

**LEGISLATIVE SERVICES AGENCY  
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**

200 W. Washington, Suite 301  
Indianapolis, IN 46204  
(317) 233-0696  
<http://www.in.gov/legislative>

**FISCAL IMPACT STATEMENT**

**LS 7159**

**BILL NUMBER:** SB 239

**NOTE PREPARED:** Dec 30, 2002

**BILL AMENDED:**

**SUBJECT:** Stroke Prevention Task Force.

**FIRST AUTHOR:** Sen. Lawson C

**FIRST SPONSOR:**

**BILL STATUS:** As Introduced

**FUNDS AFFECTED:**  **GENERAL**  
 **DEDICATED**  
 **FEDERAL**

**IMPACT:** State

**Summary of Legislation:** This bill establishes the Stroke Prevention Task Force to develop stroke prevention initiatives. The bill requires the Task Force to annually submit a report to the Governor and the Commissioner of the State Department of Health.

**Effective Date:** July 1, 2003.

**Explanation of State Expenditures:** This bill establishes a nine-member Stroke Prevention Task Force consisting of seven lay members and two state employees. The State Department of Health is to provide staff for the Task Force. Members are not entitled to the minimum salary per diem although travel and other actual expenses of the members are reimbursable. The bill requires the Task Force to meet quarterly. Legislative Council resolutions in the past have established budgets for interim study committees ranging from \$6,000 to \$9,000 per interim for committees with fewer than 16 members. It is assumed that the travel-related expenses of the Task Force will not exceed the parameters established for interim study committees.

This bill does not contain an appropriation; but rather a statement that the expenses of the Task Force shall be paid from the state General Fund. The ultimate cost of the activities of the Task Force will be dependent upon administrative actions of the Department of Health and the Stroke Prevention Task Force.

*Background Information:* The Task Force is charged with the following duties: (1) develop and implement a comprehensive statewide public education program on stroke prevention, targeted to high risk populations and geographic areas with a high stroke incidence rate; (2) recommend and disseminate guidelines on the treatment of stroke patients including emergency stroke care; (3) ensure that public providers are informed regarding the most effective strategies for stroke prevention; (4) advise the State Department of Health on

the awarding of grants to EMS providers and hospitals for the purpose of improving care to stroke patients; and (5) prepare an annual report on the operations of the task force and provide the report to the Governor and the Commissioner of the Department of Health.

**Explanation of State Revenues:**

**Explanation of Local Expenditures:**

**Explanation of Local Revenues:**

**State Agencies Affected:** State Department of Health, Family and Social Services Administration.

**Local Agencies Affected:**

**Information Sources:**

**Fiscal Analyst:** Kathy Norris, 317-234-1360