

HOUSE BILL No. 1200

DIGEST OF INTRODUCED BILL

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

Synopsis: Emergency services protocols for stroke patients. 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 2016 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, 2016.

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January 7, 2016, read first time and referred to Committee on Public Health.



Second Regular Session of the 119th General Assembly (2016)

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 2015 Regular Session of the General Assembly.

HOUSE BILL No. 1200

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, 2016]: **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 to promote the efficiency and quality of care of**
8 **stroke patients based on evidence based science and nationally**
9 **recognized guidelines and protocols.**
10 (2) **The compilation and maintenance of a list of Indiana**
11 **hospitals that are certified as a comprehensive stroke center,**
12 **a primary stroke center, or an acute stroke ready hospital by**
13 **one (1) of the following:**
14 (A) **The American Heart Association.**
15 (B) **The Joint Commission.**
16 (C) **A nationally recognized organization that provides**
17 **comprehensive stroke certification for stroke care and that**



- 1 has been approved by the commission.
- 2 (3) A recommendation for a comprehensive stroke center and
- 3 a primary stroke center to coordinate, through a written
- 4 agreement with an acute stroke ready hospital, appropriate
- 5 access to care for acute stroke patients. The written
- 6 agreement must include at least the following:
- 7 (A) Transfer agreements for the transport and care of
- 8 stroke patients for stroke treatment therapies that another
- 9 facility is unable to provide.
- 10 (B) Communication protocols between the facilities in the
- 11 transfer and care of the stroke patient.
- 12 (4) The adoption and distribution of a nationally recognized
- 13 stroke assessment tool to personnel providing emergency
- 14 medical services.
- 15 (5) The establishment of training protocols for the assessment
- 16 and treatment of stroke patients for personnel providing
- 17 emergency medical services.
- 18 (6) The implementation of a plan for the statewide
- 19 improvement of the response and treatment of stroke patients.
- 20 (7) The facilitation of collection and analysis from health care
- 21 providers of health information and data concerning stroke
- 22 patients.
- 23 (8) The development of evidence based treatment guidelines
- 24 for the transitioning of stroke patients after a stroke patient
- 25 is discharged from a hospital to community based follow-up
- 26 care in various health care settings.
- 27 (b) A health care facility may not advertise that the facility is a
- 28 comprehensive stroke center or a primary stroke center, or use a
- 29 similar name, unless the facility has been certified by an entity set
- 30 forth in subsection (a)(2).
- 31 SECTION 2. [EFFECTIVE UPON PASSAGE] (a) During the 2016
- 32 legislative interim, the legislative council is urged to assign to the
- 33 appropriate study committee the topic of establishing and
- 34 implementing a statewide plan for improvement in the quality of
- 35 care provided in the response, assessment, and treatment of stroke
- 36 patients in Indiana's health care system.
- 37 (b) If the topic described in subsection (a) is assigned to a study
- 38 committee, the study committee shall issue a final report on the
- 39 topic to the legislative council in an electronic format under
- 40 IC 5-14-6 not later than November 1, 2016, recommending
- 41 improvements in the delivery of care in Indiana for stroke patients.
- 42 (c) This SECTION expires December 31, 2016.



1 **SECTION 3. An emergency is declared for this act.**

