SUBJECT: Creating a statewide stroke emergency treatment system plan

COMMITTEE: Public Health — committee substitute recommended

VOTE: 8 ayes — Delisi, Laubenberg, Coleman, Dawson, Jackson, McReynolds, Solis, Truitt

0 nays

1 absent — Zedler

SENATE VOTE: On final passage, April 22 — 28-0

WITNESSES: For — Neal Rutledge, Texas Advocates for Stroke, Seton Health Care Network

Against — None

DIGEST: CSSB 330 would establish a stroke committee to assist in the development of a statewide stroke emergency transport plan. The stroke committee, established by January 1, 2006, would comprise:

- a physician recommended by a statewide organization of neurologists;
- an interventional neuroradiologist recommended by a statewide organization of radiologists;
- a neurosurgeon with stroke experience;
- a member of the Texas Council on Cardiovascular Disease and Stroke with expertise in stroke care;
- a physician recommended by a statewide organization of emergency physicians;
- a neuroscience registered nurse with stroke expertise; and
- a volunteer member of a nonprofit organization specializing in stroke treatment, prevention, and education.

The statewide stroke emergency transport plan would include training in stroke recognition and treatment, appropriate early stabilization treatments, and protocols for rapid transport. The Legislature would

receive a report on the statewide stroke emergency transport plan by January 1, 2007.

This bill would take effect on September 1, 2005.

SUPPORTERS SAY:

The median time from stroke onset to arrival in an emergency room is between three hours and six hours, according to a study of at least 48 unique reports of pre-hospital delay time for patients with stroke or stroke-like symptoms. Today, only about 5 percent of stroke patients arrive at the hospital in time to be treated with a clot-busting drug that can help reduce brain damage and long-term disability. This lack of recognition and failure to take action can lead to severe brain injury and disability, or even death.

By developing a statewide stroke treatment system, CSSB 330 would help save the lives of thousands of Texans while restoring the quality of life for countless others. The bill would help treat stroke victims in a timely manner and improve overall treatment of stroke victims.

In Texas, nearly 10,000 men and women die from the 70,000 strokes that occur in the state annually, and it is the number three cause of death behind heart disease and cancer. Additionally, stroke is the leading cause of severe, long-term adult disability in the United States and Texas. Some population groups, including African Americans, Hispanic Americans, individuals with diabetes, and the obese have a higher than average risk. Americans will pay about $57 billion in 2005 for direct and indirect stroke-related medical costs and disability, with Texas annually experiencing more than $1.5 billion in medical expenses.

OPPONENTS SAY:

CSSB 330 should recognize the critical nature of stroke prevention and treatment by maintaining the provisions in the Senate version that would require creating a designation for primary stroke centers where necessary resources, personnel, and equipment would be available 24 hours a day. Establishing primary stroke centers within hospitals could dramatically increase the rapid and effective treatment of stroke patients, reduce death, and increase quality of life for stroke survivors. Stroke facilities should be designated in accordance with national accreditation standards. To date, there are no designated stroke centers in Texas, but interest is high among health care providers.

Additionally, CSSB 330 should retain the Senate provisions for the creation of a grant programs to help provide incentives to hospitals to

become primary stroke centers. The programs would support hospitals in rural areas seeking certification and would provide resources to hospitals preparing to pursue certification, thus encouraging the mentoring of other hospitals.

NOTES:

The committee substitute changed the Senate version by removing provisions that would have created criteria for designating health care facilities as stroke centers and that would have established grant programs for rural health care facilities to develop and maintain appropriate stroke care.

According to the fiscal note for CSSB 330, existing staff at the Department of State Health Services would provide support for the Stroke Committee and development of the plan. The Senate version would cost $2.5 million each biennium and require five additional FTEs.