



SENATOR MATT BARTLE

District 8 – Capitol Building, Room 319 Jefferson City, MO 65101

Column for Week of:
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Saving Lives by Streamlining Missouri's Emergency Response

After the legislative session ends in May, lawmakers have the opportunity to spend time serving in their districts before returning to Jefferson City in January. Known as the interim, this is a time in which the bills passed by the Legislature are reviewed and are either signed into law or vetoed by the governor. It's the system of checks and balances at work.

July 14th was the final day for the governor to add his signature to any bills. Under the Missouri Constitution, the governor has 45 days after the Legislature adjourns (the 2008 legislative session concluded May 16; the constitutional adjournment date is May 30) to either sign or veto legislation. If the governor fails to sign or veto a bill, it automatically becomes a law after the 45-day window closes.

Three Senate bills and one House bill were vetoed along with five funding projects contained in the budget. These bills will be returned to their respective chambers along with the governor's written objections. Under the constitution, the Legislature will reconvene in September and will have the option to override these vetoes if the two-thirds majority vote required by both the Senate and the House of Representatives can be mustered. Of the 578 Senate bills introduced during the 2008 legislative session, 61 were passed, and 58 received the governor's signature. Seventy-six House bills were signed into law.

One of the bills the governor did sign into law was [HB 1790](#), which strengthens our efforts to protect Missourians from the fatal effects of strokes and heart attacks. Heart disease, often known as the silent killer, is the leading cause of death in Missouri; stroke is the third-leading cause of death. A recent report by the Missouri Department of Health and Senior Services shows that in 2004, Missouri's heart disease death rate was 13.5 percent higher than the national rate, while the stroke death rate was 11 percent higher. In 2005, our state ranked ninth in the nation in heart disease prevalence and seventh in stroke prevalence, and spent nearly \$3.5 billion in related hospital charges. It's likely that heart disease or stroke has affected you or someone you know. Maybe you even know someone who couldn't be treated in time.

This legislation improves Missouri's emergency response for heart attacks and strokes by expanding the current emergency system that designates certain hospitals as trauma centers — hospitals better equipped to deal with severe emergencies. Victims of stroke and ST-elevation myocardial infarction (STEMI), an especially fatal type of heart attack, often have a higher chance of survival if they receive care at the hospitals best prepared to treat them, rather than simply the nearest hospital. House Bill 1790 creates a specific designation for stroke or STEMI centers, so emergency response may be directed to the hospital that will provide the best care for the patient.

By designating qualified hospitals as stroke or STEMI centers, we are giving critical patients access to the highest quality medical care, making Missouri the first state in the nation to help save lives by significantly improving emergency response and care for victims of heart attacks and strokes.

If you have any comments or questions about this week's column or any other matter involving state government, please do not hesitate to contact me. You can reach my office by e-mail at matt_bartle@senate.mo.gov or by phone at (888) 711-9278. My web address is <http://www.senate.mo.gov/bartle>.

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