

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 ENROLLED ACT No. 1145

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AN ACT to amend the Indiana Code concerning health.

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

SECTION 1. IC 16-31-2-9.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: **Sec. 9.5. (a) Before July 1, 2018, the commission shall do the following:**

**(1) Adopt rules under IC 4-22-2 concerning protocols for the identification, transport, and treatment of stroke patients by personnel providing emergency medical services. The rules must include standards for stroke triage and transport protocols to be implemented by regional and local emergency medical services entities and programs to promote the efficiency and quality of care for stroke patients based on evidence based science and nationally recognized guidelines.**

**(2) Adopt and distribute a nationally recognized stroke assessment tool to personnel providing emergency medical services.**

**(b) Before July 1, 2018, the state department shall do the following:**

**(1) Compile and maintain a list of Indiana hospitals that are certified as a comprehensive stroke center, a primary stroke center, or an acute stroke ready hospital by one (1) of the following:**

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

HEA 1145 — Concur





- (B) The Joint Commission.  
(C) DNV GL.  
(D) The Healthcare Facilities Accreditation Program.  
(E) A nationally recognized organization that provides:  
(i) comprehensive stroke center hospital certification; or  
(ii) primary stroke center hospital certification; or  
(iii) acute stroke ready hospital certification;  
for stroke care and that has been approved by the commission.
- (2) Compile and maintain a list of Indiana network participating hospitals that have a written agreement to transfer a stroke patient to a certified primary stroke center, or certified comprehensive stroke center, or certified acute stroke ready hospital for stroke treatment therapies that the network participating hospital is not capable of providing.  
(c) A hospital that is certified under subsection (b)(1) shall:  
(1) provide the state department with the certification and information, including a copy of the actual certification and the date the certification is set to expire; and  
(2) notify the state department not more than forty-eight (48) hours after the hospital's certification has been suspended, revoked, or lowered in the stroke care status level.  
(d) A hospital that is an Indiana network participating hospital under subsection (b)(2) must provide the state department with a copy of the written transfer agreement.  
(e) A health care facility may not advertise that the facility is a certified comprehensive stroke center, a primary stroke center, or an acute stroke ready hospital, unless the facility has been certified by an entity set forth in subsection (b)(1). A health care facility that violates this subsection is subject to the penalties set forth in IC 16-21-5.  
(f) The commission and the state department shall enter into a memorandum of understanding to share information to implement this section.

Meeting of Scott Walker  
with / Kennedy / Hurd