

Testifier's Name: Gary Simon
Chair
Legislative Committee
Policy Advisory Board for Elder Affairs

Testimony Is Directed To: House Committee on Consumer Protection and
Commerce
&
House Committee on Judiciary

Measure: HB2665 HD1 RELATING TO STROKE TREATMENT.

Date & Time of Hearing: Monday, February 13, 2012, 2:15 p. m.

Position: PABEA supports HB2665 HD1

Dear Chair Herkes, Vice Chair Yamane, Chair Keith-Agaran, Vice Chair Rhoads,
Honorable Members of both the House Committee on Consumer Protection and
Commerce and the House Committee on Judiciary:

I am Gary Simon, Chair of the Legislative Committee of the Policy Advisory
Board for Elder Affairs (PABEA), which is an appointed board tasked with
advising the Executive Office on Aging (EOA).

I am testifying as an individual who has worked in healthcare for over twenty-five
years, and I am offering testimony on behalf of PABEA.

My testimony does not represent the views of the EOA but of PABEA.

PABEA recognizes the need to facilitate the development of stroke treatment
capabilities and improve the access to stroke care across the State.

The development of stroke treatment capabilities is a good program (improving
clinical outcomes of stroke) based upon good policy (saving lives).
Establishment of these stroke treatment capabilities in our communities will
benefit residents throughout the State.

We urge you to support HB2665 HD1 and to recommend its passage, and we
thank you for seriously considering the Bill.

Very sincerely,
Gary Simon
Chair
Legislative Committee
Policy Advisory Board for Elder Affairs



American Heart Association | American Stroke Association

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Testimony on HB 2665, HD1 "Relating To Stroke Treatment"

The American Heart Association supports the intent of HB 2665, HD1 but recommends amendments.

Legislation similar to HB 2665 has been successful in other states in improving stroke systems of care in communities. However, passage of legislation in those states took place only after extensive collaborative meetings of stakeholders to discuss optimization of existing systems, work through challenges, and establish general agreement on how achievement of an optimal stroke system(s) of care tailored to those states and communities would work.

It is premature to pursue legislation such as HB 2665 in Hawaii. The first step toward preparing to pursue this type of legislation should be the formation of a stakeholder group to bring interested/affected parties together to identify issues related to stroke care in the state and to discuss and come to agreement on optimal ways to improve on that care. That stakeholder group should include representatives from throughout the state. Should the DOH be designated as the organization responsible for convening the stakeholder group, then funding to insure that it has the resources to include representation from neighbor islands should be allocated.

The American Heart Association/American Stroke Association is currently coordinating a stakeholder group to improve STEMI heart attack systems of care in the state. That group, organized under the AHA's Mission:Lifeline initiative, includes representatives of the DOH, State and County EMS systems, hospital representatives and others from the medical field. Many involved in that initiative would also need to be involved in a similar stroke initiative. Some of the goals outlined in HB 2665, such as data collection, have been identified as key challenges by Mission:Lifeline stakeholders. Efforts are underway to try and identify ways to address those challenges. The lessons learned through that process will likely be helpful in addressing similar challenges to stroke care. However, to initially legislate changes in how hospitals, EMS agencies and other stakeholders operate would likely cause division within our communities and would be counterproductive. Thus has been the case in other states that have attempted that approach.

The AHA recommends that HB 2665 be amended to form a stakeholder group, if under the DOH's direction that it be allocated funding for the necessary meetings (including funding to bring in mainland experts to share their experiences and knowledge in overcoming some of the challenge that will likely also occur in Hawaii), and we would recommend that more extensive legislation be introduced at a future date driven by, and with the full support of, Hawaii's key stroke system stakeholders.

Respectfully submitted,

Donald B. Weisman
Hawaii Government Relations/Mission:Lifeline Director

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For information on the AHA's educational or research programs, contact your nearest AHA office, or visit our web site at www.americanheart.org or e-mail us at hawaii@heart.org

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