



*Prepared for the American Stroke Association  
by Brittan Bolin Consulting*



## **Implementation Timeline for Public Act 96-514 – the Primary Stroke Center Act and Overview of the Illinois Administrative Rulemaking Process**

### **INTRODUCTION**

On August 14, 2009, Governor Pat Quinn signed into law House Bill 2244, which was passed unanimously in both houses of the Illinois General Assembly during its 2009 spring legislative session. This law, the Primary Stroke Center Act (Public Act 96-514), is a major step in strengthening stroke systems of care throughout Illinois. It gives the Illinois Department of Public Health authority to designate Primary Stroke Centers as well lower-tier Emergent Stroke Ready Hospitals. The law also provides for a system through which IDPH-designated EMS regions will put into place regionally-specific triage and transportation protocols for responding to potential stroke calls.

Spurred by continuing inquiries from hospitals, doctors and other stroke stakeholders, we have put together a timeline for implementation as mandated under the new law as well as a brief primer on the rule making process IDPH will undertake to implement the law. We hope you find this information useful. For additional questions or comments, please refer to the contact information at the end of this document.

### **TIMELINE FOR IMPLEMENTATION OF PUBLIC ACT 96-514 (THE PRIMARY STROKE CENTER ACT)**

- **January 1, 2010 – P.A. 96-514 takes effect.**
- **July 1, 2010 – Director of Illinois Department of Public Health must submit list of designated Primary Stroke Centers and Emergent Stroke Ready Hospitals to all Resource Hospital EMS Directors and post this list on the IDPH website, to be updated continuously.**

- **July 1, 2012 – Director of IDPH must submit a report to the Governor and General Assembly indicating the total number of hospitals that have applied for grants, nature of the projects, and that have received grants through the stroke care grant program.**

### **Timeline for Designation as a Primary Stroke Center**

- 1) Hospital is designated by a nationally-recognized certifying body approved by the IDPH as a Primary Stroke Center.
- 2) Hospital sends copy of Certificate of designation to the IDPH.
- 3) Hospital is considered to be deemed a State-designated Primary Stroke Center within 30 days of the Department's receipt of certificate.

**The time period of certification as a state-designated Primary Stroke Center is contiguous with a hospitals' period of designation as a Primary Stroke Center by a nationally-recognized certifying body.**

- 4) Primary Stroke Center certification will remain valid and subject to automatic renewal upon receipt of the accrediting body's renewal.
- 5) Hospitals that no longer meet the requirements of the nationally-recognized body will lose their state Primary Stroke Center designation, and must inform the Department and the Region EMS Advisory Committee of their change of status immediately.

### **Timeline for Designation as an Emergent Stroke Ready Hospital**

- 1) Complete an attestation that the hospital meets the IDPH requirements as an Emergent Stroke Ready Hospital on a form developed by the Department and the State Stroke Advisory Subcommittee.
- 2) Hospital is considered to be a state-designated Emergent Stroke Ready Hospital within 20 days of the Department's receipt of the attestation.
- 3) Emergent Stroke Ready Hospitals must re-submit attestation of requirements on an annual basis on the form developed by the IDPH.

**In the event that the IDPH determines that a hospital has violated their requirements and no longer meets the Emergent Stroke Ready Hospital criteria, they may issue an Emergency Suspension of Emergency Stroke Ready Hospital designation.**

- 4) Upon receipt of suspension, a hospital must eliminate the cause of suspension immediately or within 10 days, and may appeal the revocation within 15 days of receipt of the suspension order by requesting an administrative hearing.
- 5) After notice and hearing, the IDPH may suspend, revoke, or refuse to renew an Emergent Stroke Ready Hospital Designation if they find the hospital is not in compliance with department criteria.

## OVERVIEW OF THE ILLINOIS ADMINISTRATIVE PROCESS

- **First Notice – 45 days+**

The First Notice period begins when the agency files the notice of rulemaking (along with the proposed rules language) in the Illinois Register, the official state document for publishing public notice of rulemaking activity initiated by State governmental agencies. The First Notice period lasts a *minimum of 45 days*, and terminates when the agency files the proposed rules with the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State Agencies.

Public comment on a proposed rulemaking is solicited and accepted during the First Notice period.

- **Second Notice – 45 days\*- One Year**

Second Notice begins when the promulgating agency files the Second Notice with JCAR and lasts for a *maximum of 45 days*. \*The Second Notice period may be extended for an additional 45 days with mutual agreement of the agency and JCAR.

During Second Notice, JCAR staff reviews the proposed rules for statutory authority, propriety, economic effects, clarity and other criteria. During this time, JCAR and the agency may agree to modification of the rules, adopted through written JCAR agreements.

Review of the rules is conducted by the JCAR staff, as well as the legislative members of the Committee at their monthly meeting. At the time of the review, JCAR can take one of several actions in relation to the rules:

- 1) Assuming that the agency and JCAR are in accord regarding the rulemaking, the Committee will issue a **Certificate of No Objection**, indicating their favorable review. With the Certificate, the agency can proceed to adopt the rules by filing them for publication as an adopted rulemaking in the Illinois Register.
- 2) The Committee may file a **Certificate of No Objection with a Recommendation** for specific changes. Upon receiving a Recommendation, the agency must respond to the recommendation within 90 days, and may a) modify or withdraw the rules; or b) adopt the rules without changes.
- 3) **Objection.** JCAR can file an objection to the rulemaking. Again, the agency must respond to the Objection in writing within 90 days, but may modify, withdraw, or proceed to adopt the rules without changes.
- 4) **Filing Prohibition/Suspension.** In the case of a filing prohibition or suspension, the Committee has determined that the rulemaking poses a threat to the public interest, safety or welfare. Member can prohibit (or in the case of an emergency rule, suspend) a rulemaking by a 3/5 vote of the 8 member committee.

While the process allows several opportunities for JCAR to recommend changes to a proposed rulemaking, it is only through prohibition or suspension that they can compel an agency to alter or withdraw a rulemaking.

An agency has **one year** from the date of First Notice to adopt a rule. If the rule is not adopted within that time frame, it effectively expires.

**In accordance with the Primary Stroke Center Act, the State Stroke Advisory Subcommittee shall be provided a 90-day period to review and comment on all rules proposed by IDPH concerning stroke care in relation to the Primary Stroke Center Act. The review and comment period will begin *prior* to publication of the Rules by the Department on First Notice per the timeline above.**

*For clinical questions and issues related to Primary Stroke Center certification, please contact Kathleen O'Neill, Senior Director of Quality Initiatives, American Heart Association, at 312-476-6622 or [kathleen.oneill@heart.org](mailto:kathleen.oneill@heart.org).*

*For questions and comments related to legislative matters and the rulemaking process please contact Brittan Bolin at 217-546-8984 or [bbconsulting1@comcast.net](mailto:bbconsulting1@comcast.net) or Mark Peysakhovich, American Stroke Association at 312-476-6644 or [mep@heart.org](mailto:mep@heart.org).*