



--- American Heart Association FY 2024-2025 Operating Budget Requests ---

--- PROVISIONS WE ASK THE SENATE TO AMEND ---

1. Increase Tobacco Use Prevention Fund to the Governor's Proposed Level

- Line item #440656
- **REQUEST** - Increase appropriation back to the Governor's proposed \$20 million in each year of the biennium.
 - House current appropriation -- \$15 million annually.
 - Considering population size and percentage of smokers, the CDC recommends that Ohio spend \$132 million annually on tobacco prevention programs.
 - Ohio collects an estimated \$1.4 billion annually from tobacco revenue from tobacco tax revenues and master settlement agreement payments combined.
 - An estimated 20,200 deaths are caused by smoking each year.
- In 2022, Ohio's smoking rate is 20.8%, behind only West Virginia, Kentucky, and Louisiana.
 - Over 2.4 million smokers in Ohio
 - National smoking rate - 15.5%
- Comprehensive, well-funded tobacco control programs help prevent youth from starting to use tobacco products and support and promote cessation among current tobacco users. ACS CAN recommends states dedicate a portion of tobacco tax and other tobacco-related revenue for tobacco control.

--- PROVISIONS WE ASK THE SENATE TO MAINTAIN ---

2. Maintain House-Appropriated Funding for Ohio High Schools to Ensure That All Graduating Students Meet the CPR Training Curriculum Requirement

- Ohio is expected to have 119,450 students in this incoming senior class.
- **REQUEST** - Maintain the \$598,000 appropriated to GRF 200597 (Program and Project Support) to specifically cover this additional cost of training.
 - The appropriation is determined by multiplying the number of projected regular public-school graduates by \$5.
 - The \$5 is based on an "average" per student cost to provide non-credentialed CPR training (looking across multiple training products from multiple organizations).
- Heart disease is a costly and deadly burden to the state of Ohio.
 - In 2020, heart disease killed more than 30,000 Ohioans (leading cause)
 - 13th highest rate of deaths from heart disease in the nation.
 - Nationally, 1 out of every 4 deaths is due to heart disease.
- During cardiac arrest, immediate CPR can double or triple a person's chance of survival.

3. **Maintain House-Appropriated Funds for [Produce Perks \(SNAP Double Up Bucks\)](#) to Expand Services to Reach More SNAP Recipients Across the State**

- **REQUEST** – Maintain the House-appropriated \$1,000,000 in each fiscal year within the Department of Job and Family Service’s TANF Block Grant
 - Appropriation item #600689
- Produce Perks (PP) is Ohio’s nutrition incentive program, doubling the purchasing power of SNAP consumers to purchase fresh, healthy fruits and vegetables from Ohio farmer’s markets and grocery-retailers across the state.
 - PP provides a \$1-for-\$1 match for SNAP consumers to buy healthy, local produce, Produce Perks increases affordable access to healthy foods for Ohioans.
- Since 2017, Produce Perks has generated more than \$10.7M in healthy food purchases here in Ohio - creating more than \$32M in local economic impact.
 - These additional dollars will help PP to significantly expand their footprint across the state to reach more Ohioans.

4. **Maintain House-Added Provisions that Codify the Current Stroke Registry and Add “Thrombectomy-Capable” as a Stroke Facility Designation.**

- **REQUEST** – Maintain provisions from House Bill 22 (135th GA) that will codify the current stroke registry used by the Department of Health to track and maintain quality stroke care in the state.
- **What does it do?**
 - Requires all hospitals recognized in Ohio as Comprehensive, Primary, or Acute Stroke Ready, Thrombectomy-Capable, 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.
 - The data will be collected and housed in a central database within the Department of Health.
 - The Ohio Department of Health & Hospital Quality Improvement teams will have access to the data to determine where improvements in stroke care can be made across Ohio.
 - Allows for rulemaking implementation by ODH.
 - Requires that all information collected does not identify, or tend to identify, any particular patient.
- **What it doesn’t do:**
 - Does **not** change any of the existing laws or rules regarding Stroke Center Designation.
 - Does **not** increase the liability for currently-reporting hospitals by mandating data sharing.
- **Why is it necessary?**
 - The goal of this legislation is to improve care and save lives, which will also save on Medicaid & private insurance rehabilitation dollars. Approximately 6,000 stroke patients die every year in Ohio.

5. **Maintain Implementation and Funding for Next Generation 9-1-1 Upgrade Across Ohio**

- AHA asks that the legislature maintain the governor's proposed funding and the included framework for the statewide implementation of the Next Generation 9-1-1 system.
 - The governor proposed \$28.1M in '24 and \$17.7M in '25 to provide funding to assist local governments' upgrade from current 9-1-1 systems.
- **Benefits of an upgraded 911 system:**
 - Create a system to better respond to everyday emergencies and save Ohio lives. For example, lay rescuer cardiopulmonary resuscitation (CPR), just one aspect of the NextGen training, is a critical link in the chain of survival while emergency vehicles are in transit to the scene, currently less than half those experiencing an out-of-hospital cardiac arrest (OHCA) receive lay rescuer CPR before emergency professionals arrive.
 - The system allows for precise positioning of the 9-1-1 caller to increase accuracy and effectiveness of law enforcement and first responders when arriving at a scene.
 - Providing first responders with key pieces of information before they arrive at the scene. This information can include medical information, pictures, and even a live video of the scene.
 - It is easier to access than the current system, with the capability to text 9-1-1 and provide detailed information to dispatchers, thus increasing access for Ohioans with disabilities or potential victims of domestic violence.
 - Information can be transferred across county lines and across multiple jurisdictions with ease.