**South Carolina General Assembly**

118th Session, 2009-2010

**A121, R22, S26**

**STATUS INFORMATION**

Joint Resolution

Sponsors: Senators Jackson and Rose

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Companion/Similar bill(s): 3372

Introduced in the Senate on January 13, 2009

Introduced in the House on March 31, 2009

Passed by the General Assembly on April 3, 2009

Became law without Governor's signature, May 7, 2009

Summary: Stroke Systems of Care Study Committee

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

12/10/2008 Senate Prefiled

12/10/2008 Senate Referred to Committee on **Medical Affairs**

1/13/2009 Senate Introduced and read first time [SJ](file:///h:\SJ%20Archive\2009\01-13-09.docx)‑84

1/13/2009 Senate Referred to Committee on **Medical Affairs** [SJ](file:///h:\SJ%20Archive\2009\01-13-09.docx)‑84

3/24/2009 Senate Committee report: Favorable with amendment **Medical Affairs** [SJ](file:///h:\SJ%20Archive\2009\03-24-09.docx)‑7

3/25/2009 Scrivener's error corrected

3/25/2009 Senate Committee Amendment Adopted [SJ](file:///h:\SJ%20Archive\2009\03-25-09.docx)‑16

3/25/2009 Senate Read second time [SJ](file:///h:\SJ%20Archive\2009\03-25-09.docx)‑16

3/25/2009 Senate Unanimous consent for third reading on next legislative day [SJ](file:///h:\SJ%20Archive\2009\03-25-09.docx)‑16

3/26/2009 Scrivener's error corrected

3/26/2009 Senate Read third time and sent to House [SJ](file:///h:\SJ%20Archive\2009\03-26-09.docx)‑9

3/31/2009 House Introduced and read first time [HJ](file:///h:\HJ%20Archive\2009\03-31-09.docx)‑23

3/31/2009 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** [HJ](file:///h:\HJ%20Archive\2009\03-31-09.docx)‑24

3/31/2009 House Recalled from Committee on **Medical, Military, Public and Municipal Affairs** [HJ](file:///h:\HJ%20Archive\2009\03-31-09.docx)‑71

4/2/2009 House Read second time [HJ](file:///h:\HJ%20Archive\2009\04-02-09.docx)‑41

4/2/2009 House Unanimous consent for third reading on next legislative day [HJ](file:///h:\HJ%20Archive\2009\04-02-09.docx)‑44

4/3/2009 House Read third time and enrolled

4/30/2009 Ratified R 22

5/7/2009 Became law without Governor's signature

5/15/2009 Effective date 05/07/09

7/21/2009 Act No. 121

**VERSIONS OF THIS BILL**

[12/10/2008](file:///p:\pprever\2009-10\26_20081210.docx)

[3/24/2009](file:///p:\pprever\2009-10\26_20090324.docx)

[3/25/2009](file:///p:\pprever\2009-10\26_20090325.docx)

[3/25/2009-A](file:///p:\pprever\2009-10\26_20090325A.docx)

[3/26/2009](file:///p:\pprever\2009-10\26_20090326.docx)

[3/31/2009](file:///p:\pprever\2009-10\26_20090331.docx)

(A121, R22, S26)

**A JOINT RESOLUTION TO ESTABLISH THE STROKE SYSTEMS OF CARE STUDY COMMITTEE TO DEVELOP A PLAN FOR A STATEWIDE STROKE SYSTEM OF CARE, WHICH MUST INCLUDE, AMONG OTHER THINGS, AN URGENT RESPONSE SYSTEM, PUBLIC AWARENESS PROGRAMS FOR STROKE EDUCATION, PREVENTION, AND REHABILITATION, METHODS FOR EVALUATING THE IMPACT OF STROKES IN THIS STATE, RECOGNITION AND IMPLEMENTATION OF A STANDARDIZED STROKE TRIAGE ASSESSMENT TOOL, A STRATEGY TO REDUCE STROKE DISPARITIES AMONG MINORITIES AND UNDERSERVED POPULATIONS, POLICY CHANGES THAT MAY BE NEEDED, COORDINATION OF TREATMENT, AND DESIGNATION OF ACUTE STROKE HOSPITALS; AND TO PROVIDE THAT THE STUDY COMMITTEE IS ABOLISHED UPON SUBMISSION OF ITS REPORT TO THE GENERAL ASSEMBLY NO LATER THAN DECEMBER 1, 2010.**

Whereas, stroke is the third leading cause of death in South Carolina resulting in 2,284 deaths and 14,002 hospitalizations that cost $395.8 million in 2006; and

Whereas, South Carolina is among a group of southeastern states with high stroke death rates commonly referred to as the “Stroke Belt”; and

Whereas, the highest stroke rates within the State are clustered in counties along the Interstate 95 corridor, known as the buckle of the “Stroke Belt”, in which the African‑American population is in excess of the state’s average and are forty‑six percent more likely to die from a stroke than Caucasians in South Carolina; and

Whereas, stroke does not discriminate as to age and strikes young people, including infants and children; and

Whereas, South Carolina ranked fifth in stroke mortality among the states and the District of Columbia in 2005; and

Whereas, urgent stroke care, inclusive of drugs that dissolve blood clots, otherwise known as thrombolytics, has been shown to improve stroke outcome; and

Whereas, time limits for the use of thrombolytics make it critical that the patient be taken to the appropriate stroke treatment center; and

Whereas, science has concluded that fragmentation of the health care delivery system frequently results in suboptimal treatment, safety concerns, and inefficient use of health care resources and, accordingly, recommends the establishment of a coordinated system of care that integrates preventive and treatment services and promotes patient access to evidence‑based care; and

Whereas, the fragmented approach to stroke care that exists in South Carolina fails to provide an effective, integrated system for stroke prevention, treatment, and rehabilitation because of inadequate linkages and coordination among the fundamental components of stroke care, which may be well developed but often operate in isolation; and

Whereas, the problem of access to coordinated and time sensitive stroke care is exacerbated in rural underserved areas due to inadequate access to neurological expertise; and

Whereas, it is in the best interest of this State and its residents to convene a study committee to conduct a review of state resources and make recommendations for the establishment of a seamless system of care for stroke patients throughout South Carolina. Now, therefore,

Be it enacted by the General Assembly of the State of South Carolina:

**Stroke Systems of Care Study Committee created**

SECTION 1. (A) There is created the Stroke Systems of Care Study Committee composed as follows:

(1) one physician actively involved in stroke care from each of the following fields:

(a) neurology;

(b) neuroradiology;

(c) neurosurgery;

(d) pediatrics;

(e) emergency medicine;

(f) rehabilitation medicine;

(g) internal medicine, general practice, or family practice actively involved in stroke care; and

(h) cardiology;

(2) one emergency medical services provider actively involved in direct stroke care;

(3) one registered professional nurse actively involved in direct stroke care;

(4) one licensed physical therapist actively involved in direct stroke care and research;

(5) one representative of the South Carolina Office of Rural Health;

(6) one physician or representative of an organization actively involved in addressing minority health issues;

(7) one representative of the South Carolina Hospital Association;

(8) one administrator of an acute stroke rehabilitation facility;

(9) one representative from the American Stroke Association;

(10) the Deputy Commissioner of the South Carolina Department of Health and Environmental Control, Health Services Division, or his designee; and

(11) the Director of the South Carolina Department of Health and Environmental Control Emergency Medical Services, or his designee.

(B) The South Carolina Board of Health and Environmental Control shall appoint the members and the Chairperson of the South Carolina Stroke Systems of Care Study Committee.

(C) Vacancies occurring on the committee must be filled in the same manner as the original appointment.

(D) The study committee shall accept committee staffing and coordination under the authority of the Department of Health and Environmental Control.

(E) Members of the study committee shall serve without mileage, per diem, and subsistence.

**Committee to develop plan; contents of plan**

SECTION 2. (A) The study committee shall develop a plan for a statewide stroke system of care using the resources of both the public and private sectors incorporating flexibility to best fit the needs of each region or locality. The plan must address, but is not limited to:

(1) development and implementation of an urgent response system that is built on the Primary Stroke Center model as designated by the joint commission’s Primary Stroke Systems model to develop a statewide system of care that will provide appropriate care to stroke patients in the timeliest manner possible.

For purposes of this section, the joint commission is the independent, not‑for‑profit organization that accredits and certifies more than 15,000 health care organizations and programs in the United States, formerly known as the Joint Commission on Accreditation of Healthcare Organizations. Joint commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards;

(2) development of methods to promote greater stroke prevention and more effective rehabilitation after stroke;

(3) development of methods in which systems will be evaluated and monitored to demonstrate the impact on the burden of strokes in South Carolina;

(4) development of a public education and awareness program on the signs and symptoms of stroke;

(5) recognition and implementation of a standardized stroke triage assessment tool that will be used by all certified EMS personnel and for the education of prehospital and hospital health care providers on the signs and symptoms of stroke;

(6) identification of a strategy to reduce stroke and stroke treatment disparities among minority, rural, uninsured, and underinsured populations;

(7) recommendations for policy and legislative changes that may be needed including appropriations, designation of facilities based on stroke treatment capabilities, and program development and implementation based on national standards;

(8) compilation and assessment of peer‑reviewed and evidence‑based clinical research and guidelines that provide or support recommended treatment standards;

(9) assessment of the capacity of the emergency medical services system and hospitals to deliver recommended treatments in a timely fashion;

(10) coordination with the state trauma regions for the purposes of coordinating the delivery of stroke care within those regions; and

(11) creation of criteria for the designation of acute stroke capable hospitals within the State of South Carolina.

(B) The study committee shall meet as often as is necessary and shall convene no later than sixty days after the effective date and at a time at least a majority of the members have been appointed. The study committee shall submit its report electronically to the General Assembly and the Governor no later than December 1, 2010, at which point the study committee will dissolve.

**Time effective**

SECTION 3. This joint resolution takes effect upon approval by the Governor.

Ratified the 30th day of April, 2009.

Became law without the signature of the Governor -- 5/7/09.

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