Opposition Testimony on House Bill 464

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November 27, 2018

Chairman Burke, Ranking Member Tavares and Members of the Senate Health, Human Services and Medicaid Committee, thank you very much for the opportunity to speak in opposition to House Bill 464 known as the Stroke Care Bill. I am certain that this bill was proposed in the hopes that its inception would improve the delivery of care to stroke victims. However, good intentions sometimes have counter consequences.

I am a Registered Nurse and CEO of Paulding County Hospital, a Critical Access Hospital. The intent behind critical access hospitals is to make healthcare available to persons in rural areas. Proximity to patients is critical.

The patient's most pressing need may not be the stroke. It may be restoration of breathing, control of blood pressure, and other life-threatening issues resulting from the stroke. Those issues should be resolved as quickly as possible.

Travel from a rural area to a hospital in a major city may result in further destruction of brain tissue through the loss of blood flow or through a bleed into the brain. Time is of the essence. That is the major concern that I and other small and rural hospitals have with this legislation.

House Bill 464 would require that a hospital be certified as a comprehensive stroke center, primary stroke center, or as an acute

stroke ready hospital to be on a list that the Ohio Department of Health provides to EMS. Though not stated in the bill, it is implied that the medical leadership of the EMS agency will use the ODH list to formulate, among other things, transport protocols for stroke patients.

Many hospitals providing excellent stroke care are not certified in stroke care and will not be considered as part of the EMS agency's plans because the hospital is not on the list provided by the Ohio Department of Health. A hospital's decision not to be certified as an acute stroke ready hospital does not mean that they are not capable of providing excellent stroke care or other time sensitive lifesaving care.

We currently have a system where EMS transports the patients to the closest hospital where the patient enjoys the federal protections of EMTALA. The Emergency Medical Treatment and Labor Act (EMTALA) of 1986 requires that patients presenting to an emergency department receive a medical screening examination, treatment, stabilization, and if necessary, transfer to another facility after the risks and benefits of such transfer are explained.

HB 464 places the decision to transport to a more distant facility within the purview of an Emergency Medical Technician (EMT) rather than a physician. That decision should rest with a physician having examined the patient not by an EMT using protocols.

Bypassing hospitals that are not on the ODH list will delay treatment, decrease ambulance resources through additional travel, and expose the patient to greater travel related risk. Travel is not without risk- our county lost 5 lives in a single ambulance accident and in another accident 2 lives were lost traveling for healthcare.

There are no less than 8 hospital accreditations and 14 disease specific accreditations/certifications. Hospitals simply cannot be accredited in

every disease or condition that may present. Nor is it necessary. Accreditation/certification is expensive costing thousands of dollars for the actual survey and a significant investment of human resources that could otherwise be utilized in more meaningful pursuits.

In the last two months my facility has been surveyed by the Joint Commission for DME, Home Health, overall Hospital, Facilities, Laboratory and new this year- Sleep Lab. That was 7 days of surveys with 1-4 surveyors at a time. That was topped off by a 4-day survey conducted by 4 ODH surveyors for CMS to validate the Joint Commission survey. You can be assured we do an excellent job without an additional survey!

We are healthcare professionals that provide healthcare in accordance with national standards of care not because an accrediting agency said so but because it is best for the patient. It is what we do. We have invested hundreds of thousands of dollars to ensure our patients have access to the best care possible, as close to home as possible. We utilize telemedicine to connect our patients with stroke care professionals to ensure the delivery of world class healthcare in a timely manner without unnecessary and potentially risky travel.

I am very concerned that enactment of House Bill 464 will put undue hardship on healthcare facilities and result in some facilities no longer providing stroke care. There is a better approach. Strokes are preventable!

As an alternative to House Bill 464 I kindly request that the committee indefinitely table the bill and allow the Ohio Department of Health to engage its stakeholders in enacting the Ohio 2017-2019 State Health Improvement Plan (SHIP). That plan addresses the prevention of stroke through reducing heart disease, reducing diabetes, promoting tobacco

cessation/prevention, promoting healthy eating, active living, and access to quality health care and primary care.

Should you move forward with HB 464 I ask that in the least you please add verbiage that will ensure that hospitals affiliated with a stroke care telemedicine service and having a transfer agreement with a comprehensive stroke center or primary stroke center will have equal standing as an acute stroke ready hospital and will be included in the ODH list of stroke centers provided to EMS. I have provided draft language in the attachment. Also, please find enclosed opposition letters from Adams County Hospital, Community Memorial Hospital, and Hocking Valley Hospital. Thank you for the opportunity to testify on House Bill 464. I am happy to answer any questions you may have.