

1 INTERIM STUDY PROPOSAL 2025-011

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3 REQUESTING THE HOUSE COMMITTEE ON PUBLIC HEALTH, WELFARE, AND
4 LABOR STUDY ESTABLISHING A STROKE CARE SYSTEM ACROSS THIS STATE.
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6 WHEREAS, strokes remain one (1) of the leading causes of death and
7 long-term disability in this state; and
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9 WHEREAS, variability in the timeliness of diagnosis, transport,
10 treatment, and follow-up treatment creates gaps in patient outcomes; and
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12 WHEREAS, by adopting a statewide, organized system of care similar to
13 the Arkansas Trauma System, this state can reduce stroke-related mortality,
14 minimize disability, and enhance recovery pathways for patients in the state;
15 and
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17 WHEREAS, a stroke care system could improve stroke outcomes through
18 timely identification, triage, transport, treatment, and rehabilitation as
19 well as ensuring that every Arkansan has access to the appropriate level of
20 stroke care at the appropriate time,
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22 NOW THEREFORE,

23 BE IT PROPOSED BY THE HOUSE COMMITTEE ON PUBLIC HEALTH, WELFARE, AND LABOR OF
24 THE NINETY-FIFTH GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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26 THAT the House Committee on Public Health, Welfare, and Labor study
27 establishing a stroke care system across this state to include without
28 limitation:

29 (1) Stakeholders from hospitals, emergency medical services,
30 public health systems, rehabilitation centers, healthcare payors, and
31 community organizations;

32 (2) Statewide stroke triage and destination protocols to ensure
33 that patients are taken to the most suitable facility based on the stroke
34 type and severity;

35 (3) A central stroke data registry to collect, analyze, and
36 report on stroke care metrics and system performance;

- 1 (4) A tiered system for stroke centers modeled after the
2 Arkansas Trauma System;
- 3 (5) Regular verification and quality assurance reviews to ensure
4 adherence to best practices and evidence-based care for strokes;
- 5 (6) A statewide emergency medical services stroke assessment and
6 triage training;
- 7 (7) Tools and protocols to rapidly identify suspected stroke for
8 emergency medical services personnel;
- 9 (8) Coordinated transportation planning between emergency
10 medical services and air medical services for expedited care;
- 11 (9) Standard hospital stroke alert systems to ensure rapid
12 diagnosis, imaging, and treatment;
- 13 (10) Use of telemedicine to broaden access in rural and
14 underserved areas of the state;
- 15 (11) Implementation of statement treatment algorithms that align
16 with guidelines from the American Heart Association and the American Stroke
17 Association;
- 18 (12) Clear rehabilitation referral pathways and post-stroke care
19 plans;
- 20 (13) Partnerships with inpatient rehabilitation, skilled
21 nursing, home health, and outpatient therapy providers to ensure continuity
22 of care;
- 23 (14) Longitudinal patient follow-up protocols to monitor
24 recovery and prevent recurrent strokes;
- 25 (15) Statewide public stroke awareness campaigns on symptom
26 recognition and the importance of early action;
- 27 (16) Continuing education and stroke certification for
28 healthcare professionals across the stroke care continuum; and
- 29 (17) Regular care reviews and system-wide quality improvement
30 initiatives.

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33 Respectfully submitted,
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1 Representative Lee Johnson

2 District 47

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6 Senator Breanne Davis

7 District 25

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10 Prepared by: JMB/JMB

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