

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE RESOLUTION

No. 130 Session of
2000

INTRODUCED BY MURPHY, SALVATORE, LEMMOND, HART, DENT, MUSTO,
O'PAKE, STOUT, COSTA AND BOSCOLA, FEBRUARY 1, 2000

SENATOR MOWERY, PUBLIC HEALTH AND WELFARE, AS AMENDED,
JUNE 13, 2000

A CONCURRENT RESOLUTION

1 Directing the Joint State Government Commission to create a
2 stroke prevention task force and advisory committee to
3 promote professional and public education and awareness and
4 to improve the quality of care for stroke victims.

5 WHEREAS, Stroke is the number three killer of Americans,
6 claiming the lives of approximately 25,000 Pennsylvanians each
7 year; and

8 WHEREAS, Stroke is the number one cause of serious
9 disability; and

10 WHEREAS, Pennsylvania's seniors are the population at the
11 highest risk for stroke; and

12 WHEREAS, Persons 60 years of age and over comprise 20% of the
13 population of this Commonwealth; and

14 WHEREAS, It is in the best interest of the Commonwealth to
15 enable State residents to reduce the risks and effects of
16 strokes so that they may continue to lead long, healthy and
17 productive lives; and

18 WHEREAS, It is in the best interest of the State's residents

1 to be educated on healthy lifestyles to reduce the risk of
2 stroke by increasing physical activity, increasing awareness of
3 cardiovascular disease and high blood pressure and improving
4 dietary habits; and

5 WHEREAS, It is in the best interest of the Commonwealth to
6 gather and disseminate appropriate information to health care
7 professionals to facilitate their provision of quality care to
8 reduce the effects of strokes; and

9 WHEREAS, The adoption of guidelines for the care of stroke
10 patients, including emergency stroke care, throughout this
11 Commonwealth will enhance the ability of health care
12 professionals to provide quality care; therefore be it

13 RESOLVED (the House of Representatives concurring), That the
14 General Assembly direct the Joint State Government Commission to
15 recommend ways to better publicize warning signs, encourage more
16 people to increase the odds of recovery by seeking treatment as
17 soon as they suffer symptoms, and to further study the issue of
18 adopting criteria for designating stroke centers throughout this
19 Commonwealth; and be it further

20 RESOLVED, That the General Assembly direct the Joint State
21 Government Commission to create a stroke prevention task force
22 consisting of two members appointed by the President pro tempore
23 of the Senate, two members appointed by the Minority Leader of
24 the Senate, two members appointed by the Speaker of the House of
25 Representatives and two members appointed by the Minority Leader
26 of the House of Representatives; and be it further

27 RESOLVED, That the task force create an advisory committee
28 CONSISTING OF 15 MEMBERS. THE COMMITTEE SHALL BE composed of one <—
29 representative from and designated by each of ~~the following: The~~ <—
30 ~~Pennsylvania Neurosurgical Society, the Pennsylvania Chapter of~~

~~1 the American College of Emergency Physicians, the Pennsylvania
2 Chapter of the American College of Cardiology, the Pennsylvania
3 Academy of Family Physicians, the Pennsylvania Emergency Health
4 Services Council, the Hospital and Health System Association of
5 Pennsylvania, the Department of Health, the Pennsylvania Medical
6 Society, the Pennsylvania Physical Therapy Association, the
7 Speech Language Hearing Association, the Pennsylvania
8 Association of Rehabilitation Facilities, the Pennsylvania
9 Occupational Therapy Association, Inc., the Pennsylvania
10 Psychological Association, the American Stroke Association, a
11 division of the American Heart Association, the biotechnology
12 industry, the pharmaceutical industry, the Pennsylvania Health
13 Care Cost Containment Council, the Philadelphia Stroke Council,
14 a stroke institute associated with a University Medical Center,
15 the Institute for Healthy Communities, the health care insurance
16 industry, the long term care providers, rural health providers
17 and the Pennsylvania Public Relations Society of America; and be~~

~~18 it further~~ THE FOLLOWING: THE DEPARTMENT OF HEALTH; THE
19 HOSPITAL AND HEALTH SYSTEMS ASSOCIATION OF PENNSYLVANIA; THE
20 PENNSYLVANIA CHAPTER OF THE AMERICAN COLLEGE OF EMERGENCY
21 PHYSICIANS; THE AMERICAN STROKE ASSOCIATION, A DIVISION OF THE
22 AMERICAN HEART ASSOCIATION; THE PENNSYLVANIA PSYCHOLOGICAL
23 ASSOCIATION; THE HEALTH CARE INSURANCE INDUSTRY; RURAL HEALTH
24 PROVIDERS; A STROKE INSTITUTE ASSOCIATED WITH A UNIVERSITY
25 MEDICAL CENTER; THE PHILADELPHIA STROKE COUNCIL; ONE MEMBER TO
26 REPRESENT THE REHABILITATION INDUSTRY DESIGNATED BY THE
27 PENNSYLVANIA PHYSICAL THERAPY ASSOCIATION, THE SPEECH-LANGUAGE-
28 HEARING ASSOCIATION, THE PENNSYLVANIA ASSOCIATION OF
29 REHABILITATION FACILITIES AND THE PENNSYLVANIA OCCUPATIONAL
30 THERAPY ASSOCIATION, INC. IN ADDITION, ONE MEMBER OF THE

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1 COMMITTEE SHALL BE CHOSEN BY THE COORDINATED DESIGNATION OF THE
2 BIOTECHNOLOGY AND PHARMACEUTICAL INDUSTRIES. FINALLY, FOUR
3 MEMBERS AT LARGE SHALL BE DESIGNATED BY THE TASK FORCE UPON THE
4 RECOMMENDATION OF THE ADVISORY COMMITTEE FROM AMONG THE
5 PENNSYLVANIA NEUROLOGICAL SOCIETY, THE PENNSYLVANIA CHAPTER OF
6 THE AMERICAN COLLEGE OF CARDIOLOGY, THE PENNSYLVANIA ACADEMY OF
7 FAMILY PHYSICIANS, THE EMERGENCY HEALTH SERVICES COUNCIL, THE
8 INSTITUTE FOR HEALTHY COMMUNITIES AND THE PENNSYLVANIA PUBLIC
9 RELATIONS SOCIETY OF AMERICA; AND BE IT FURTHER

10 RESOLVED, That the task force study the feasibility of
11 developing and implementing a comprehensive Statewide public
12 education program on stroke prevention, targeted to high-risk
13 populations and to geographic areas where there is a high
14 incidence of stroke, which shall include information on:

15 (1) leading healthy lifestyle practices that reduce the
16 risk of stroke;

17 (2) identifying the signs and symptoms of stroke and the
18 action to be taken when these signs occur;

19 (3) determining what constitutes high-quality health
20 care for stroke;

21 (4) adopting and disseminating guidelines on the
22 treatment of stroke patients, including emergency stroke
23 care, throughout this Commonwealth;

24 (5) taking such other actions that are consistent with
25 the scope and purpose of this resolution to ensure that the
26 public and health care providers are sufficiently informed of
27 the most effective strategies for stroke prevention and to
28 assist health care providers to utilize the most effective
29 treatment strategies for stroke; and

30 (6) addressing means by which the guidelines may be

1 revised to remain current with developing treatment
2 methodologies;
3 and be it further

4 RESOLVED, That the task force, in accomplishing its missions,
5 take into account guidelines that have been promulgated by
6 nationally recognized organizations which deal with stroke; and
7 be it further

8 RESOLVED, That in its deliberations the task force consider
9 whether its activities would duplicate existing disease
10 education and prevention programs in the Department of Health
11 and other Federal and State agencies; and be it further

12 RESOLVED, That the task force and advisory committee
13 recommend the adoption of stroke guidelines and an appropriate
14 means of disseminating information to the professional community
15 and the general public and study the need for the designation of
16 stroke centers throughout this Commonwealth; and be it further

17 RESOLVED, That the task force and advisory committee
18 recommend sources of funds to carry out its recommendations and
19 determine the adequacy of health insurance coverage for stroke
20 patients; and be it further

21 RESOLVED, That the task force report its findings to the
22 General Assembly no later than November 30, 2000.