

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1400 Session of 2011

INTRODUCED BY REICHLLEY, CALTAGIRONE, CLYMER, D. COSTA, CUTLER, GILLESPIE, GRELL, HARKINS, JOSEPHS, MILNE, M. O'BRIEN, THOMAS, WATSON, BOBACK, KILLION, SWANGER, DONATUCCI, DAY, TOOHL, GEIST, SONNEY, MURT, KAUFFMAN, HENNESSEY, DENLINGER, RAPP, FARRY AND PASHINSKI, MAY 24, 2011

AS AMENDED ON SECOND CONSIDERATION, HOUSE OF REPRESENTATIVES, OCTOBER 26, 2011

AN ACT

1 Establishing a Statewide stroke system of care by recognizing
2 primary stroke centers and directing the creation of
3 emergency medical services training and transport protocols;
4 AND PROVIDING FOR THE POWERS AND DUTIES OF THE DEPARTMENT OF
5 HEALTH.



6 The General Assembly finds and declares as follows:

7 (1) The rapid identification, diagnosis and treatment of
8 stroke can save the lives of stroke patients and in some
9 cases can minimize neurological damage such as paralysis and
10 speech and language impairments, leaving stroke patients with
11 few or minimal neurological deficits.

12 (2) Despite significant advances in the diagnosis,
13 treatment and prevention, stroke is the third leading cause
14 of death and the leading cause of disability with an
15 estimated 795,000 new and recurrent strokes occurring each
16 year in this country, and, with the aging of the population,
17 the number of persons who have strokes is projected to

1 increase.

2 (3) Although treatments are available to improve the
3 clinical outcomes of stroke, many acute care hospitals lack
4 the necessary staff and equipment to optimally triage and
5 treat stroke patients, including the provision of optimal,
6 safe and effective emergency care for those patients.

7 (4) An effective system to support stroke survival is
8 needed in our communities in order to treat stroke patients
9 in a timely manner and to improve the overall treatment of
10 stroke patients in order to increase survival and decrease
11 the disabilities associated with stroke. There is a public
12 health need for acute care hospitals in this Commonwealth to
13 establish primary stroke centers to ensure the rapid triage,
14 diagnostic evaluation and treatment of patients suffering a
15 stroke.

16 (5) Primary stroke centers should be established for the
17 treatment of acute strokes. Primary stroke centers should be
18 established in as many hospitals as possible. These centers
19 would evaluate, stabilize and provide emergency and inpatient
20 care to patients with acute stroke.

21 (6) Therefore, it is in the best interest of the
22 residents of this Commonwealth to establish a program to
23 recognize accredited primary stroke centers whose criteria
24 provide specific patient care and support services that
25 hospitals must meet in order to ensure that stroke patients
26 receive sage and effective care. Further, it is in the best
27 interest of the people of this Commonwealth to modify the
28 State's emergency medical response system to assure that
29 stroke patients may be quickly identified and transported to
30 and treated in facilities that have stroke protocols for

1 providing timely and effective treatment for stroke patients.

2 The General Assembly of the Commonwealth of Pennsylvania
3 hereby enacts as follows:

4 Section 1. Short title.

5 This act shall be known and may be cited as the Primary
6 Stroke Center Recognition Act.

7 Section 2. Definitions.

8 The following words and phrases when used in this act shall
9 have the meanings given to them in this section unless the
10 context clearly indicates otherwise:

11 "Department." The Department of Health of the Commonwealth.

12 "Emergency medical services agency medical director." As
13 defined in 35 PA.C.S. § 8103 (relating to definitions).

14 "Joint commission." An independent national not-for-profit
15 organization that develops and updates organizational standards
16 and performance measures, conducts on-site evaluations and
17 awards accreditation decisions to health care facilities,
18 including hospitals, nursing homes, home care agencies and
19 ambulatory providers, that are accepted by the Federal
20 Government for the compliance of Conditions of Participation for
21 Medicare.

22 Section 3. Recognition of centers.

23 (a) General rule.--Upon application by a licensed acute care
24 hospital, the department shall recognize the hospital as a
25 primary stroke center if the hospital is certified as a primary
26 stroke center by the joint commission or another nationally
27 recognized accrediting organization that provides certification
28 for stroke care. The designation shall last as long as the
29 hospital remains certified as a primary stroke center.

30 (b) Suspension or revocation of recognition.--The department

1 may suspend or revoke primary stroke center recognition if the
2 department determines that the hospital is not in compliance
3 with provisions of this act requiring accreditation as a primary
4 stroke center.

5 Section 4. Emergency medical services.

6 (a) List of primary stroke centers.--The department shall:

7 (1) Make available a list of accredited primary stroke
8 centers to each emergency medical services agency medical
9 director in this Commonwealth.

10 (2) Maintain a copy of the list of primary stroke
11 centers in the office designated with the department to
12 oversee emergency medical services.

13 (3) Post a list of primary stroke centers on the
14 department's Internet website.

15 (b) Assessment.--The department shall make available and
16 distribute a nationally recognized standardized stroke triage
17 assessment tool within 60 days of the effective date of this
18 act. The department shall:

19 (1) Make available a copy to each emergency medical
20 services agency medical director in this Commonwealth so that
21 the directors can use the tool or a substantially similar one
22 to evaluate patients.

23 (2) Post the assessment tool on its Internet website.

24 (c) Protocols.--The department shall establish protocols
25 that are related to prehospital assessment, treatment and
26 transport of stroke patients by licensed emergency medical
27 services providers. The protocols shall include plans for triage
28 and transport of acute stroke patients to the closest primary
29 stroke center or a facility that can provide appropriate
30 treatment if the primary stroke center is not within a specified

1 time frame from onset of symptoms.

2 (d) Training.--The department shall establish protocols to
3 ensure that certified emergency medical services providers,
4 within their scope of practice, receive regular training on the
5 assessment and treatment of stroke patients.

6 (e) Compliance.--Within 60 days of the effective date of
7 this act, each emergency medical services provider must comply
8 with all protocols and regulations promulgated by the department
9 under this act.

10 SECTION 5. BIENNIAL REPORT. 

11 (A) DUTY TO PREPARE AND FILE.--THE DEPARTMENT SHALL PREPARE
12 A BIENNIAL REPORT BY JULY 1 IN ODD-NUMBERED YEARS IN CONJUNCTION
13 WITH ITS REVIEW OF EMERGENCY MEDICAL SERVICES PROTOCOLS. THE
14 REPORT SHALL BE FILED WITH THE CHAIRMAN AND MINORITY CHAIRMAN OF
15 THE PUBLIC HEALTH AND WELFARE COMMITTEE OF THE SENATE AND THE
16 CHAIRMAN AND MINORITY CHAIRMAN OF THE HEALTH COMMITTEE OF THE
17 HOUSE OF REPRESENTATIVES.

18 (B) CONTENTS.--THE REPORT SHALL INCLUDE:

19 (1) THE NUMBER, LOCATION AND COUNTY OF ACCREDITED
20 PRIMARY STROKE CENTERS IN THIS COMMONWEALTH.

21 (2) CHANGES IN THE NUMBER AND/OR LOCATIONS OF PRIMARY
22 STROKE CENTERS SINCE THE LAST REPORT.

23 (3) A SUMMARY OF THE TRAINING PROTOCOLS TO ENSURE THAT
24 CERTIFIED EMERGENCY MEDICAL SERVICES PROVIDERS WITHIN THEIR
25 SCOPE OF PRACTICE RECEIVE REGULAR TRAINING AND ASSESSMENT AND
26 TREATMENT OF STROKE PATIENTS.

27 (4) ANY OTHER INFORMATION THE DEPARTMENT MAY DEEM
28 NECESSARY.

29 Section ~~5~~ 6. Effective date. 

30 This act shall take effect in 60 days.