WEST VIRGINIA LEGISLATURE

2018 REGULAR SESSION

Enrolled

Committee Substitute

for

Senate Bill 510

SENATORS MAYNARD, TAKUBO, STOLLINGS, CLINE, BOSO,

AND PLYMALE, original sponsors

[Passed March 7, 2018; in effect 90 days from passage]

1 AN ACT to amend and reenact §16-5B-18 of the Code of West Virginia, 1931, as amended, 2 relating to designation of hospitals for stroke treatment; adding a designation as a thrombectomy-capable stroke center; modifying the makeup of the advisory committee; 3 4 providing certain functions to the advisory committee; permitting the advisory committee 5 to make recommendations to the Office of Emergency Medical Services; staggering the 6 terms of the advisory committee members; providing for a database; and prohibiting 7 certain inspections of hospitals conducted by the Department of Health and Human 8 Resources.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5B. HOSPITALS AND SIMILAR INSTITUTIONS.

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

(a) A hospital, as that term is defined in §16-5B-1 of this code, shall be recognized
by the Office of Emergency Medical Services as a comprehensive stroke center (CSC),
thrombectomy-capable stroke center (TSC), primary stroke center (PSC), or an acute strokeready hospital (ASRH), upon submitting verification of certification as granted by the American
Heart Association, the joint commission, or other nationally recognized organization to the Office
of Emergency Medical Services. A hospital shall immediately notify the Office of Emergency
Medical Services of any change in its certification status.

8 (b) The Office of Emergency Medical Services shall gain access to, and utilize, a nationally 9 recognized stroke database that compiles information and statistics on stroke care that align with 10 the stroke consensus metrics developed and approved by the American Heart Association and 11 the American Stroke Association, for the purpose of improving stroke care and access across the 12 State of West Virginia. The Office of Emergency Medical Services shall, upon request, provide 13 the data accessed and utilized relating to comprehensive stroke centers, thrombectomy-capable

1

Enr. CS for SB 510

stroke centers, primary stroke centers, and acute stroke-ready hospitals to the advisory
committee in §16-5B-18(d) of this code.

16 (c) The Office of Emergency Medical Services shall provide annually, by June 1, a list of 17 all hospitals recognized pursuant to the provisions of §16-5B-18(a) of this code to the medical 18 director of each licensed emergency medical services agency in this state. This list shall be 19 maintained by the Office of Emergency Medical Services and shall be updated annually on its 20 website.

(d) No later than July 1, 2018, the Secretary of the Department of Health and Human
Resources shall establish and appoint a stroke advisory committee which shall function as an
advisory body to the secretary and report no less than biannually at regularly scheduled meetings.
Its functions shall include:

25 (1) Increasing stroke awareness;

26 (2) Promoting stroke prevention and health policy recommendations relating to stroke27 care;

(3) Advising the Office of Emergency Medical Services on the development of stroke
 networks;

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

32 (5) Identifying and making recommendations to overcome barriers relating to stroke care;33 and

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

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

2

Enr. CS for SB 510

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

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

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

44 (2) A representative of an association with the primary purpose of promoting better heart45 health;

46 (3) A registered emergency medical technician;

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

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

49 (6) A representative of an association with the primary purpose of representing the50 interests of all hospitals throughout the state; and

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

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

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

3

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

Chairman, Senate Committee

Chairman, House Committee

Originated in the Senate.

In effect 90 days from passage.

Clerk of the Senate

Clerk of the House of Delegates

President of the Senate

Speaker of the House of Delegates

Governor