**South Carolina General Assembly**

118th Session, 2009-2010

**H. 3372**

**STATUS INFORMATION**

Joint Resolution

Sponsors: Reps. Jefferson, Williams, Vick, J.H. Neal, Cobb‑Hunter, Kennedy, Lowe, Loftis, Miller, Battle, Clemmons, Erickson, Anderson, Long, G.R. Smith, Huggins, Neilson, Hart, Hutto, Stringer, Forrester, Barfield, R.L. Brown, Bedingfield, Nanney, Hamilton, Whipper, Crawford, Ballentine, A.D. Young, Horne, H.B. Brown, Stavrinakis, Herbkersman, G.M. Smith and J.E. Smith

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Companion/Similar bill(s): 26

Introduced in the House on January 28, 2009

Currently residing in the House Committee on **Medical, Military, Public and Municipal Affairs**

Summary: Stroke Systems of Care Study Committee

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

1/28/2009 House Introduced and read first time

1/28/2009 House Referred to Committee on **Medical, Military, Public and Municipal Affairs**

2/3/2009 House Member(s) request name added as sponsor: Kennedy

2/4/2009 House Member(s) request name added as sponsor: Lowe, Loftis, Miller, Battle, Clemmons, Erickson, Anderson

2/5/2009 House Member(s) request name added as sponsor: Long, G.R.Smith, Huggins, Neilson, Hart, Hutto, Stringer

2/11/2009 House Member(s) request name added as sponsor: Forrester

2/12/2009 House Member(s) request name added as sponsor: Barfield

2/17/2009 House Member(s) request name added as sponsor: R.L.Brown, Bedingfield, Nanney, Hamilton, Whipper

2/19/2009 House Member(s) request name added as sponsor: Crawford, Ballentine

2/24/2009 House Member(s) request name added as sponsor: A.D.Young, Horne, H.B.Brown, Stavrinakis, Herbkersman, G.M.Smith

3/3/2009 House Member(s) request name added as sponsor: J.E.Smith

**VERSIONS OF THIS BILL**

[1/28/2009](file:///p:\pprever\2009-10\3372_20090128.docx)

**A** **JOINT RESOLUTION**

TO ESTABLISH THE STROKE SYSTEMS OF CARE STUDY COMMITTEE WITHIN THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL TO DEVELOP RECOMMENDATIONS FOR A REGIONALLY ORGANIZED AND STATEWIDE COMPREHENSIVE PLAN FOR A STROKE SYSTEMS OF CARE.

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 46 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 makes 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, calls for the establishment of a coordinated system of care that integrates preventive care 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; and

Whereas, the Department of Health and Environmental Control, American Heart Association/American Stroke Association, and other South Carolina health care organizations have made a commitment to support this legislation in the interest of South Carolina stroke patients. Now, therefore,

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

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

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

(a) neurology;

(b) neuroradiology;

(c) neurosurgery;

(d) emergency medicine;

(e) rehabilitation medicine;

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

(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 representative of the South Carolina Office of Rural Health;

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

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

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

(8) one representative from the American Stroke Association;

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

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

(B) The Director of the Department of Health and Environmental Control shall appoint the members and the chairperson of the committee, and the department shall provide staffing to the committee.

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

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

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 include, 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;

(2) develop a statewide system of care that includes a system for emergency transport services and provides appropriate care to stroke patients in the most timely manner possible;

(3) develop a plan to promote greater stroke prevention and more effective rehabilitation after stroke;

(4) develop a plan in which systems will be evaluated and monitored to demonstrate the impact on the burden of stroke in South Carolina;

(5) develop a plan for the public education and awareness on the signs and symptoms of stroke;

(6) develop a plan to standardize stroke triage assessment tools 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;

(7) identify a strategy to reduce stroke and stroke treatment disparities among minority, rural, uninsured, and underinsured populations;

(8) reach consensus on recommendations for policy and legislative changes that may be needed including, but not limited to, appropriations, designation of facilities based on stroke treatment capabilities, and program development and implementation based on national standards.

(B) In developing the statewide stroke system of care, the stroke committee shall:

(1) compile and assess peer‑reviewed and evidence‑based clinical research and guidelines that provide or support recommended treatment standards;

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

(3) coordinate with the state trauma regions for the purposes of coordinating the delivery of stroke care within those regions.

(4) create criteria for the designation of acute stroke-capable hospitals within the state of South Carolina.

(C) In carrying out the committee’s responsibilities, the chairperson of the committee may appoint subcommittees as appropriate and may utilize the knowledge and expertise of any individual as appropriate.

(D) For purposes of this joint resolution, the “Joint Commission”means the independent, not‑for‑profit organization that accredits and certifies more than 15,000 health care organizations and programs in the United States.

(E) The committee shall meet as often is necessary and shall convene no later than sixty days after the effective date and at a time when at least a majority of the members have been appointed. The committee shall submit its report to the General Assembly and the Governor no later than December 31, 2010, at which time the committee is abolished.

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

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