WEST VIRGINIA LEGISLATURE

2018 REGULAR SESSION

Introduced

House Bill 4457

By Delegates Rohrbach, Sobonya, C. Miller, C.

ROMINE, LOVEJOY, HORNBUCKLE, SYPOLT AND SUMMERS

[Introduced February 7, 2018; Referred

to the Committee on Health and Human Resources then

the Judiciary.]

A BILL to amend and reenact §16-5B-18 of the Code of West Virginia, 1931, as amended, relating to designation of hospitals for stroke treatment; adding a designation as a thrombectomy-capable stroke center; modifying the make-up of the advisory committee; requiring approval of legislative rules by the advisory committee prior to filing; providing for a database; and prohibiting certain inspections of hospitals conducted by the Department of Health and Human Resources.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5B. HOSPITALS AND SIMILAR INSTITUTIONS.

§16-5B-18. Designation of comprehensive, primary, and acute and thrombectomy-capable stroke-ready hospitals; reporting requirements; rulemaking.

- (a) A hospital, as that term is defined in section one of this article, may apply to be recognized by the Department of Health and Human Resources to be recognized and certified as a comprehensive stroke center, a primary stroke center, or an acute stroke-ready hospital or thrombectomy-capable stroke center. The appropriate designation shall be granted by the Department of Health and Human Resources based upon a hospital meeting the criteria recognized by the American Heart Association, the Joint Commission or other nationally recognized organization and as set forth in legislative rules as provided in subsection (d) of this section.
- (b) The Department of Health and Human Resources shall gain access to, and utilize, a nationally recognized stroke database that compiles information and statistics on stroke care that align with the stroke consensus metrics developed and approved by the American Heart Association and the American Stoke Association, for the purpose of improving stroke care and access across the State of West Virginia. The Department of Health and Human Resources may not require data which is more comprehensive than that which a facility is required to maintain to allow them to retain their stroke facility designation.
 - (c) The Department of Health and Human Resources shall provide annually, by June 1, a

list of all hospitals they have designated pursuant to the provisions of subsection (a) of this section to the medical director of each licensed emergency medical service agency in this state. This list shall be maintained by the Department of Health and Human Resources and shall be updated annually on its website.

- (e) (d) The Secretary of the Department of Health and Human Resources shall establish by legislative rule, as set forth in subsection (d) of this section, prehospital care protocols related to assessment, treatment and transport of patients identified as stroke patients. These protocols shall be applicable to all emergency medical service agencies, as defined in §16-4C-3 of this code. These protocols shall include development and implementation of plans for the triage and transport within specified timeframes of onset of symptoms of acute stroke patients to the nearest comprehensive, thrombectomy-capable stroke center, primary or acute stroke ready hospital.
- (d) (e) The Secretary of the Department of Health and Human Resources shall propose rules for legislative approval in accordance with the provisions of §29A-3 1 et seq. of this code to accomplish the goals of this section. These rules shall be proposed after consultation with and approval by an advisory committee selected by the Secretary of the Department of Health and Human Resources.
- (f) The advisory committee <u>as set forth in subsection</u> (d) of this <u>section</u> shall consist of <u>no</u> more than 14 members. Membership on the advisory committee shall consist of:
 - (1) A representative of the Department of Health and Human Resources;
- (2) A representative of an association with the primary purpose of promoting better heart health;
- (3) A registered emergency medical technician; hospitals located in rural areas of the state and hospitals located in urban areas of this state
 - (4) Either an administrator or physician representing a critical access hospital;
 - (5) Either an administrator or physician representing a teaching or academic hospital;

42	(6) A representative of an association with the primary purpose of representing the
43	interests of all hospitals throughout the state; and
44	(7) A clinical and administrative representative of hospitals from each level of stroke center
45	certification by a national certifying body (CSC, TSC, PSC, and ASRH).
46	(g) These rules shall include:
47	(1) An application process for recognition of hospitals who have been certified as a stroke
48	center by a nationally certifying body;
49	(2) The criteria for designation and certification as a comprehensive stroke center, a primary
50	stroke center or an acute stroke ready center thrombectomy-capable stroke center or, an acute
51	stroke ready center as determined by criteria of the American Heart Association, the Joint
52	Commission or other national certifying organization:
53	(3) A means for providing a list of designated hospitals to emergency medical service
54	agencies;
55	(4) Protocols for assessment, treatment and transport of stroke patients by licensed
56	emergency medical service agencies; and
57	(5) Any other requirements necessary to accomplish the intent of this section.
58	(h) Nothing in this section may permit the Department of Health and Human Resources to
59	conduct inspections of hospitals in relation to recognition as a stroke center as set forth in this
60	section: Provided, That nothing in this section may preclude inspections of hospitals by the
61	Department of Health and Human Resources which are otherwise authorized by this code.
	NOTE: The purpose of this bill is to add a designation as a thrombectomy-capable stroke

NOTE: The purpose of this bill is to add a designation as a thrombectomy-capable stroke center. It also modifies the make-up of the advisory committee, requires approval of legislative rules by the advisory committee prior to filing and prohibits certain inspections of hospitals conducted by the Department of Health and Human Resources.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.