

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

Testimony Is Directed To: House Committee on Finance

Measure: HB2665 HD2 RELATING TO STROKE TREATMENT.

Date & Time of Hearing: Monday, February 27, 2012, 2:00 p. m.

Position: PABEA supports HB2665 HD2

Dear Chair Oshiro, Vice Chair Lee, and Honorable Members of the House  
Committee on Finance:

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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**Serving Hawaii**

### Testimony on HB 2665, HD2 "Relating To Stroke Treatment"

The American Heart Association supports the intent of HB 2665, HD2 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, HD2 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, HD2 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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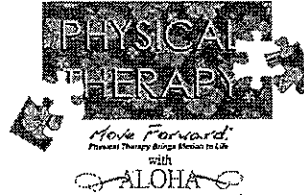
**Oahu:**  
677 Ala Moana Blvd., Ste. 600  
Honolulu, HI 96813-5485  
Phone: 808-538-7021  
Fax: 808-538-3443

**Maui County:**  
Phone: 808-224-7185  
Fax: 808-224-7220

**Hawaii:**  
Phone: 808-961-2825  
Fax: 808-961-2827

**Kauai:**  
(Serviced by Oahu office)  
Phone: 866-205-3256  
Fax: 808-538-3443

*Building healthier lives,  
and of cardiovascular  
diseases and stroke."*



House Finance Committee  
February 27, 2012  
2:00 p.m.  
Room 308

**RE: HB 2665, HD2 TO STROKE TREATMENT**

Good afternoon, Chair Yamane, Vice- Chair Morikawa and members of the Health Committee. On behalf of the Hawaii Chapter, American Physical Therapy Association ("HAPTA"), we are in **support** of HB 2665, HD2, relating to stroke treatment. We respectfully request that a physical therapist be designated to serve on the stroke system task force created by this bill.

This measure establishes a statewide stroke system of care by designating primary stroke centers and acute stroke capable centers. This measure defines emergency services training and transport protocols and establishes a stroke registry working group. It also establishes a stroke system of care task force.

We believe that it is important to have a member of the physical therapist community on the stroke system of care task force since physical therapists are the movement specialists who work with stroke victims to restore them to the best possible level of function, to work with their families to help provide care, and to improve quality of life after a stroke. Physical therapists help decrease the length of hospital stays as well as decreasing disability.

HAPTA is a non-profit professional organization serving more than 250 member Physical Therapists and Physical Therapist Assistants. Our mission is to be the principal membership organization that represents and promotes the profession of Physical Therapy in the State of Hawaii.

Mahalo,

Ann Frost, P.T.  
Legislative Committee Chair

# HMSA



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February 27, 2012

The Honorable Marcus R. Oshiro, Chair  
The Honorable Marilyn B. Lee, Vice Chair

House Committee on Finance

**Re: HB 2665, HD2 – Relating to Stroke Treatment**

Dear Chair Oshiro, Vice Chair Lee and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of HB 2665, HD2.

Cardiovascular diseases, including strokes, is a leading cause of death both nationally and in Hawaii. A recent State Department of Health study reported that cardiovascular diseases were the cause of 36 percent of all deaths and, of that amount, 21 percent was due to strokes. Another study released at last year's American Academy of Neurology conference reported that Native Hawaiians and Pacific Islanders are at a higher risk of hemorrhagic stroke, and at a younger age – 10 years younger for Native Hawaiians. HB 2665, HD2 elevates the issue of strokes and the need for a system to promote the prevention, treatment, and support of stroke victims.

Thank you for allowing us to testify in support of this measure.

Sincerely,

A handwritten signature in black ink, appearing to read 'JDiesman'.

Jennifer Diesman  
Vice President  
Government Relations

## **FINTestimony**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 25, 2012 4:58 PM  
**To:** FINTestimony  
**Cc:** mark\_oto@hmsa.com  
**Subject:** Testimony for HB2665 on 2/27/2012 2:00:00 PM

Testimony for FIN 2/27/2012 2:00:00 PM HB2665

Conference room: 308  
Testifier position: Comments Only  
Testifier will be present: No  
Submitted by: Jennifer Diesman  
Organization: HMSA  
E-mail: [mark\\_oto@hmsa.com](mailto:mark_oto@hmsa.com)  
Submitted on: 2/25/2012

Comments: