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Senate Health, Human Services and Medicaid Committee
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Sponsor Testimony SB 302

Good morning, Chair Burke, Vice Chair Huffman, and members of the Senate Health, Human Services and Medicaid Committee. Thank you for this opportunity to provide testimony on Senate Bill 302, which would create statewide guidelines for triage and transport of stroke patients.

Every 40 seconds, someone in the United States has a stroke¹. The right treatment can mean the difference between life and death. Policies and regulations that guide stroke treatment vary widely by state. The Get Ahead of Stroke campaign's goal is to secure the best possible outcomes for stroke patients and create public awareness nationwide.

Stroke is the 5th leading cause of death and a leading cause of disability in Ohio.² Unfortunately, strokes are a health concern that have touched many, if not all, of our lives. Similar to trauma triage, every minute matters. Nearly 2 million brain cells die each minute that a stroke goes untreated. It is also important to note that the economic impact of stroke in Ohio is estimated at \$3.6 billion each year in health care costs and losses from disability or death.³

HB 464, which I joint sponsored with Rep. Scott Lipps in the 132nd General Assembly, was an important first step for improved stroke care in Ohio. The bill created three hospital designations: Level 1: Comprehensive stroke center; Level 2: Primary stroke center and Level 3: Acute stroke ready center. SB 302 builds off of the important work done in HB 464, as Senator Eklund will outline.

¹ Centers for Disease Control and Prevention. (2017). Stroke Facts. Retrieved from <http://www.cdc.gov/stroke/facts.htm>

² <https://www.cdc.gov/nchs/pressroom/states/ohio/ohio.htm>

³ <http://www.odh.ohio.gov/health/hdsp/coverdell/Impact%20of%20Stroke-Death%20Disability%20and%20Treatment%20Costs.aspx>

Under our legislation, the state board of emergency medical, fire and transportation services would develop guidelines for the assessment, triage, and transport to hospitals of stroke patients by emergency medical service personnel. Upon review of the guidelines, local EMS agencies would establish or update their protocol for stroke patients based off the state guidelines. These protocols will be made available to the public as well as provide necessary training to the EMS personnel.

This legislation is necessary to develop statewide guidelines for the assessment, triage and transport of stroke patients to hospitals by emergency medical service personnel similar to what exists for trauma patients. Current EMS protocol can vary widely throughout the state, and Ohioans deserve life-saving care no matter where they live.

Similar to that of trauma protocol regulated by the state board of EMT services, patients are evaluated according to standardized criteria and transported to a life-saving trauma center for treatment.⁴

Stroke protocol needs to be standardized in the same way. Transferring a patient to the nearest hospital, which is often current practice, can lead to the patient needing to be transferred to multiple hospitals, increasing the chance of death or permanent disability. Every second counts.

Thank you for the opportunity to testify on this important legislation, and we are happy to answer any questions the committee may have at this time.

⁴ <http://codes.ohio.gov/orc/4765.40v1>