

Senate Bill 728

Sponsored by Senator BATES

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**.

Creates Stroke Care Subcommittee under State Emergency Medical Service Committee for purposes related to developing guidelines related to stroke care.

Directs Oregon Health Authority to establish and implement plan for improving quality of stroke care.

Sunsets subcommittee and plan on January 1, 2021.

A BILL FOR AN ACT

1
2 Relating to trauma care.

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

4 **SECTION 1. (1) The Stroke Care Subcommittee is created under the State Emergency**
5 **Medical Service Committee.**

6 **(2) The Director of the Oregon Health Authority shall appoint at least nine members to**
7 **serve on the subcommittee as follows:**

8 **(a) Two physicians who specializes in the care of stroke patients;**

9 **(b) One physician who specialize in emergency medicine;**

10 **(c) One hospital administrator, or hospital administrator's designee, from a designated**
11 **trauma hospital;**

12 **(d) One stroke nurse coordinator, or emergency department nurse, who works in an**
13 **emergency department;**

14 **(e) One emergency medical services provider who works for a licensed ambulance service;**

15 **(f) One physician who specializes in rehabilitative medicine;**

16 **(g) One individual who has experience advocating for the care of stroke patients and who**
17 **is not a health care provider; and**

18 **(h) One member of the public.**

19 **(3) The subcommittee must include:**

20 **(a) At least one member from at least half of the trauma areas established under ORS**
21 **431.609, including at least one member from a predominantly rural trauma area; and**

22 **(b) No more than three members from any trauma area established under ORS 431.609.**

23 **(4) The director may provide public notice of the position on the subcommittee that is**
24 **to be filled by a member of the public and select the public member from among persons who**
25 **submit letters of application in response to the notice.**

26 **(5) The subcommittee shall:**

27 **(a) Develop guidelines for the establishment of a data oversight process, including**
28 **guidelines for implementing practices and procedures for the collection of data related to**
29 **stroke care and the use of tools for collecting and analyzing data related to stroke care.**

30 **(b) Adopt rules requiring information that is related to stroke care and reported pursu-**

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 ant to ORS 431.623 (5) to be submitted to a third party organization that:

2 (A) Collects information for purposes of creating and maintaining a national registry of
3 stroke care data; and

4 (B) Allows the director and the Oregon Health Authority to have access to the data.

5 (c) Develop guidelines by which a hospital, as defined in ORS 442.015, other than a des-
6 ignated trauma hospital, may submit information related to stroke care to the third party
7 organization described in paragraph (b) of this subsection.

8 (d) Develop guidelines related to the planning for and reporting on stroke care, including
9 guidelines that meet or exceed nationally recognized standards established by the American
10 Stroke Association for:

11 (A) Emergency stroke care triage;

12 (B) Patient transport; and

13 (C) Patient transfers from a designated trauma hospital following acute treatment to a
14 health care facility, as defined in ORS 442.015, other than a designated trauma hospital.

15 (e) Analyze data related to the prevention and treatment of strokes.

16 (f) Advise the authority in meeting the objectives described in section 3 of this 2013 Act.

17 (g) Advise the committee on meeting the objectives of the Emergency Medical Services
18 and Trauma Systems Program that are related to stroke care.

19 (6) The subcommittee shall seek the advice and input of coordinated care organizations
20 in fulfilling its duties under subsection (5) of this section.

21 (7) The term of office of each member of the subcommittee is four years, but a member
22 serves at the pleasure of the director. Before the expiration of the term of a member, the
23 director shall appoint a successor whose term begins on January 1 next following. A member
24 is eligible for reappointment. If there is a vacancy for any cause, the director shall make an
25 appointment to become immediately effective for the unexpired term.

26 (8) The subcommittee shall elect a chairperson from among its members.

27 (9) The subcommittee shall meet at the call of the chairperson.

28 (10) Members of the subcommittee are not entitled to compensation, but may be reim-
29 bursed from funds available to the State Emergency Medical Service Committee, for actual
30 and necessary travel and other expenses incurred by them in the performance of their offi-
31 cial duties in the manner and amounts provided for in ORS 292.495.

32 **SECTION 2.** Notwithstanding the term of office specified by section 1 of this 2013 Act,
33 of the members first appointed to the Stroke Care Subcommittee:

34 (1) Three shall serve for a term ending January 1, 2015;

35 (2) Three shall serve for a term ending January 1, 2016; and

36 (3) Three shall serve for a term ending January 1, 2017.

37 **SECTION 3.** (1) The Oregon Health Authority shall establish and implement a plan for
38 achieving continuous improvement in the quality of stroke care. In implementing the plan,
39 the authority shall:

40 (a)(A) Establish and maintain a statewide stroke database to compile information and
41 statistics on stroke care. In establishing and maintaining the database, the authority may
42 make use of a national registry of stroke care data if the registry provides for patient
43 confidentiality in a manner that is no less secure than the patient confidentiality provided
44 by the database.

45 (B) The database established under this paragraph must align with the stroke consensus

1 metrics developed and approved by the American Heart Association, the American Stroke
 2 Association, the Centers for Disease Control and Prevention and the Joint Commission.

3 (b) Establish a data oversight process in accordance with the guidelines developed by the
 4 Stroke Care Subcommittee under section 1 (5)(a) of this 2013 Act and use the data oversight
 5 process to:

6 (A) Analyze data maintained in the statewide stroke database established under para-
 7 graph (a) of this subsection;

8 (B) Identify potential interventions to improve stroke care in each trauma area estab-
 9 lished under ORS 431.609; and

10 (C) Not later than the beginning of each odd-numbered year regular legislative session,
 11 prepare and submit to the Legislative Assembly a report in the manner provided in ORS
 12 192.245 summarizing the authority’s findings under this subsection.

13 (c) Coordinate with national health organizations involved in improving the quality of
 14 stroke care to avoid duplicative information and redundant processes.

15 (d) Require information related to stroke care and reported pursuant to ORS 431.623 (5)
 16 to be used in accordance with guidelines that meet or exceed nationally recognized standards
 17 established by the American Stroke Association.

18 (e) Encourage the sharing of information and data among health care providers on
 19 methods to improve the quality of stroke care.

20 (f) Facilitate communication about data trends and treatment developments among
 21 health care providers involved in stroke care.

22 (g) Require the application of evidence-based treatment guidelines, as recommended by
 23 the Stroke Care Subcommittee under section 1 (5)(d) of this 2013 Act, for:

24 (A) Emergency stroke care triage;

25 (B) Patient transport; and

26 (C) Patient transfers from a designated trauma hospital following acute treatment to a
 27 health care facility, as defined in ORS 442.015, other than a designated trauma hospital.

28 (2) Except for personally identifiable data, all data kept in the statewide stroke database
 29 established under subsection (1) of this section shall be made available to a public body, as
 30 defined in ORS 174.109, or a person contracting with a public body, provided that the public
 31 body or the person is responsible for the management or administration of emergency care.

32 **SECTION 4.** Sections 1 to 3 of this 2013 Act are repealed on January 1, 2021.

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