

Mark Matasic
House Finance Health and Human Services Subcommittee
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Chairman Romanchuck, Ranking Member West, and members of the House Finance Health and Human Services Subcommittee, thank you for the opportunity to testify today in support of strengthening Ohio's stroke system of care.

My name is Mark Matasic. I am from Campbell, Ohio located just outside of Youngstown, and I'm here today to tell you from personal experience why it's important to strengthen the guidelines for stroke care in Ohio.

In March 2015, my father Steve Matasic suffered a brain stem stroke. My father was taken by ambulance to a local hospital, St. Elizabeth's, in Youngstown immediately following the onset of stroke symptoms. Despite getting my father to St. Elizabeth's Hospital right away, my father did not receive treatment for several hours. It was not until after he crashed that my father finally received treatment, but by that time it was too late. The damage was already done.

St. Elizabeth's Hospital is a primary stroke center. It's not a comprehensive or level 1 stroke center. St. Elizabeth's is a capable facility, but its physicians are not equipped to deal with the type of stroke my father suffered. Had my father been taken to a comprehensive stroke center right away instead of a primary stroke center, he would be alive today. The Cleveland Clinic is a comprehensive stroke center equipped to properly deal with the type of stroke my father had and is only about an hour from Youngstown.

My family and I didn't know at the time that St. Elizabeth's Hospital was not a comprehensive stroke center. We thought my father was safe and everything was going to be okay because he got to a hospital quickly. Neither the EMS providers nor the physicians at the hospital advised—or gave the option to—move my father to the Cleveland Clinic.

My father spent almost one year living with locked in syndrome as a result of not receiving the correct treatment at the correct hospital. For one year, following his stroke until he passed away, my father could not move any part of his body or communicate except by blinking his eyes up and down to answer questions. I spent that final year of my father's life by his side 24 hours a day in various hospitals and rehab facilities around the country caring for him and trying desperately to help him break out from being locked in.

The entire experience of my father's stroke, his locked in syndrome, traveling around to different hospitals and rehab centers, dealing with countless physicians, medical personnel, insurance companies and finally my father's passing were extremely difficult both emotionally and psychologically for myself and my entire family. I can't even imagine what it was like for my father.

Last year, the passage of House Bill 464 was a step in the right direction to updating Ohio's stroke system of care. However, more can be done. There are new, revolutionary treatments out there that can change

people's lives for the better. Unfortunately, sometimes access to these treatments is left up to chance. We must ensure that statewide guidelines continue to improve and that local EMS providers are educated on how to appropriately assess, triage, and transport stroke patients. If protocols were as strong as they should be, my father would be here today: healthy, happy and enjoying his life. Most of all, he would love being with his grandchildren and watching them grow up. It's critical that stroke patients be correctly triaged and taken directly to the appropriate hospital rather than just the closest hospital. We must ensure that local EMS are aware of these types of scenarios and address them appropriately.

Thank you again for the opportunity to testify before you today, and I am happy to answer any questions you may have.