**A** **JOINT RESOLUTION**

TO ESTABLISH THE STROKE SYSTEMS OF CARE STUDY COMMITTEE TO DEVELOP RECOMMENDATIONS FOR A STATE STROKE SYSTEMS OF CARE COMPREHENSIVE SERVICE DELIVERY SYSTEM AND TO PROVIDE FOR THE MEMBERSHIP, DUTIES, AND RESPONSIBILITIES OF THE STUDY COMMITTEE.

Whereas, stroke is the third leading cause of death in South Carolina resulting in 2,449 death and 14,381 hospitalizations that cost $391 million in 2005, and 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 “stroke buckle”, in which the African American population is in excess of the State’s average and members of which are 46 percent more likely to die from a stroke than Caucasians in South Carolina; and

Whereas, the Institute of Medicine of the National Academy of Science has concluded that fragmentation of health care service delivery frequently results in sub‑optimal treatment, safety concerns, and inefficient use of health care resources and, accordingly, recommends the establishment of coordinated systems of care that integrate preventive and treatment services and promote patient access to evidence‑based care; and

Whereas, the fragmented approach to stroke care that exists in most regions of the United States 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 stroke care may be exacerbated in rural or neurologically‑underserved areas due to inadequate access to neurological expertise; and

Whereas, a stroke system of care should coordinate and promote patient access to the full range of activities and services associated with stroke prevention, treatment, and rehabilitation, including the following key components: primordial and primary prevention, community education, notification and response of emergency medical services, acute stroke treatment, including the hyper‑acute and emergency department phases, sub‑continuous quality improvement activities; and

Whereas, it is in the best interest of this State and its residents to create a study committee to conduct a review of state resources to account for access to the most advanced treatment in centers that are best designed and equipped to deal with the critical and time sensitive needs of stroke patients and make recommended actions for an effective comprehensive stroke system of care. Now, therefore,

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

SECTION 1. (A) There is created the Stroke Systems of Care Study Committee composed of the following members who must be appointed by the Governor and who must represent the geographic regions of the State and be demographically diverse:

(1) one physician actively involved in stroke care upon the recommendation of the South Carolina Medical Association from each of the following fields:

(a) neurology;

(b) neuroradiology;

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

(d) emergency medical services;

(2) one registered professional nurse actively involved in direct stroke care upon the recommendation of the South Carolina Nurses Association;

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

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

(5) the director of the South Carolina Department of Health and Environmental Control or a designee;

(6) the director of the South Carolina Department of Health and Environmental Control Emergency Medical Services;

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

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

(9) one stroke survivor or caregiver;

(10) one representative of the American Stroke Association.

(B) The Governor shall appoint the chairman of the South Carolina Stroke Systems of Care Study Committee from among the members of the committee upon the recommendation of the American Stroke Association.

(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 as volunteered by the American Heart Association.

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

SECTION 2. (A) The 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) effective prevention, treatment, and rehabilitation of stroke through a standardized case management system, utilizing best patient care transcending geo‑political boundaries or corporate affiliations;

(a) interaction and collaboration among health care workers;

(b) performance and continuous quality improvement measures;

(2) development and implementation of an urgent response system to provide appropriate care to stroke patients in the initial ninety minutes post‑event that may dramatically reduce risk for lifelong disability through improved response, diagnosis, and treatment of stroke;

(3) a data system in which stroke can be identified from existing data sources to continually track and monitor the incidence and prevalence of stroke, including mortality and morbidity;

(4) public education programs;

(5) strategy to reduce stroke disparities among minority, rural, uninsured, and underinsured populations;

(6) recommendations for policy and legislative changes that may be needed including, but not limited to, appropriations, definition of a stroke center, program development, and state standards of stroke care.

(B) In carrying out its responsibilities under this joint resolution, the chairman of the committee may appoint subcommittees as appropriate and may utilize the knowledge and expertise of any individual as appropriate.

(C) The committee shall meet at least twice as a full body with the first meeting to take place no later than September 15, 2009, and shall submit its report to the General Assembly and Governor no later than May 5, 2010, at which time the Stroke Systems of Care Study Committee is abolished.

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

‑‑‑‑XX‑‑‑‑