

WEST VIRGINIA LEGISLATURE

2018 REGULAR SESSION

Engrossed

Committee Substitute

for

Senate Bill 510

BY SENATORS MAYNARD, TAKUBO, STOLLINGS, CLINE,
BOSO, AND PLYMALE

[Originating in the Committee on Health and Human
Resources; Reported on February 14, 2018]

1 A BILL to amend and reenact §16-5B-18 of the Code of West Virginia, 1931, as amended, relating
2 to designation of hospitals for stroke treatment; adding a designation as a thrombectomy-
3 capable stroke center; modifying the makeup of the advisory committee; requiring
4 approval of legislative rules by the advisory committee prior to filing; providing for a
5 database; and prohibiting certain inspections of hospitals conducted by the Department of
6 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.

1 (a) A hospital, as that term is defined in ~~section one of this article~~ §16-5B-1 of this
2 code, may apply to shall be recognized by the Department of Health and Human Resources to
3 ~~be recognized and certified~~ Office of Emergency Medical Services as a comprehensive stroke
4 center (CSC), thrombectomy-capable stroke center (TSC), a primary stroke center (PSC), or an
5 acute stroke-ready hospital (ASRH), upon submitting verification of certification as granted by the
6 American Heart Association, the joint commission, or other nationally recognized organization to
7 the Office of Emergency Medical Services. A hospital shall immediately notify the Office of
8 Emergency Medical Services of any change in its certification status. The appropriate designation
9 ~~shall be granted by the Department of Health and Human Resources based upon criteria~~
10 ~~recognized by the American Heart Association, the Joint Commission or other nationally~~
11 ~~recognized organization as set forth in legislative rules as provided in subsection (d) of this~~
12 ~~section.~~

13 (b) The Office of Emergency Medical Services shall gain access to, and utilize, a nationally
14 recognized stroke database that compiles information and statistics on stroke care that align with
15 the stroke consensus metrics developed and approved by the American Heart Association and
16 the American Stroke Association, for the purpose of improving stroke care and access across the

17 State of West Virginia. The Office of Emergency Medical Services shall, upon request, provide
18 the data accessed and utilized relating to comprehensive stroke centers, thrombectomy-capable
19 stroke centers, primary stroke centers, and acute stroke-ready hospitals to the advisory
20 committee in §16-5B-18(d) of this code.

21 ~~(b)~~ (c) ~~The Department of Health and Human Resources~~ Office of Emergency Medical
22 Services shall provide annually, by June 1, a list of all hospitals ~~they have designated~~ recognized
23 pursuant to the provisions of §16-5B-18(a) of this code to the medical director of each licensed
24 emergency medical services agency in this state. This list shall be maintained by the ~~Department~~
25 ~~of Health and Human Resources~~ Office of Emergency Medical Services and shall be updated
26 annually on its website.

27 ~~(e)~~ (d) ~~No later than July 1, 2018,~~ the Secretary of the Department of Health and Human
28 Resources shall establish ~~by legislative rule, as set forth in subsection (d) of this section,~~
29 ~~prehospital care protocols related to assessment, treatment, and transport of patients identified~~
30 ~~as stroke patients. These protocols shall be applicable to all emergency medical service~~
31 ~~agencies, as defined in §16-4C-3 of this code. These protocols shall include development and~~
32 ~~implementation of plans for the triage and transport within specified time frames of onset of~~
33 ~~symptoms of acute stroke patients to the nearest comprehensive, primary, or acute stroke ready~~
34 ~~hospital.~~ and appoint a stroke advisory committee which shall function as an advisory body to the
35 secretary and report no less than biannually at regularly scheduled meetings. Its functions shall
36 include:

- 37 (1) Increasing stroke awareness;
38 (2) Promoting stroke prevention and health policy recommendations relating to stroke
39 care;
40 (3) Advising the Office of Emergency Medical Services on the development of stroke
41 networks;

42 (4) Utilizing stroke care data to provide recommendations to the Office of Emergency
43 Medical Services to improve stroke care throughout the state;

44 (5) Identifying and making recommendations to overcome barriers relating to stroke care;
45 and

46 (6) Review and make recommendations to the State Medical Director of the Office of
47 Emergency Medical Services regarding prehospital care protocols including:

48 (A) The assessment, treatment, and transport of stroke patients by licensed emergency
49 medical services agencies; and

50 (B) Plans for the triage and transport, within specified time frames of onset symptoms, of
51 acute stroke patients to the nearest comprehensive stroke center, thrombectomy-capable stroke
52 center, primary stroke center, or acute stroke-ready hospital.

53 ~~(d) The Secretary of the Department of Health and Human Resources shall propose rules~~
54 ~~for legislative approval in accordance with the provisions of §29A-3-1 et seq. of this code to~~
55 ~~accomplish the goals of this section. These rules shall be proposed after consultation with and~~
56 ~~approval by an advisory committee selected by the Secretary of the Department of Health and~~
57 ~~Human Resources.~~

58 (e) The advisory committee as set forth §16-5B-18 (d) of this code shall consist of no more
59 than 14 members. Membership of the advisory committee shall include:

60 (1) A representative of the Department of Health and Human Resources;

61 (2) A representative of an association with the primary purpose of promoting better heart
62 health;

63 (3) A registered emergency medical technician; hospitals located in rural areas of the state
64 and hospitals located in urban areas of this state

65 (4) Either an administrator or physician representing a critical access hospital;

66 (5) Either an administrator or physician representing a teaching or academic hospital;

67 (6) A representative of an association with the primary purpose of representing the
68 interests of all hospitals throughout the state; and

69 (7) A clinical and administrative representative of hospitals from each level of stroke center
70 certification by a national certifying body (CSC, TSC, PSC, and ASRH).

71 ~~(g) These rules shall include:~~

72 ~~(1) An application process;~~

73 ~~(2) The criteria for designation and certification as a comprehensive stroke center, a~~
74 ~~primary stroke center or an acute stroke ready center or, an acute stroke ready center;~~

75 ~~(3) A means for providing a list of designated hospitals to emergency medical service~~
76 ~~agencies;~~

77 ~~(4) Protocols for assessment, treatment, and transport of stroke patients by licensed~~
78 ~~emergency medical service agencies; and;~~

79 ~~(5) Any other requirements necessary to accomplish the intent of this section.~~

80 (f) Of the members first appointed, three shall be appointed for a term of one year, three
81 shall be appointed for a term of two years, and the remaining members shall be appointed for a
82 term of three years. The terms of subsequent appointees shall be three years. Members may be
83 reappointed for additional terms.

84 (g) Nothing in this section may permit the Office of Emergency Medical Services to conduct
85 inspections of hospitals in relation to recognition as a stroke center as set forth in this section:
86 Provided, That nothing in this section may preclude inspections of hospitals by the Office of
87 Emergency Medical Services which are otherwise authorized by this code.