HOUSE BILL No. 1310

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-18-2-109.1; IC 16-31-2-9.5; IC 16-41-17.5.

Synopsis: Statewide stroke plan. Requires the Indiana department of health (state department) to include Indiana hospitals certified as a thrombectomy-capable stroke center in certain lists maintained by the state department concerning certified stroke centers. Amends the list of entities that certify stroke centers. Requires a hospital certified as a thrombectomy-capable stroke center to provide certain information to the state department. Prohibits a health care facility from advertising that the facility is a thrombectomy-capable stroke center unless the facility is certified by a specified entity. Requires the state department to establish and implement a statewide stroke plan. Sets forth requirements of the plan and requirements for certain health care providers to report stroke data. Requires the state department to establish a data base for the reported data and sets forth additional requirements. Requires the state department to annually report certain stroke data to the governor and the executive director of the legislative services agency.

Effective: July 1, 2025.

Andrade, Barrett, Haggard, Hamilton

January 13, 2025, read first time and referred to Committee on Public Health.



First Regular Session of the 124th General Assembly (2025)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2024 Regular Session of the General Assembly.

HOUSE BILL No. 1310

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1	SECTION 1. IC 16-18-2-109.1, AS AMENDED BY P.L.32-2021,
2	SECTION 36, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2025]: Sec. 109.1. "Emergency medical dispatch agency", for
4	purposes of IC 16-31-3.5 and IC 16-41-17.5, has the meaning set forth
5	in IC 16-31-3.5-1. IC 16-31-3.5-1(c).
6	SECTION 2. IC 16-31-2-9.5, AS ADDED BY P.L.138-2017,
7	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
8	JULY 1, 2025]: Sec. 9.5. (a) Before July 1, 2018, The commission shall
9	do the following:
10	(1) Adopt rules under IC 4-22-2 concerning protocols for the
11	identification, transport, and treatment of stroke patients by
12	personnel providing emergency medical services. The rules must
13	include standards for stroke triage and transport protocols to be
14	implemented by regional and local emergency medical services
15	entities and programs to promote the efficiency and quality of
16	care for stroke patients based on evidence based science and

nationally recognized guidelines.



1	(2) Adopt and distribute a nationally recognized stroke
2	assessment tool to personnel providing emergency medical
3	services.
4	(b) Before July 1, 2018, October 1, 2025, the state department shall
5	do the following:
6	(1) Compile and maintain a list of Indiana hospitals that are
7	certified as a comprehensive stroke center, a primary stroke
8	center, or an acute stroke ready hospital, or a
9	thrombectomy-capable stroke center by one (1) of the
10	following:
11	(A) The American Heart Association.
12	(B) The Joint Commission.
13	(C) DNV GL.
14	(D) The Healthcare Facilities Accreditation Program. The
15	Accreditation Commission for Health Care.
16	(E) A nationally recognized organization that provides:
17	(i) comprehensive stroke center hospital certification;
18	(ii) primary stroke center hospital certification; or
19	(iii) acute stroke ready hospital certification; or
20	(iv) thrombectomy-capable stroke center certification;
21	for stroke care and that has been approved by the commission.
22	(2) Compile and maintain a list of Indiana network participating
23	hospitals that have a written agreement to transfer a stroke patient
24	to a certified primary stroke center, certified comprehensive
25	stroke center, or certified acute stroke ready hospital, or certified
26	thrombectomy-capable stroke center for stroke treatment
27	therapies that the network participating hospital is not capable of
28	providing.
29	(c) A hospital that is certified under subsection (b)(1) shall:
30	(1) provide the state department with the certification
31	information, including a copy of the actual certification and the
32	date the certification is set to expire; and
33	(2) notify the state department not more than forty-eight (48)
34	hours after the hospital's certification has been suspended,
35	revoked, or lowered in the stroke care status level.
36	(d) A hospital that is an Indiana network participating hospital under
37	subsection (b)(2) must provide the state department with a copy of the
38	written transfer agreement.
39	(e) A health care facility may not advertise that the facility is a
40	certified comprehensive stroke center, a primary stroke center, or an
41	acute stroke ready hospital, or a thrombectomy-capable stroke
42	center, unless the facility has been certified by an entity set forth in
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1	subsection (b)(1). A health care facility that violates this subsection is
2	subject to the penalties set forth in IC 16-21-5.
3	(f) The commission and the state department shall enter into a
4	memorandum of understanding to share information to implement this
5	section.
6	SECTION 3. IC 16-41-17.5 IS ADDED TO THE INDIANA CODE
7	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
8	JULY 1, 2025]:
9	Chapter 17.5. Prevention and Treatment Programs: Statewide
0	Stroke Plan
1	Sec. 1. (a) The state department shall establish and implement
2	a statewide stroke plan for the purpose of achieving continuous
3	quality improvements in stroke response and treatment in Indiana.
4	(b) The state department shall coordinate with national health
5	organizations that specialize in stroke quality improvement in the
6	establishment of the statewide plan.
7	Sec. 2. The statewide plan required under section 1 of this
8	chapter must include the following:
9	(1) A statewide stroke data base that compiles information
20	and statistics on stroke care in Indiana, in accordance with
21	stroke consensus metrics developed and approved by the
22 23 24	American Heart Association, the American Stroke
23	Association, the Centers for Disease Control and Prevention,
	and the Joint Commission.
25	(2) Use of the Get With The Guidelines-Stroke program
26	maintained by the American Heart Association and the
27	American Stroke Association or a nationally recognized data
28	set platform that includes strong confidentiality standards
29	under subdivision (1) and this subdivision.
0	(3) Transfer of a stroke patient to the closest appropriate
1	facility for stroke treatment.
2	Sec. 3. (a) A hospital that is licensed under IC 16-21 and
3	certified as a:
4	(1) comprehensive stroke center;
5	(2) thrombectomy-capable stroke center; or
6	(3) primary stroke center;
7	as described in IC 16-31-2-9.5(b) shall report to the state
8	department data concerning each stroke case and the treatment of
9	these individuals in Indiana with a confirmed diagnosis of a stroke.
.0	A hospital described under this subsection that provides
-1	mechanical endovascular thrombectomy shall report data
-2	concerning the process, any complications, and outcomes of the



1	procedure.
2	(b) The following may report the data described in subsection
3	(a) to the state department:
4	(1) A hospital that is licensed under IC 16-21 and that is
5	certified as an acute stroke ready hospital.
6	(2) An emergency medical dispatch agency.
7	(c) The state department shall do the following:
8	(1) Develop and maintain a data base for the storage of data
9	reported under this section.
10	(2) Establish a procedure for hospitals and emergency
11	medical dispatch agencies to report the data under this
12	section.
13	(3) Encourage and facilitate the sharing of information and
14	data by health care providers and health care systems for the
15	purpose of improving the quality of care provided to stroke
16	patients in Indiana.
17	(4) Establish a data oversight process and plan for the
18	purpose of achieving quality improvement in the treatment
19	and care of individuals who have experienced a stroke
20	through the following:
21	(A) Analysis of the data reported and included in the
22	stroke data base.
23	(B) Identification of potential interventions to improve
24	stroke care in certain geographic regions of Indiana.
25	(C) Determination of recommendations to improve stroke
26	care in Indiana.
27	Sec. 4. The state department shall establish and disseminate
28	evidence based treatment and community based care guidelines for
29	health care providers that provide follow-up care for a patient who
30	received acute treatment for a stroke upon the patient's hospital
31	discharge.
32	Sec. 5. (a) Before June 30 of each year, the state department
33	shall report the following to the governor and, in an electronic
34	format under IC 5-14-6, the executive director of the legislative
35	services agency:
36	(1) Information concerning the stroke data collected under
37	this chapter for the previous calendar year.
38	(2) Any recommendations of the state department to improve
39	stroke care in Indiana.
40	(b) The state department shall post the report required under
41	subsection (a) on the state department's website.
42	Sec. 6. Nothing in this chapter may be construed to require the



- 1 disclosure of confidential health information in violation of the
- 2 federal Health Insurance Portability and Accountability Act.

