implement a plan for achieving continuous improvement in the quality of stroke care.

In implementing the plan, the authority shall:

- Require hospitals certified as Comprehensive Stroke Centers or Primary Stroke Centers through the Joint Commission or an equivalent organization, and encourage all other hospitals, to submit stroke care data to a database designated by the authority. A

hospital that submits stroke care data under this paragraph must authorize the keeper of the database to permit the authority to access the submitted data.

- Designate a statewide or national stroke database to which hospitals described in paragraph (a) of this subsection are required to submit, or may submit, stroke care data for the purpose of obtaining information and statistics on stroke care.

In designating the database, the authority shall ensure that the database:

- Has security protections in place to safely protect individually identifiable information to the extent that the database receives and maintains such information; and
- Aligns with the core consensus stroke metrics developed and approved by the American Heart Association, the American Stroke Association, the Joint Commission and the Centers for Disease Control and Prevention.

The Authority shall develop a data oversight process in accordance with recommendations made by the Stroke Care Committee. Communication is encouraged regarding data trends among health care providers and coordinated care organizations.

Not later than the beginning of each odd-numbered year regular session of the Legislative Assembly, prepare and submit to the Legislative Assembly a report in the manner provided in ORS 192.245 summarizing the authority's activities under this section.

Information submitted to the designated database and accessed by the Authority under this Section is confidential and not subject to disclosure as defined.

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