



**American
Heart
Association.**

8 March 2022

Mark Matasic
HB 431 - Proponent Testimony
Ohio House Health Committee

Chairman Lipps, Vice Chair Holmes, Ranking Member Liston, and other members of the House Health Committee thank you for the opportunity to provide testimony on behalf of the American Heart Association on House Bill 431, legislation that would codify the current use of a stroke performance measure registry. Stroke care is an issue I care deeply about after my father suffered a fatal stroke in 2015. In 2021 the American Heart Association awarded me with the AHA Stroke Caregiver Hero Award for my work in this space - https://www.yourethecure.org/2021_stroke_caregiver_hero_mark_matasic. While this was a great honor, I would do anything to have my father back with us.

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. This legislation would only apply to the Comprehensive, Thrombectomy-Capable and Primary Stroke Centers but allow Acute Stroke ready centers to participate if they choose.

I was pleased to have the opportunity to advocate for the passage of Senate Bill 21, which put in place guidelines that would help paramedics determine the severity of individuals strokes and help with the triage and transport to the correct hospital. This bill, HB 431, will only solidify the past work done in Ohio on stroke care. When you piece together the recent stroke bills, HB 464 (Stroke Facility Designation), SB 21 (Stroke Transport Protocols), and this one, the State would ensure that people experiencing stroke would get to the correct hospital, receive critical lifesaving treatment, and the state will have the necessary data to make improvements and determine effectiveness of that care.

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.



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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 lifesaving 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.

There are at least three comprehensive stroke centers located within an hour from Youngstown that could have provided him with the care he desperately needed. This bill will codify the current collection of a sample of data on situations like my father’s and others and provide the State with data to hopefully determine what can be done to alleviate missteps like this one.

I am grateful to our state 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 House Bill 431 to further ensure through the collection of comprehensive data that all Ohio’s will continue to receive the appropriate stroke care.

Thank you for your time and attention to this issue.