

HOUSE BILL No. 1145

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-31-2-9.5.

Synopsis: Stroke protocols for emergency services personnel. Requires the emergency medical services commission to adopt rules concerning protocols for the identification, transport, and treatment of stroke patients by personnel providing emergency medical services. Urges the legislative council to assign during the 2017 interim the topic of establishing and implementing a statewide plan for the improvement of care in Indiana for stroke patients.

Effective: Upon passage; July 1, 2017.

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January 5, 2017, read first time and referred to Committee on Public Health.



First Regular Session of the 120th General Assembly (2017)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2016 Regular Session of the General Assembly.

HOUSE BILL No. 1145

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 16-31-2-9.5 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2017]: **Sec. 9.5. (a) The commission shall adopt rules under**
4 **IC 4-22-2 concerning protocols for the identification, transport,**
5 **and treatment of stroke patients by personnel providing emergency**
6 **medical services. The rules must include the following:**

7 **(1) Standards for stroke triage and transport protocols to be**
8 **implemented by regional and local emergency medical**
9 **services entities and programs to promote the efficiency and**
10 **quality of care for stroke patients based on evidence based**
11 **science and nationally recognized guidelines.**

12 **(2) The compilation and maintenance of a list of Indiana**
13 **hospitals that are certified as a comprehensive stroke center,**
14 **a primary stroke center, or an acute stroke ready hospital by**
15 **one (1) of the following:**

16 **(A) The American Heart Association.**

17 **(B) The Joint Commission.**



1 (C) DNV GL.

2 (D) The Healthcare Facilities Accreditation Program.

3 (E) A nationally recognized organization that provides:

4 (i) comprehensive stroke center hospital certification;

5 (ii) primary stroke center hospital certification; or

6 (iii) acute stroke ready hospital certification;

7 for stroke care and that has been approved by the
8 commission.

9 (3) A recommendation for a comprehensive stroke center and
10 a primary stroke center to coordinate, through a written
11 agreement with an acute stroke ready hospital, appropriate
12 access to care for acute stroke patients. The written
13 agreement must include at least the following:

14 (A) Transfer agreements for the transport and care of
15 stroke patients for stroke treatment therapies that another
16 facility is unable to provide.

17 (B) Communication protocols between the facilities in the
18 transfer and care of the stroke patient.

19 (4) The adoption and distribution of a nationally recognized
20 stroke assessment tool to personnel providing emergency
21 medical services.

22 (5) The establishment of training protocols for the assessment
23 and treatment of stroke patients for personnel providing
24 emergency medical services.

25 (6) The implementation of a plan for the statewide
26 improvement of the response and treatment of stroke patients.

27 (7) The facilitation of collection and analysis from health care
28 providers of health information and data concerning stroke
29 patients.

30 (8) The development of evidence based treatment guidelines
31 for the transitioning of stroke patients after a stroke patient
32 is discharged from a hospital to community based follow-up
33 care in various health care settings.

34 (b) A health care facility may not advertise that the facility is a
35 comprehensive stroke center, a primary stroke center, or an acute
36 stroke ready hospital, or use a similar name, unless the facility has
37 been certified by an entity set forth in subsection (a)(2).

38 SECTION 2. [EFFECTIVE UPON PASSAGE] (a) During the 2017
39 legislative interim, the legislative council is urged to assign to the
40 appropriate study committee the topic of establishing and
41 implementing a statewide plan for improvement in the quality of
42 care provided in the response, assessment, and treatment of stroke



1 patients in Indiana's health care system.

2 (b) If the topic described in subsection (a) is assigned to a study
3 committee, the study committee shall issue a final report on the
4 topic to the legislative council in an electronic format under
5 IC 5-14-6 not later than November 1, 2017, recommending
6 improvements in the delivery of care in Indiana for stroke patients.

7 (c) This SECTION expires December 31, 2017.

8 SECTION 3. An emergency is declared for this act.

