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House Health Committee
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Sponsor Testimony SB 302

ANTONIO:

Good morning, Chair Lipps, Vice Chair Holmes, and members of the House Health Committee. Thank you for this opportunity to provide testimony on Senate Bill 302, 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.

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 302 builds off of the important work done in HB 464, as Senator Eklund will outline.

EKLUND:

As Senator Antonio said, under our 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 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 EMS personnel similar to what exists for trauma patients. Current

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>

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.

ANTONIO:

In the Senate, we added two important amendments to SB 302 which has made it a better piece of legislation. One amendment will require the State Board of EMS to consult with a diverse group of hospital leaders across the state when developing the protocols, including large hospital systems, rural hospitals, independent hospitals and stroke centers. The other amendment simply removed the training specificity of a certain type of stroke (large vessel occlusion), and instead replaced it with more broad language that will allow our EMS professionals to determine how to train their folks on assessing stroke severity, including possible large vessel occlusion.

SB 302 is commonsense, non-prescriptive piece of legislation that passed out of the Senate Health Committee and Session unanimously and 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>