

# **WEST VIRGINIA LEGISLATURE**

## **2016 REGULAR SESSION**

**Introduced**

### **House Bill 4388**

BY DELEGATES ROHRBACH, ELLINGTON, HOUSEHOLDER,

BATES, BYRD, SOBONYA, SUMMERS, UPSON AND

B. WHITE

[Introduced February 3, 2016; Referred  
to Committee on Health and Human Resources.]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article,  
 2 designated §16-5X-1 and §16-5X-2, all relating to stroke centers; requiring the Bureau for  
 3 Public Health to designate hospitals as comprehensive stroke centers, primary stroke  
 4 centers or acute stroke ready hospitals; providing rule-making authority; requiring the  
 5 office of Emergency Medical Services to establish protocols to treat and transport stroke  
 6 patients.

*Be it enacted by the Legislature of West Virginia:*

1 That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new  
 2 article, designated §16-5X-1 and §16-5X-2, all to read as follows:

**ARTICLE 5X. DESIGNATION OF COMPREHENSIVE STROKE CENTERS.**

**§16-5X-1. Designation of Comprehensive Stroke Centers, Primary Stroke Centers and  
 Acute Stroke Ready Hospitals.**

1 (a) The Bureau for Public Health shall identify hospitals that meet the criteria set forth in  
 2 this article as a Comprehensive Stroke Center, a Primary Stroke Center or an Acute Stroke Ready  
 3 Hospital.

4 (b) The Bureau for Public Health shall recognize as many accredited acute care hospitals  
 5 as Comprehensive Stroke Centers as apply and are certified as a Comprehensive Stroke Center  
 6 by the American Heart Association, the Joint Commission or another department approved  
 7 nationally recognized guidelines- based organization that provides Comprehensive Stroke Center  
 8 Hospital certification for stroke care, provided that each applicant continues to maintain its  
 9 certification.

10 (c) The Bureau for Public Health shall recognize as many accredited acute care hospitals  
 11 as Primary Stroke Centers as apply and are certified as a Primary Stroke Center by the American  
 12 Heart Association, the Joint Commission or another department approved nationally recognized  
 13 guidelines-based organization that provides Primary Stroke Center Hospital certification for stroke  
 14 care, provided that each applicant continues to maintain its certification.

15           (d) The Bureau for Public Health shall recognize as many accredited acute care hospitals  
 16 as Acute Stroke Ready hospitals as apply and are certified as an Acute Stroke Ready hospital by  
 17 the American Heart Association, the Joint Commission or another department approved nationally  
 18 recognized guidelines based organization that provides Acute Stroke Ready hospital certification  
 19 for stroke care, provided that each applicant continues to maintain its certification.

20           (e) The Bureau for Public Health may propose rules for legislative approval in accordance  
 21 with the provisions of article three, chapter twenty-nine-a to effectuate the provisions of this article.

**§16-5X-2. Emergency Medical Services Providers; Assessment and Transportation of**  
**Stroke Patients to a Comprehensive Stroke Center, Primary Stroke Center or Acute**  
**Stroke Ready Hospital.**

1           (a) By June 1 of each year, the Bureau for Public Health shall send the list of  
 2 Comprehensive Stroke and Primary Stroke Centers (and Acute Stroke Ready Hospitals, when  
 3 they become available), to the medical director of each licensed emergency medical services  
 4 provider in this state. The Bureau for Public Health shall maintain a copy of the list in the office  
 5 designated with the department to oversee emergency medical services, and shall post a list of  
 6 Stroke Centers to the Bureau of Public Health’s website.

7           (b) The Office of Emergency Medical Services shall establish prehospital care protocols  
 8 related to the assessment, treatment, and transport of stroke patients by licensed emergency  
 9 medical services providers in this state. The protocols shall include the development and  
 10 implementation of plans for the triage and transport of acute stroke patients to the closest  
 11 Comprehensive, Primary Stroke Center or when appropriate to an Acute Stroke Ready Hospital,  
 12 within a specified timeframe of onset of symptoms.

13           (c) An emergency medical services provider must comply with all sections of this article  
 14 July 1, 2017.

NOTE: The purpose of this bill is to require the Bureau for Public Health to designate certain hospitals as stroke centers and require the Office of Emergency Medical Services to establish protocols to treat and transport stroke patients.

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