



American Heart Association/American Stroke Association Testimony
House Health Committee
February 28, 2018
HB 464 – Stroke Bill

My name is BJ Hicks. I am the Co-Director, OhioHealth Riverside Methodist Hospital Comprehensive Stroke Program. I am also the President of the American Heart Association/American Stroke Association (AHA/ASA) Columbus Board of Directors. As a neurologist specializing in vascular neurology, I focus on conditions of the cerebrovascular system, including ischemic and hemorrhagic strokes.

On behalf of my position with the AHA/ASA, please accept this testimony requesting favorable passage of HB 464, the stroke facility recognition bill. The statistics regarding stroke are listed below:

- *Stroke is the No. 5 cause of death and the leading cause of adult disability in the U.S.*
- *Each year almost 800,000 Americans suffer from stroke. More than 75% of these individuals are experiencing their first stroke and almost 25% are having a recurrent attack.*
- *In 2013, stroke was the primary cause of about one in every 20 deaths and in Ohio, there were 5,690 stroke deaths.*
- *On average, someone in the U.S. has a stroke every 40 seconds. And, every 4 minutes, stroke takes the life of someone's spouse, partner, parent, child, or friend.*
- *The national economic impact of stroke is estimated to be nearly \$33 billion annually in health care costs and losses from disability or death. In Ohio, costs are estimated at \$2.5 billion each year. Projected medical costs nationally are predicted to almost double from \$95 billion in 2015 to \$185 billion by 2030, and statewide, they are predicted to increase by \$4 billion each year by 2020, a 61% increase.*
- *Pre-millennium era data demonstrated that, in the United States, cost savings of approximately US \$30 million would be realized if the proportion of all ischemic stroke patients receiving thrombolysis was increased to 8%. This excludes any gain from increased quality-adjusted life-years gained, a source of tremendous additional economic and patient value.*
- *In select patients with severe stroke symptoms, if treated promptly within 24 hours from the stroke with "clot retrieval" procedures one in roughly 3 patients could be saved from severe disability.*
- *Most recent AHA/ASA Guidelines for Stroke offer Class I evidence recommending the following:*
 - *Certification of stroke centers by an independent external body is strongly recommended,*
 - *EMS leaders, in conjunction with local/regional/state agencies and in consultation with medical authorities, should develop triage protocols so patients are rapidly identified for stroke symptoms,*
 - *Regional stroke systems of care should be developed.*



In sum, this bill recognizes the three tiers of stroke facilities including comprehensive, primary and acute-stroke ready hospitals. HB 464 also provides for recognition of those facilities which have attained levels of distinction for endovascular therapies. The legislation also requires all EMS authorities statewide to establish pre-hospital transport protocols related to the assessment, treatment and transport of stroke patients by licensed EMS providers.

Passing stroke facility recognition legislation will not require any Ohio hospital or center to seek or change their accreditation for stroke care. Certification is completely voluntary. The bill will also not require the Ohio Department of Health to survey hospitals regarding stroke care, and there is no fiscal impact.

Attached for your review is a stroke fact sheet as well as a map of the 21 states which have passed stroke bills to date.

I am keenly vested in ensuring the best health outcomes for all Ohio residents regarding stroke care. With this thought in mind, I would be glad to answer any questions. I thank you in advance for your consideration of this important health care issue.

For additional assistance or questions pertaining to HB 464, please contact Krista Bistline, AHA/ASA Senior Government Relations Director, at 614.396.4383 or Belinda Jones, Capitol Consulting Group, at 614.679.5062.

William (B.J.) Hicks, II, M.D.