

SENATE BILL No. 336

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-41-41.

Synopsis: Stroke prevention task force. Adds three members to the stroke prevention task force. Requires one of the physician members to be a family practice physician instead of a neuroradiologist. Redefines the duties of the task force. Extends the expiration date for the task force from July 1, 2008, to July 1, 2012.

Effective: June 30, 2008; July 1, 2008.

Charbonneau

January 10, 2008, read first time and referred to Committee on Health and Provider Services.

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Second Regular Session 115th General Assembly (2008)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2007 Regular Session of the General Assembly.

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SENATE BILL No. 336



A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 16-41-41-3 IS AMENDED TO READ AS
- 2 FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 3. (a) The task force
- 3 consists of ~~fifteen (15)~~ **eighteen (18)** members as follows:
- 4 (1) The state health commissioner or the commissioner's
- 5 designee.
- 6 (2) The secretary of family and social services or the secretary's
- 7 designee.
- 8 (3) Two (2) representatives of a stroke support organization.
- 9 (4) Four (4) physicians with an unlimited license to practice
- 10 medicine under IC 25-22.5 and with expertise in stroke, including
- 11 at least:
- 12 (A) one (1) physician;
- 13 (B) one (1) neurologist;
- 14 (C) one (1) ~~neuroradiologist~~; **family practice physician**; and
- 15 (D) one (1) emergency care physician who is a member of the
- 16 American College of Emergency Physicians.
- 17 (5) One (1) health care provider who provides rehabilitative



- 1 services to persons who have had a stroke.
- 2 (6) One (1) nurse with a license to practice under IC 25-23.
- 3 (7) One (1) representative nominated by the Indiana Health and
- 4 Hospital Association.
- 5 (8) One (1) representative from an emergency medical services
- 6 organization or provider.
- 7 (9) One (1) representative from the Indiana Minority Health
- 8 Coalition.
- 9 (10) One (1) stroke survivor or stroke survivor caregiver.
- 10 (11) One (1) recreational therapist who provides services to
- 11 persons who have had a stroke.
- 12 **(12) One (1) representative from the Indiana Primary Health**
- 13 **Care Association.**
- 14 **(13) One (1) representative from the health insurance**
- 15 **industry.**
- 16 **(14) One (1) clinical pharmacist who practices in the**
- 17 **community and not in a hospital.**

18 (b) The governor shall appoint the members of the task force
 19 designated by subsection (a)(3) through ~~(a)(11)~~: **(a)(14)**. The governor
 20 may remove an appointed member for cause.

21 SECTION 2. IC 16-41-41-5 IS AMENDED TO READ AS
 22 FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 5. ~~Eight (8)~~ **Ten (10)**
 23 members of the task force constitute a quorum for transacting all
 24 business of the task force. The affirmative votes of a majority of the
 25 voting members appointed to the council are required for the task force
 26 to take action on any measure.

27 SECTION 3. IC 16-41-41-6 IS AMENDED TO READ AS
 28 FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 6. The governor shall
 29 appoint one (1) council member to serve as chair and one (1) council
 30 member to serve as vice chair. The chair and vice chair **shall** serve a
 31 term of one (1) year.

32 SECTION 4. IC 16-41-41-9 IS AMENDED TO READ AS
 33 FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 9. The task force shall
 34 do the following:

- 35 ~~(1) Complete a statewide comprehensive stroke needs assessment.~~
- 36 ~~(2) Develop and implement a comprehensive statewide public~~
- 37 ~~education program on stroke prevention, targeted to high risk~~
- 38 ~~populations and to geographic areas where there is a high~~
- 39 ~~incidence of stroke.~~
- 40 ~~(3) Recommend and disseminate guidelines on the treatment of~~
- 41 ~~stroke patients, including emergency stroke care.~~
- 42 ~~(4) Ensure that the public and health care providers are informed~~

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1 regarding the most effective strategies for stroke prevention.

2 (5) Advise the state department concerning grant opportunities for
3 providers of emergency medical services and for hospitals to
4 improve care to stroke patients:

5 (6) Study and issue recommendations on other topics related to
6 stroke care and prevention as determined by the chairperson:

7 (7) (1) Prepare a report each year on the operation of the task
8 force and provide the report to the following:

9 (A) The governor.

10 (B) The commissioner of the state department.

11 (C) The legislative council. The report under this clause must
12 be in an electronic format under IC 5-14-6.

13 **(2) Develop a standardized stroke template checklist for
14 emergency medical services protocols to be used statewide.**

15 **(3) Develop a thrombolytic checklist for emergency medical
16 services personnel to use.**

17 **(4) Develop standardized dispatcher training modules.**

18 **(5) Develop a yearly training update and continuing education
19 unit for first responders that includes the Cincinnati Stroke
20 Scale.**

21 **(6) Develop an integrated curriculum for providers,
22 including:**

23 (A) emergency medical services personnel;

24 (B) hospitals;

25 (C) first responders;

26 (D) physicians; and

27 (E) emergency room staff.

28 **(7) Develop a standard template of protocols that include
29 tissue plasminogen activator treatment.**

30 **(8) Create a more refined and specific hospital survey stroke
31 assessment tool to assess the capability of hospitals in treating
32 patients who have had strokes.**

33 **(9) Research the feasibility of a state based primary stroke
34 center certification program.**

35 **(10) Develop a stroke survivor mentor program targeting
36 survivors after rehabilitation is complete.**

37 **(11) Distribute the rehabilitation survey developed by the
38 Great Lakes Stroke Network throughout Indiana to
39 freestanding rehabilitation hospitals.**

40 **(12) Implement a statewide patient and community education
41 initiative targeting at-risk populations in Indiana.**

42 **(13) Investigate the use of telemedicine in Indiana for the**

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1 **treatment of neurologic and radiologic stroke patients.**
2 SECTION 5. IC 16-41-41-11 IS AMENDED TO READ AS
3 FOLLOWS [EFFECTIVE JUNE 30, 2008]: Sec. 11. This chapter
4 expires ~~July 1, 2008~~. **July 1, 2012.**

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