Health and Human Services

Texas Council on Cardiovascular Disease and Stroke

February 13, 2026

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.

Texas Council on Cardiovascular Disease and Stroke conducts health education, public awareness and community outreach; improves access to treatment; coordinates activities among state agencies; and develops a database of recommendations for treatment and care.

The Texas Legislature established the Texas Health and Safety Code, Chapter 93 to create the Texas Council on Cardiovascular Disease and Stroke (TCCVDS) in 1999. In 2007, Legislature amended the Title 25, Health Services, Part 15, Rule §1051.1 to establish the conduction of meetings. The Council addresses heart disease and stroke — two of the leading causes of death for Texans. The Council advises the legislature on legislation that is needed to develop further and maintain a statewide system of quality education services for all persons with cardiovascular disease or stroke.
The TCCVDS is required to develop an effective and resource efficient plan to reduce morbidity, mortality, and economic burden of cardiovascular disease and stroke in Texas. Work in the state plan's priority areas depends on the Legislature's continued funding and support.
Activities of the Council include:

- developing an effective and resource-efficient plan,
- conducting health education, public awareness, and community outreach,
- improving access to treatment,
- coordinating activities among agencies within the state,
- developing a database of recommendations for treatment and care, and
- collecting and analyzing information related to CVD.

Title 25 TAC, Chapter 1051, Concerning Rules
The Texas Council on Cardiovascular Disease and Stroke is amending the rules to specify voting eligibility, clarify the role the Department of State Health Services has in providing administrative support for the council, and update public participation best practices. Required by: Government Code 2001.039
Members:

Name	City	Membership Category
Stanley M. Duchman, MD	Houston	Licensed Physician in Cardiology
Janet (Hall) Hewlett, RD, LD	Georgetown	Licensed Dietitian

Name	City	Membership Category
Alberto Maud, M.D.	El Paso	Stroke Specialist
Chair Suzanne Hildebrand	Live Oak	Chair/Public Member
Vice-Chair Oscar M. Aguilar, Jr, M.D, MPH, FACC, FAHA	El Paso	Licensed Physician in Primary Care
		Public Health, Policy and Research
Elie Balesh, MD	Houston	Consumer Member
		Registered Nurse
Lourdes Cuellar	Houston	Consumer Member
Remmy Morris	Round Rock	Public Member
E'Loria Simon-Campbell, PhD	Houston	Public Health Policy, Research Practice Member

1. Call to order, welcome, introductions, roll call, and opening remarks. The meeting was convened by Suzanne Hildebrand, Chair. A quorum was present.

2. Consideration of November 17, 2025, draft meeting minutes. The minutes were approved as drafted.

3. Update on the Proposal Rule Packet for proposed amendments to Texas Administrative Code, Title 25, Part 15, Rule §1051, Conduct of Council Meetings. The packet was approved last meeting. The PRP was published January 30th in the Texas Register and is now open for public comment. If there are no negative comments the rules will be published for final adoption.

4. Agency representative reports

DSHS— Chronic Disease Unit update by Rachel Wiseman:

- Heart Disease and Stroke Program interviewing for vacant team lead role; expected to fill by next quarterly meeting.
- Upcoming newsletter edition to be published February 16th; open invitation for contributions and distribution list additions.
- Seeking Federally Qualified Health Centers (FQHCs) or clinics in Dallas or Jefferson Counties for collaboration on Target BP program.
- Ongoing year four grant continuation applications and related activities.
- Partnerships with UT Health Houston, Texas Area Network, and Gulf Coast Cardiology around hypertension outcomes and Target:BP.
- Texas Cardiovascular Disease Learning Collaborative next meeting February 20th; work groups for membership and grant feedback seeking participation.

Texas Health and Human Services Commission (HHSC)--

- Aging Texas Well strategic plan is under development and discussed with stakeholders
- Disaster Readiness plan training is being developed through a federal grant
- Sean Craig will be taking over as the HHSC representative on the Council

Texas Workforce Commission-- Melissa Houston stated that they are focusing on brain and spinal cord rehabilitation programs.

5. Liaison reports

American Heart/American Stroke Association-- Sarah Rivin Region Senior Lead, State Government Relations Sarah.Rivin@heart.org

Summary. American Heart Association commented on "Life's Essential 8" factors (smoking, physical activity, weight, diet, sleep, blood glucose, cholesterol, blood pressure), noting addition of sleep. Notable trends: decreased cigarette smoking but increased e-cigarette use, dietary metrics lowest, rising obesity/prevalence, declining BP control. Texas ranks 32nd CVD, 30th CHD, and 33rd in stroke nationally.
Legislative advocacy focused on behavioral health factors, smoke-free ordinances (including e-cigarettes), and "Complete Streets" policy for physical activity and community access. Discussion focused on expanding tracked health metrics (e.g., kidney function) and supporting a more holistic approach.

Presentation.

Trends in health behaviors: Smoking • Physical activity • Poor diet • Adequate sleep
Blood Glucose and Blood Pressure

State	CVD			CHD			Stroke		
	Rank	Death rate	% Change, 2013–2023	Rank	Death rate	% Change, 2013–2023	Rank	Death rate	% Change, 2013–2023
Texas	32	223.2	−1.1	30	83.0	−18.1	33	40.6	1.2

Local Tobacco Control Efforts Continue to prioritize local smoke-free ordinances

- Arlington
- North Texas
- Corpus Christi
- Austin suburbs
- Pflugerville
- Leander
- Pasadena

Complete Streets

- San Antonio 2024

Where next?

- Austin
- Arlington

Discussion.

Is there a reason why you are not following end stage renal disease?

Governor's Emergency Medical Services (EMS) and Trauma Advisory Council (GETAC) GETAC Cardiac Care Committee.

There is one major goal: Characterize and optimize telecommunication CPR instructions. There is not uniformity among all 901 dispatchers.

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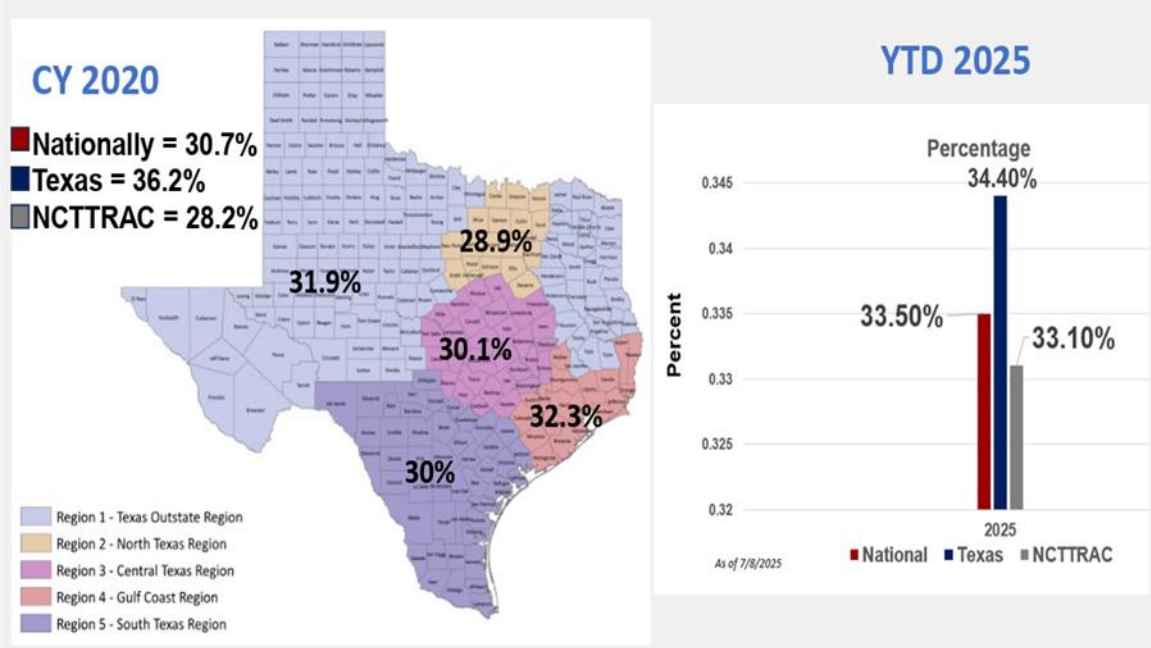
GETAC Stroke Committee

Summary. Only a third of stroke patients arrive within the treatment window with the median arrival times increasing across all regions. Less than 50% of patients arrive by EMS, which improves outcomes. There is a proposal for a multilingual (Spanish/English) stroke awareness campaign with focus on rural distribution and dispatcher education. The ongoing needs assessment survey for rural stroke care challenges will result in recommendations on neuro IR coverage for thrombectomy centers and other rural needs. Resources and algorithms for EMS stroke response were made available. There was broad support from council members for stroke awareness and targeted outreach, especially in rural communities.

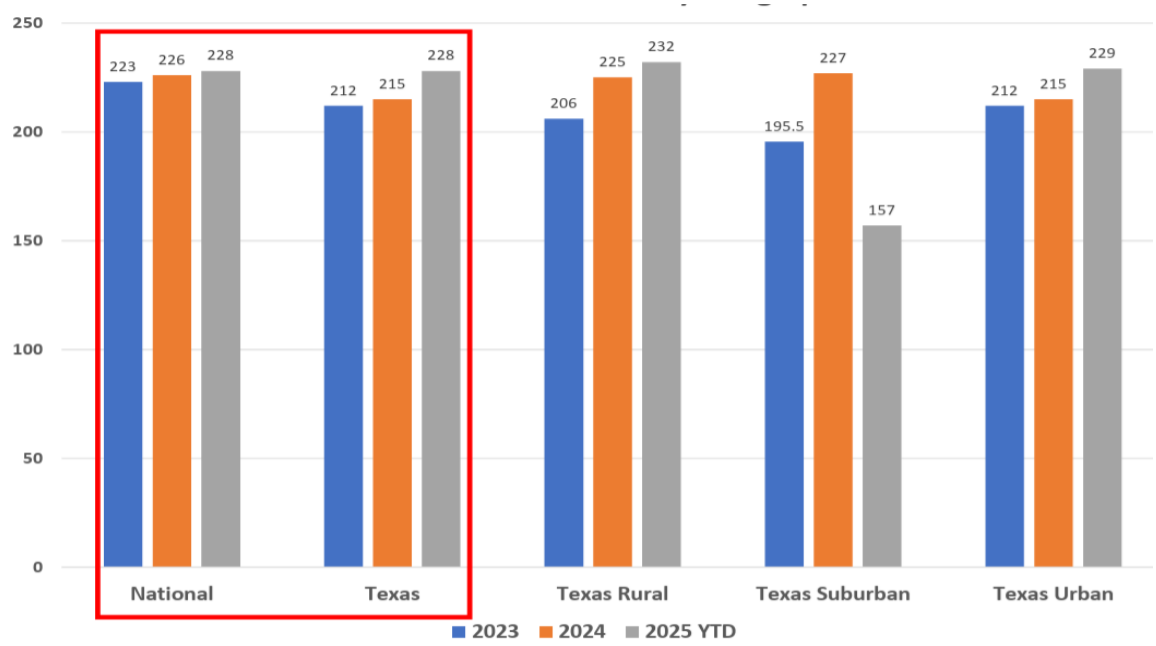
Stroke Care Starts Before the Door

- Recognition of stroke symptoms is a critical first step in the access to treatment pathway.
- Early symptom recognition along with EMS activation contribute to reduced prehospital delays and faster higher quality care.

LKW to Arrival % Arrive Within Thrombolysis Window

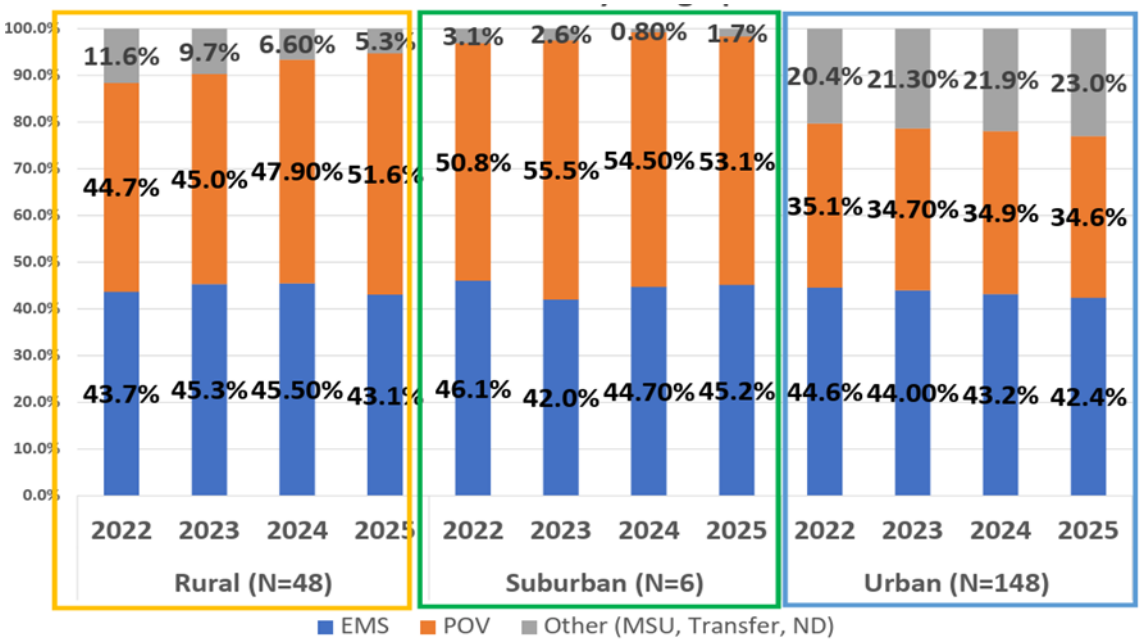


Median Time LKW to Arrival by Geographic Size



Disclaimer: Get with The Guideline reports are generated from a live registry. All data is subject to change. Report generated on 11/4/25.

Texas Modes of Arrival to ED by Geographic Classification

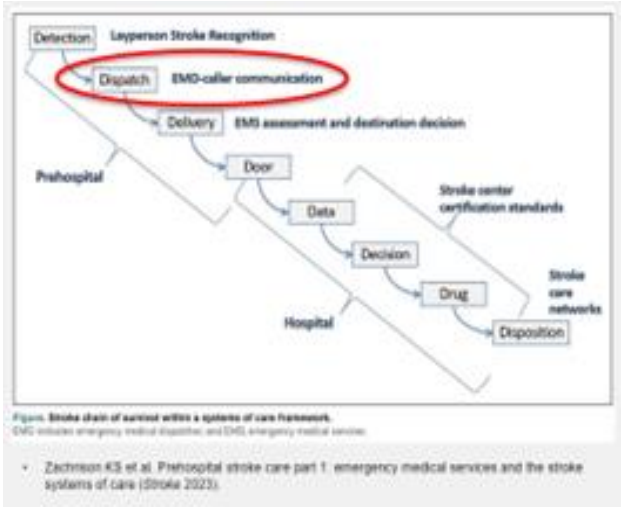


Innovative Approaches

- Stroke awareness campaigns need to improve symptom recognition while emphasizing rapid EMS response targeting multilingual equity-oriented approach. ○ Massachusetts Department of Public Health
- Other innovative strategies include school-based programs such as HipHop Stroke.

Emergency Medical Dispatcher Recognition

● Dispatcher recognition is a chokepoint.
● Sensitivity to accurate recognition is ~50% without structured protocols.
● Caller language and the compressed call time hinder recognition, delaying downstream care.
● Train call-takers with structured stroke prompts; target <60-sec dispatch.



Zachrison KS et al. Prehospital stroke care part 1: emergency medical services and the stroke systems of care (Stroke 2023).

Emergency Medical Dispatcher Recognition

Accurate dispatcher recognition has been associated with:

- Faster On-scene times by responding paramedics ○ Higher rate transport to stroke center ○ Faster Door-to-physician/CT
- Higher rate and faster DTN

MSU may be particularly positively impacted accurate stroke dispatch.

EMS Education EMS and dispatcher training

- Continuous Education: Regular training on stroke recognition, use of prehospital stroke scales, and updates on treatment protocols are essential.
- Simulation Drills: Conducting mock drills and simulations can enhance EMS readiness and response efficiency in real-world scenarios.

Request for Consideration

- Texas Stroke Awareness Campaign .
- Rural Stroke Awareness Campaign
- Target dispatcher, first responders, layperson in Spanish and English

There was consensus that this is a great idea

Rural Stroke Care Barriers Survey

Survey QR Code:

NEURO IR Recommendation

NCTTRAC
NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL

Regional Stroke System Plan
Stroke Recommendation for Neuro IR Coverage
Stroke Committee

I. Recommendation

This recommendation serves to provide acceptable neurointerventional coverage (primary and backup call coverage) at Level I-Comprehensive and Level II-Thrombectomy Capable Stroke Centers in the NCTTRAC region and has been endorsed by the NCTTRAC Stroke Committee, the Board of Directors, the Stroke Medical Directors, and the majority of the C-Suites of the Level I and II Stroke-designated facilities in TSA-E.

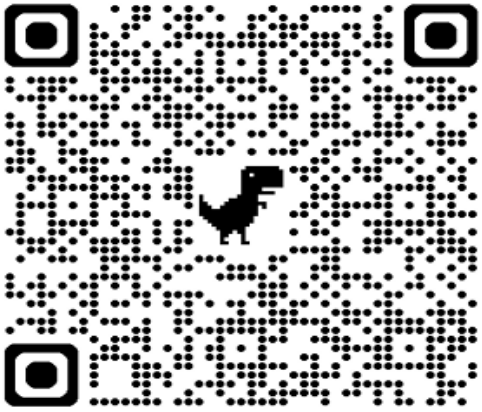
A. Comprehensive and Thrombectomy Capable Stroke Centers that perform mechanical thrombectomy should have adequate coverage to meet the emergent needs of multiple strokes.
B. Each facility should have a written call schedule readily available within the hospital system, identifying the on-call and backup on-call interventional provider privileged to perform mechanical thrombectomy (neurointerventionalist) 24 hours a day, seven days a week, 365 days a year.
C. The neurointerventionalist taking calls should be available by phone within 20 minutes and available on-site within 30 minutes from notification.

i. When concurrent facilities are covered by either the primary or backup on-call provider, the following should be in place:
   1. If one neurointerventionalist is primary on-call concurrently at two (2) facilities there should be one dedicated backup on-call provider for each facility (e.g., two hospitals with shared coverage, one primary and three tier backup on-call coverage).
   2. The dedicated primary neurointerventionalist on-call at one facility may serve as backup call for no more than one hospital at any given time (e.g. primary call at one facility and backup at one additional facility).
   3. The facilities with cross coverage should be in close proximity, allowing the neurointerventionalist either serving as primary or backup on-call to be available on site within 30 minutes.

ii. Comprehensive and Thrombectomy Capable Stroke Centers that utilize a system of care to deliver stroke care, treatment, and services may utilize the same interventionists provided the following requirements are met:
   1. Written call schedules are readily available within the hospital system to demonstrate how stroke care, treatment, and services are provided at all hospitals in the system 24 hours a day, 7 days a week, 365 days a year.
   2. If one physician is covering more than one facility or another service in the organization, there is a written plan for backup coverage.
   3. Protocols and processes are developed and implemented to detail the system and organizations' plans to meet the emergent needs of multiple complex stroke patients.
   4. Protocols and processes are developed in response to situations when organizations would not be able to provide mechanical thrombectomy services and subsequently transfer patients or notify Advisory-Capability with a comment in EMResource.

iii. Comprehensive and Thrombectomy Capable Stroke Centers that perform mechanical thrombectomy and utilize an independent contracted provider or group for neurointerventional coverage to deliver stroke care, treatment, and services should have the following requirements met by the contracted provider or group:
   1. Written call schedules are readily available outlining all of the hospitals that the primary and backup on-call providers are covering for the shift.
   2. A written plan to meet the emergent needs of multiple stroke patients for each of the facilities if one contracted physician is covering more than one facility.
   3. Protocols and processes are developed in response to situations when the primary and backup on-call providers would not be able to provide mechanical thrombectomy services and subsequently transfer patients or notify of Advisory-Capability with a comment in EMResource.

GETAC Stroke Committee Page:



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6. Plan for Stroke Survivors and Caregivers Conference.

The planners are awaiting direction from the Council for an agenda and timeline.

7. Review of action items and agenda items for next meeting.

Look at how to have a more profound impact statewide especially related to nutrition (Texas Nutrition Advisory Committee may be tasked with this as well.)
Post Stroke Depression

8. Upcoming meeting dates

- May 29, 2026
- August 14, 2026
- November 13, 2026

9. Public comment. .

Vanessa Pena , Inteleheart stated that with this new monitor cardiac rehab can be achieved because it is brought to the patient. Telemetry allows doctors to see what is happening real time. Intelerad Launches New InteleHeart Platform to Streamline Cardiology Care and Improve Outcomes – Mobile Health Times

10. Adjourn. There being no further business, the meeting was adjourned.