

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 a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2007 Regular Session of the General Assembly.

## SENATE ENROLLED ACT No. 336

AN ACT to amend the Indiana Code concerning health.

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

SECTION 1. IC 16-41-41-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 3. (a) The task force consists of ~~fifteen (15)~~ **eighteen (18)** members as follows:

- (1) The state health commissioner or the commissioner's designee.
- (2) The secretary of family and social services or the secretary's designee.
- (3) Two (2) representatives of a stroke support organization.
- (4) Four (4) physicians with an unlimited license to practice medicine under IC 25-22.5 and with expertise in stroke, including at least:
  - (A) one (1) physician;
  - (B) one (1) neurologist;
  - (C) one (1) ~~neuroradiologist;~~ **physician with expertise in the area of cerebrovascular accidents;** and
  - (D) one (1) emergency care physician who is a member of the American College of Emergency Physicians.
- (5) One (1) health care provider who provides rehabilitative services to persons who have had a stroke.
- (6) One (1) nurse with a license to practice under IC 25-23 **and who has experience in the area of cerebrovascular accidents.**
- (7) One (1) representative nominated by the Indiana ~~Health and~~

C  
O  
P  
Y

SEA 336 — Concur+



Hospital Association.

(8) One (1) representative from an emergency medical services organization or provider.

(9) One (1) representative from the Indiana Minority Health Coalition.

(10) One (1) stroke survivor or stroke survivor caregiver.

(11) One (1) recreational therapist who provides services to persons who have had a stroke.

**(12) One (1) representative from the Indiana Primary Health Care Association.**

**(13) One (1) representative from the health insurance industry.**

**(14) One (1) clinical pharmacist who practices in the community and not in a hospital.**

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

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

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

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

- ~~(1) Complete a statewide comprehensive stroke needs assessment.~~
- ~~(2) Develop and implement a comprehensive statewide public education program on stroke prevention, targeted to high risk populations and to geographic areas where there is a high incidence of stroke.~~
- ~~(3) Recommend and disseminate guidelines on the treatment of stroke patients, including emergency stroke care.~~
- ~~(4) Ensure that the public and health care providers are informed regarding the most effective strategies for stroke prevention.~~
- ~~(5) Advise the state department concerning grant opportunities for providers of emergency medical services and for hospitals to~~

C  
o  
p  
y



improve care to stroke patients.

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

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

(A) The governor.

(B) The commissioner of the state department.

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

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

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

(4) Develop standardized dispatcher training modules.

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

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

(A) emergency medical services personnel;

(B) hospitals;

(C) first responders;

(D) physicians; and

(E) emergency room staff.

(7) Develop a standard template of protocols that include thrombolytic treatment.

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

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

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

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

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

(13) Investigate the use of telemedicine in Indiana for the treatment of neurologic and radiologic stroke patients.

SECTION 5. IC 16-41-41-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 10. The expenses of the

C  
O  
P  
Y



task force shall be paid from:

- (1) funds appropriated to the ~~state department~~; **task force by the general assembly; and**
- (2) **grant money awarded to the task force.**

SECTION 6. IC 16-41-41-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JUNE 30, 2008]: Sec. 11. This chapter expires ~~July 1, 2008~~; **July 1, 2012.**

**C  
o  
p  
y**



\_\_\_\_\_  
President of the Senate

\_\_\_\_\_  
President Pro Tempore

\_\_\_\_\_  
Speaker of the House of Representatives

\_\_\_\_\_  
Governor of the State of Indiana

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**C  
O  
P  
Y**

