

As Introduced

132nd General Assembly

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H. B. No. 464

Representatives Lipps, Antonio

**Cosponsors: Representatives Huffman, West, Seitz, Rezabek, Carfagna,
LaTourette, Leland, Lang, Johnson, Reece, Clyde, Gavarone, DeVitis, Schuring,
Green, Thompson, Boggs, Koehler, Ingram, Romanchuk, Kent, Keller, Manning,
Blessing**

A BILL

To enact sections 3727.11, 3727.12, 3727.13, 1
3727.14, and 4765.051 of the Revised Code to 2
provide for recognition of stroke centers and 3
establishment of protocols for assessment, 4
treatment, and transport to hospitals of stroke 5
patients. 6

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 3727.11, 3727.12, 3727.13, 7
3727.14, and 4765.051 of the Revised Code be enacted to read as 8
follows: 9

Sec. 3727.11. A hospital shall not represent itself as a 10
comprehensive stroke center, primary stroke center, or acute 11
stroke ready hospital unless it is recognized as such by the 12
department of health under section 3727.13 of the Revised Code. 13

Sec. 3727.12. (A) A person or government entity seeking 14
recognition of a hospital as a comprehensive stroke center, 15
primary stroke center, or acute stroke ready hospital by the 16

department of health under section 3727.13 of the Revised Code 17
shall file with the department an application for recognition. 18
The application must be on a form prescribed by the department. 19
Each applicant must furnish proof satisfactory to the department 20
that the hospital for which recognition is sought satisfies the 21
requirements of division (B) (1), (2), or (3) of this section. 22

(B) (1) To be eligible for recognition as a comprehensive 23
stroke center under section 3727.13 of the Revised Code, a 24
hospital must be certified as a comprehensive stroke center by 25
the American heart association, the joint commission, or an 26
organization acceptable to the department under division (C) of 27
this section. 28

(2) To be eligible for recognition as a primary stroke 29
center under section 3727.13 of the Revised Code, a hospital 30
must be certified as a primary stroke center by the American 31
heart association, the joint commission, or an organization 32
acceptable to the department under division (C) of this section. 33

(3) To be eligible for recognition as an acute stroke 34
ready hospital under section 3727.13 of the Revised Code, a 35
hospital must be certified as an acute stroke ready hospital by 36
the American heart association, the joint commission, or an 37
organization acceptable to the department under division (C) of 38
this section. 39

(C) For purposes of division (B) of this section, to be 40
acceptable to the department an organization must certify 41
comprehensive stroke centers, primary stroke centers, or acute 42
stroke ready hospitals in accordance with nationally recognized 43
certification guidelines. 44

Sec. 3727.13. (A) (1) The department of health shall 45

recognize as a comprehensive stroke center a hospital that 46
satisfies the requirements of division (B) (1) of section 3727.12 47
of the Revised Code and submits a complete application. 48

(2) (a) The department shall recognize as a primary stroke 49
center a hospital that satisfies the requirements of division 50
(B) (2) of section 3727.12 of the Revised Code and submits a 51
complete application. 52

(b) If a hospital satisfying the requirements of division 53
(B) (2) of section 3727.12 of the Revised Code has attained 54
supplementary levels of stroke care distinction as identified by 55
the American heart association, the joint commission, or an 56
organization accepted by the department under section 3727.12 of 57
the Revised Code, including by offering patients mechanical 58
endovascular therapy, the department shall include that 59
distinction in its recognition. 60

(3) The department shall recognize as an acute stroke 61
ready hospital a hospital that satisfies the requirements of 62
division (B) (3) of section 3727.12 of the Revised Code and 63
submits a complete application. 64

(B) Pursuant to an adjudication conducted under Chapter 65
119. of the Revised Code, the department may suspend or revoke a 66
hospital's recognition under division (A) of this section if it 67
determines that the hospital no longer satisfies the 68
requirements for recognition. 69

(C) Not later than the first day of June each year, the 70
department shall compile and send a list of hospitals recognized 71
under division (A) of this section to the medical director and 72
cooperating physician advisory board of each emergency medical 73
service organization, as defined in section 4765.01 of the 74

Revised Code. The department also shall post the list on its 75
internet web site. 76

Sec. 3727.14. The director of health shall adopt rules as 77
necessary for the implementation of sections 3727.11 to 3727.13 78
of the Revised Code. The rules shall be adopted in accordance 79
with Chapter 119. of the Revised Code. 80

Sec. 4765.051. (A) Each regional director or regional 81
advisory board appointed under section 4765.05 of the Revised 82
Code shall establish written protocols for the assessment, 83
treatment, and transport to hospitals of stroke patients by 84
emergency medical service personnel. 85

(B) With respect to the transport of stroke patients, the 86
protocols shall include procedures for all of the following: 87

(1) Transporting each patient to the closest hospital 88
recognized under section 3727.13 of the Revised Code as a 89
comprehensive stroke center or primary stroke center if such a 90
hospital is reasonably available; 91

(2) When appropriate, transporting a patient to the 92
closest hospital recognized under section 3727.13 of the Revised 93
Code as an acute stroke ready hospital; 94

(3) Transporting each patient within a specified time 95
period after the onset of symptoms, including symptoms 96
associated with large vessel occlusion strokes. 97

(C) Each regional director or regional advisory board 98
shall provide copies of its protocols to the department of 99
health; the state board of emergency medical, fire, and 100
transportation services; and the medical director and 101
cooperating physician advisory board of each emergency medical 102
service organization located in the emergency medical services 103

region served by the regional director or regional advisory
board.

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