



**State Senator Nickie J. Antonio
District 23**

**State Senator Nathan Manning
District 13**

Senate Health Committee
February 3, 2021
Sponsor Testimony SB 21

ANTONIO:

Good morning, Chair Huffman, Vice Chair Antani, and members of the Senate Health Committee. Thank you for this opportunity to provide testimony on Senate Bill 21, which would require the State Board of Emergency Medical, Fire and Transportation Services to develop guidelines for the assessment, triage, and transport to hospitals of stroke patients by EMS personnel.

SB 21 is a reintroduction of SB 302 from last General Assembly, which passed out of this chamber and House Health Committee unanimously.

Every 40 seconds, someone in the United States has a stroke¹. The right treatment can mean the difference between life and death. 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. 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 Chair 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 21 builds off of the important work done in HB 464, as Senator Manning 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>

MANNING:

As Senator Antonio said, under this legislation, the State Board of EMS would develop guidelines for the assessment, triage, and transport to hospitals of stroke patients by EMS personnel. Upon review of the state guidelines, local EMS agencies would establish or update their protocol for stroke patients based off of these guidelines. These protocols will be made available to the public and necessary training will be provided for EMS personnel.

It is crucial that we develop statewide guidelines for stroke patients as current EMS protocol can vary widely throughout the state, and Ohioans deserve life-saving care no matter where they live.

Senate Bill 21 will make protocol for stroke victims similar to that of trauma protocol regulated by the State of Ohio EMS. Currently, trauma patients are evaluated according to a standardized criteria, then transported to a life-saving trauma center for treatment.⁴

Protocol for stroke victims should be standardized in the same way as we have for trauma victims. Simply transferring a patient to the nearest hospital, rather than the hospital which is most equipped to care for that patient, can lead to the patient being transferred to multiple hospitals, increasing the chance of death or permanent disability. When a person has had a stroke, every second counts.

ANTONIO:

SB 21 is commonsense, non-prescriptive piece of legislation, and as previously stated, passed unanimously out of this chamber and the House Health Committee. This bill is supported by the American Heart Association, Cleveland Clinic, Ohio Ambulance and Medical Transportation Association, Ohio Occupational Therapy Association, Society of NeuroInterventional Surgeons, stroke survivors and families. We have also been working closely with the Ohio Hospital Association, University Hospitals and OSU Wexner Center, all of whom have been great partners in making this a better piece of legislation.

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>