



State Representative Scott Lipps
Ohio House District 62

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Health Committee
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Sponsor Testimony HB 464

LIPPS: Thank you Chairman Huffman, Vice Chair Gavarone and members of House Health Committee. I appreciate the opportunity to stand before you today and speak to House Bill 464. This legislation would designate hospitals based on the level of care for stroke victims.

The American Heart Association/American Stroke Association is at the forefront of research regarding cardiovascular disease and stroke and as you may know, treating a stroke *immediately* is paramount to survival. A hospital's "stroke-ready" capability along with effective coordination of emergency responders to transport stroke patients to the most appropriate facility in the shortest amount of time is the goal of this legislation. Time lost is brain lost with a stroke.

This legislation will instruct the Ohio Department of Health (ODH) to recognize any hospital or center that has been certified as a Comprehensive Stroke Center, Primary Stroke Center, or Acute Stroke Ready Hospital by The Joint Commission, the Healthcare Facilities Accreditation Program (HFAP) or any other nationally-recognized certifying body. This includes appropriate recognition of Primary Stroke Centers, which have attained supplementary levels of stroke care distinction, including, but not limited to, centers that offer mechanical endovascular therapies.

Additionally, this bill will require the recognized list of hospitals or centers to be posted on the ODH website and provided to all EMS agencies across the state. All EMS authorities statewide shall establish pre-hospital care protocols related to the assessment, treatment, and transport of stroke patients by licensed emergency medical services providers. It will also require any Ohio hospital or center to seek or change their accreditation for stroke care and require ODH to survey hospitals regarding stroke care. There would be no fiscal impact and certification is voluntary.

I was very fortunate when I had my stroke. Unlike most people, I was actually on my way home from the hospital. Earlier in the day, I was at the hospital for medical tests. On the way home, I received a call from my doctor, asking me to trade places with my father, who was with me, and drive me back to the hospital as I was currently having a stroke.

I say that I was fortunate because of how close I was to the hospital. The only better scenario would be to find out this news while at the hospital. So, I consider myself fortunate for not having a great deal of time loss between my stroke and receiving care for my stroke. I believe in this legislation because I want to make sure that others also receive top-notch care in as short of time frame as possible.

ANTONIO: Chair Huffman, Vice Chair Gavarone and Members of the House Health Committee, I echo Representative Lipps in thanking you for having us present sponsor testimony on such an important piece of legislation.

According to the Centers for Disease Control and Prevention, strokes are the fifth leading cause of death for Ohioans.¹ On average, in the United States alone, someone is having a stroke every 40 seconds; moreover, every four minutes, a loved one dies of a stroke.² Unfortunately, strokes are a health concern that have touched many, if not all, of our lives.

I want to thank Rep. Lipps for bravely sharing his story. In 1999, my mother had her first stroke. When I called 911 to take her to the emergency room, I had to convince the EMTs that she was behaving and speaking strange and that I thought she may be having a stroke. Our fears were confirmed hours later when she had a massive stroke. At the time, TPA was in its experimental stages and sadly was not administered. My mother passed two weeks later.

This legislation will improve responsiveness by our first responders and enhance the quality of care received by patients during a stroke emergency. Patients will have access to a hospital or stroke center that is best equipped to meet their needs in the shortest amount of time. 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

If we are able to detect the signs of stroke sooner and transport patients to the facility best equipped to deal with their level of stroke, we will be able to minimize the long-term effects of stroke and possibly even prevent death, which will in-turn save money and more importantly, save lives.

Thank you for your consideration. We would be happy to take questions at this time.

¹ <https://www.cdc.gov/nchs/pressroom/states/ohio/ohio.htm>

² http://www.strokeassociation.org/STROKEORG/AboutStroke/Impact-of-Stroke-Stroke-statistics_UCM_310728_Article.jsp#.WoGz5meWwy8

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