



**American
Heart
Association.**

8 December 2020

Mark Matasic
SB 302 - Proponent Testimony
Ohio House Health Committee

Chairman Lipps, Vice Chair Holmes, and Ranking Member Boyd, thank you for the opportunity to provide testimony on behalf of the American Heart Association on Senate Bill 302. I will highlight below a personal story regarding the transport of my late father as I ask for your support of Senate Bill 302.

F.A.S.T. is an acronym widely used by health organizations and professionals to educate the public on how to identify and get treatment for someone who is experiencing a stroke. The acronym stands for **F**acial droop, **A**rm weakness, **S**peech difficulty and **T**ime to call 9-1-1 and get to a hospital immediately.

What the public is not taught, however, is that it is critical that people experiencing a stroke be taken to the correct hospital, not just the nearest hospital.

There are four different levels of stroke hospitals as determined by the Joint Commission, an independent, nonprofit organization that accredits healthcare facilities and organizations in the United States. From lowest to highest ranked, the four levels are acute, primary, thrombectomy-capable, and comprehensive.

Someone experiencing a severe stroke needs to be taken to a comprehensive stroke center as these centers are best equipped to treat severe strokes. Currently, there are no laws in Ohio requiring that paramedics take stroke patients to a comprehensive stroke center. Often, these patients are taken to the nearest hospital which many times happens to be a primary stroke center and patients are not receiving critical lifesaving treatment.

To rectify this issue, Senate Bill 302 would put guidelines in place that would help paramedics determine the severity of individuals strokes and help with the triage and transport to the correct hospital. Senate Bill 302 builds upon the the progress in stroke care made by Ohio when House Bill 464 was passed in 2018. Together, these bills would ensure that people experiencing stroke would get to the correct hospital and receive critical lifesaving treatment. However, to ensure that Ohioans suffering from a stroke have in fact received the care they need for their ailment, I would suggest the addition of a statewide stroke registry. By passing HB 464, the legislature recognized the importance of doing all we could to reduce the incidences of death by the number 5 killer in Ohio. With a Registry in place, Ohio will be able to assess and review the progress we have made by measuring the quality of stroke care in our state.



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A Stroke Registry would:

1. Require all hospitals recognized in Ohio as Comprehensive, Primary, or Acute Stroke Ready, or any Primary Stroke Centers that attain supplementary levels of distinction, to participate in a registry that will capture certain imperative data markers of each stroke patients care.
2. House collected data in a central database within the Ohio Department of Health.
3. Will provide The Ohio Department of Health & Hospital Quality Improvement teams access to the data to determine where improvements in stroke care can be made across Ohio.
4. Allow for rulemaking implementation by ODH.
5. Require that all information collected does not identify, or tend to identify, any particular patient.

What it doesn't do:

1. Does **not** change any of the existing laws or rules regarding Stroke Center Designation.
2. Does **not** increase the liability for hospitals by mandating data sharing.

This is a personal issue for me because my father passed away due to a lengthy delay in treatment for his stroke. In March 2015, my father was experiencing an acute occlusion of the basilar artery. The basilar artery is the primary source of blood to the posterior portion of the brain. The only way to treat patients with stroke is to restore blood flow to the portion of the brain by removing the clot that is preventing blood flow.

This kind of stroke is often referred to by medical professionals as an emergent large vessel occlusion or ELVO. These strokes can be devastating without immediate treatment. The well-known maxim in stroke neurology is "time is brain." This is because for every moment that the brain is deprived of blood, neurons and tissue are dying.

My father was taken by paramedics to a primary stroke center-St. Elizabeth's Hospital in Youngstown. Despite my father getting to St. Elizabeth's Hospital immediately after the initial onset of symptoms, he did not receive life saving treatment until after nearly nineteen hours had passed. By then it was too late. My father never recovered and ultimately passed away as a result.

Had my father been taken to a comprehensive stroke center or had St. Elizabeth's Hospital transported him to a comprehensive stroke center, my father would have received life saving treatment immediately and it is likely he would be alive today. There are at least three comprehensive stroke centers located within an hour from Youngstown.

I am grateful to our legislators for taking the steps to ensure more Ohioans that are experiencing stroke will receive the critical care they need and I hope the state will pass Senate Bill 302 to further ensure no Ohioan will be denied appropriate stroke care.

Thank you for your time and attention to this issue.