

**PROPOSED AMENDMENTS TO
SENATE BILL 375**

1 On page 1 of the printed bill, after “care” insert a period and delete the
2 rest of the line and delete line 3.

3 Delete lines 5 through 31 and delete pages 2 through 4 and insert:

4 **“SECTION 1. (1) The Stroke Care Committee is established under**
5 **the Oregon Health Authority.**

6 **“(2) The Director of the Oregon Health Authority shall appoint at**
7 **least 10 members to serve on the committee as follows:**

8 **“(a) Two physicians who specialize in the care of stroke patients,**
9 **one of whom is a neurologist;**

10 **“(b) One physician who specializes in emergency medicine;**

11 **“(c) At least three hospital administrators, or designees of hospital**
12 **administrators, of whom:**

13 **“(A) At least one must be from a certified Comprehensive Stroke**
14 **Center;**

15 **“(B) One must be from a certified Primary Stroke Center; and**

16 **“(C) One must be from a rural hospital that uses Telestroke;**

17 **“(d) One nurse who is a stroke coordinator or who works in an**
18 **emergency department and has experience treating stroke;**

19 **“(e) One emergency medical services provider who works for a li-**
20 **censed ambulance service;**

21 **“(f) One health practitioner who specializes in rehabilitative medi-**
22 **cine; and**

1 “(g) One individual who has experience advocating for the care of
2 stroke patients and who is not a health care provider.

3 “(3) In appointing members under subsection (2) of this section, the
4 director must consider the geographic diversity of this state and ap-
5 point members who are from rural areas.

6 “(4) For the purpose of achieving continuous improvement in the
7 quality of stroke care, the committee shall:

8 “(a) Analyze data related to the prevention and treatment of
9 strokes;

10 “(b) Identify potential interventions to improve stroke care; and

11 “(c) Advise the authority on meeting the objectives of the author-
12 ity, including but not limited to the objectives of the emergency med-
13 ical services and trauma system developed pursuant to ORS 431.607,
14 that are related to stroke care.

15 “(5) A majority of the members of the committee constitutes a
16 quorum for the transaction of business.

17 “(6) Official action taken by the committee requires the approval
18 of a majority of the members of the committee.

19 “(7) The committee shall elect a chairperson from among its mem-
20 bers.

21 “(8) The committee shall meet at the call of the chairperson or of
22 a majority of the members of the committee.

23 “(9) The committee may adopt rules necessary for the operation of
24 the committee.

25 “(10) The term of office of each member of the committee is four
26 years, but a member serves at the pleasure of the director. Before the
27 expiration of the term of a member, the director shall appoint a suc-
28 cessor whose term begins January 1 next following. A member is eli-
29 gible for reappointment. If there is a vacancy for any cause, the
30 director shall make an appointment to become immediately effective

1 for the unexpired term.

2 “(11) Members of the committee are not entitled to compensation,
3 but may be reimbursed from funds available to the authority, for ac-
4 tual and necessary travel and other expenses incurred by them in the
5 performance of their official duties in the manner and amounts pro-
6 vided for in ORS 292.495.

7 **“SECTION 2.** Notwithstanding the term of office specified by sec-
8 tion 1 of this 2013 Act, of the members first appointed to the Stroke
9 Care Committee:

10 “(1) Three shall serve for a term ending January 1, 2015;

11 “(2) Three shall serve for a term ending January 1, 2016;

12 “(3) Three shall serve for a term ending January 1, 2017; and

13 “(4) The remainder of the members shall serve for a term ending
14 January 1, 2018.

15 **“SECTION 3.** (1) The Oregon Health Authority shall, in accordance
16 with recommendations made by the Stroke Care Committee estab-
17 lished under section 1 of this 2013 Act, establish and implement a plan
18 for achieving continuous improvement in the quality of stroke care.
19 In implementing the plan, the authority shall:

20 “(a) Require hospitals certified as Comprehensive Stroke Centers
21 or Primary Stroke Centers through the Joint Commission or an
22 equivalent organization, and encourage all other hospitals, to submit
23 stroke care data to a database designated by the authority. A hospital
24 that submits stroke care data under this paragraph must authorize the
25 keeper of the database to permit the authority to access the submitted
26 data.

27 “(b) Designate a statewide or national stroke database to which
28 hospitals described in paragraph (a) of this subsection are required to
29 submit, or may submit, stroke care data for the purpose of obtaining
30 information and statistics on stroke care. In designating the database,

1 the authority shall ensure that the database:

2 “(A) Has security protections in place to safely protect individually
3 identifiable information to the extent that the database receives and
4 maintains such information; and

5 “(B) Aligns with the core consensus stroke metrics developed and
6 approved by the American Heart Association, the American Stroke
7 Association, the Joint Commission and the Centers for Disease Control
8 and Prevention.

9 “(c) Develop a data oversight process in accordance with recom-
10 mendations made by the Stroke Care Committee.

11 “(2) In addition to the duties described in subsection (1) of this
12 section, the authority shall:

13 “(a) Coordinate with national health organizations involved in im-
14 proving the quality of stroke care to avoid duplicative information and
15 redundant processes.

16 “(b) Use information related to stroke care and reported pursuant
17 to subsection (1)(a) of this section to support improvement in the
18 quality of stroke care in accordance with guidelines that meet or ex-
19 ceed nationally recognized standards established by the American
20 Stroke Association.

21 “(c) Encourage the sharing of information among health care pro-
22 viders on practices that improve the quality of stroke care.

23 “(d) Facilitate communication about data trends and treatment de-
24 velopments among health care providers and coordinated care organ-
25 izations that provide services related to stroke care.

26 “(e) Provide stroke care data and recommend improvements for
27 stroke care to coordinated care organizations.

28 “(f) Not later than the beginning of each odd-numbered year regular
29 session of the Legislative Assembly, prepare and submit to the Legis-
30 lative Assembly a report in the manner provided in ORS 192.245 sum-

1 **marizing the authority’s activities under this section.**

2 **“(3)(a) Information submitted to the designated database and ac-**
3 **cessed by the authority under this section:**

4 **“(A) Is confidential and not subject to disclosure under ORS 192.410**
5 **to 192.505;**

6 **“(B) May be disclosed only as permitted in paragraph (b) of this**
7 **subsection and in accordance with rules adopted by the authority un-**
8 **der this section;**

9 **“(C) Is not subject to civil or administrative subpoena; and**

10 **“(D) Is nondiscoverable and inadmissible in a judicial, administra-**
11 **tive, arbitration or mediation proceeding.**

12 **“(b) Individually identifiable information and information that**
13 **identifies a hospital described in subsection (1)(a) of this section may**
14 **not be disclosed by the authority without the approval of the hospital**
15 **that submitted the information. Only de-identified information may**
16 **be disclosed by the authority under this section.”.**

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