

STROKE SYSTEM OF CARE ACT
Act of May. 29, 2012, P.L. 549, No. 54
AN ACT

CL. 35

Establishing a Statewide stroke system of care by recognizing primary stroke centers and directing the creation of emergency medical services training and transport protocols; and providing for the powers and duties of the Department of Health.

The General Assembly finds and declares as follows:

(1) The rapid identification, diagnosis and treatment of stroke can save the lives of stroke patients and in some cases can minimize neurological damage such as paralysis and speech and language impairments, leaving stroke patients with few or minimal neurological deficits.

(2) Despite significant advances in the diagnosis, treatment and prevention, stroke is the third leading cause of death and the leading cause of disability with an estimated 795,000 new and recurrent strokes occurring each year in this country, and, with the aging of the population, the number of persons who have strokes is projected to increase.

(3) Although treatments are available to improve the clinical outcomes of stroke, many acute care hospitals lack the necessary staff and equipment to optimally triage and treat stroke patients, including the provision of optimal, safe and effective emergency care for those patients.

(4) An effective system to support stroke survival is needed in our communities in order to treat stroke patients in a timely manner and to improve the overall treatment of stroke patients in order to increase survival and decrease the disabilities associated with stroke. There is a public health need for acute care hospitals in this Commonwealth to establish primary stroke centers to ensure the rapid triage, diagnostic evaluation and treatment of patients suffering a stroke.

(5) Primary stroke centers should be established for the treatment of acute strokes. Primary stroke centers should be established in as many hospitals as possible. These centers would evaluate, stabilize and provide emergency and inpatient care to patients with acute stroke.

(6) Therefore, it is in the best interest of the residents of this Commonwealth to establish a program to recognize accredited primary stroke centers whose criteria provide specific patient care and support services that hospitals must meet in order to ensure that stroke patients receive safe and effective care. Further, it is in the best interest of the people of this Commonwealth to modify the State's emergency medical response system to assure that stroke patients may be quickly identified and transported to and treated in facilities that have stroke protocols for providing timely and effective treatment for stroke patients.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Short title.

This act shall be known and may be cited as the Stroke System of Care Act.

(1 amended June 12, 2017, P.L.9, No.4)

Section 2. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Acute stroke-ready hospital." A hospital which is designated as an acute stroke-ready hospital by the joint commission or a nongovernmental organization that has been authorized by the Centers for Medicare and Medicaid Services (CMS) to conduct hospital surveys to ensure compliance with the CMS Conditions of Participation. (Def. added June 12, 2017, P.L.9, No.4)

"Comprehensive stroke center." A facility which is designated as a comprehensive stroke center by the joint commission or a nongovernmental organization that has been authorized by the Centers for Medicare and Medicaid Services (CMS) to conduct hospital surveys to ensure compliance with the CMS Conditions of Participation. (Def. added June 12, 2017, P.L.9, No.4)

"Department." The Department of Health of the Commonwealth.

"Emergency medical services agency medical director." As defined in 35 Pa.C.S. § 8103 (relating to definitions).

"Joint commission." An independent national not-for-profit organization that develops and updates organizational standards and performance measures, conducts on-site evaluations and awards accreditation decisions to health care facilities, including hospitals, nursing homes, home care agencies and ambulatory providers, that are accepted by the Federal Government for the compliance of Conditions of Participation for Medicare.

"Licensed acute care hospital." Any hospital licensed by the department which is equipped and staffed for the treatment of medical or surgical conditions, or both, in the acute or chronic stages, on an inpatient basis of 24 or more hours.

"Primary stroke center." A facility which is designated as a primary stroke center by the joint commission or a nongovernmental organization that has been authorized by the Centers for Medicare and Medicaid Services (CMS) to conduct hospital surveys to ensure compliance with the CMS Conditions of Participation. (Def. added June 12, 2017, P.L.9, No.4)

Section 3. Recognition of centers.

(a) General rule.--Upon application by a licensed acute care hospital, the department shall recognize the hospital as a comprehensive stroke center, primary stroke center or acute stroke-ready hospital if the hospital is certified as a comprehensive stroke center, primary stroke center or acute stroke-ready hospital by the joint commission or another nationally recognized accrediting organization that provides certification for stroke care. The designation shall last as long as the hospital remains certified.

(b) Suspension or revocation of recognition.--The department may suspend or revoke recognition under subsection (a) if the department determines that the hospital is not in compliance with provisions of this act requiring accreditation as a comprehensive stroke center, primary stroke center or acute stroke-ready hospital.

(3 amended June 12, 2017, P.L.9, No.4)

Section 4. Emergency medical services.

(a) List of all stroke centers.--The department shall:

(1) Make available a list of certified comprehensive stroke centers, primary stroke centers and acute stroke-ready hospitals to each emergency medical services agency medical director in this Commonwealth.

(2) Maintain a copy of the list of certified comprehensive stroke centers, primary stroke centers and acute stroke-ready hospitals in the office designated with the department to oversee emergency medical services.

(3) Post a list of certified comprehensive stroke centers, primary stroke centers and acute stroke-ready hospitals on the department's Internet website.

((a) amended June 12, 2017, P.L.9, No.4)

(b) Assessment.--The department shall make available and distribute a nationally recognized standardized stroke triage assessment tool within 60 days of the effective date of this act. The department shall:

(1) Make available a copy to each emergency medical services agency medical director in this Commonwealth so that the directors can use the tool or a substantially similar one to evaluate patients.

(2) Post the assessment tool on its Internet website.

(c) Protocols.--The department shall establish protocols that are related to prehospital assessment, treatment and transport of stroke patients by licensed emergency medical services providers that will allow the patient to receive the appropriate care at a certified stroke center in the shortest amount of time. The protocols shall include plans for triage and transport of acute stroke patients to the closest certified stroke center or a facility that can provide appropriate treatment if the certified stroke center is not within a specified time frame from onset of symptoms. ((c) amended June 12, 2017, P.L.9, No.4)

(d) Training.--The department shall establish protocols to ensure that certified emergency medical services providers, within their scope of practice, receive regular training on the assessment and treatment of stroke patients.

(e) Compliance.--Within 60 days of the effective date of this act, each emergency medical services provider must comply with all protocols and regulations promulgated by the department under this act.

Section 5. Biennial report.

(a) Duty to prepare and file.--The department shall prepare a biennial report by July 1 in odd-numbered years in conjunction with its review of emergency medical services protocols. The report shall be filed with the chairman and minority chairman of the Public Health and Welfare Committee of the Senate and the chairman and minority chairman of the Health Committee of the House of Representatives.

(b) Contents.--The report shall include:

(1) The number, location and county of certified comprehensive stroke centers, primary stroke centers and acute stroke-ready hospitals in this Commonwealth. ((1) amended June 12, 2017, P.L.9, No.4)

(2) Changes in the number and/or locations of certified comprehensive stroke centers, primary stroke centers and acute stroke-ready hospitals since the last report. ((2) amended June 12, 2017, P.L.9, No.4)

(3) A summary of the training protocols to ensure that certified emergency medical services providers, within their scope of practice, receive regular training and assessment and treatment of stroke patients.

(4) Any other information the department may deem necessary.

Section 6. Effective date.

This act shall take effect in 60 days.