

LATE TESTIMONY



American Heart Association | American Stroke Association

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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 2665I, 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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For information on the AHA's educational or research programs, contact your nearest American Heart Association office, or visit our web site at www.americanheart.org or e-mail us at hawaii@heart.org

Oahu:
677 Ala Moana Blvd., Ste. 600
Honolulu, HI 96813-5485
Phone: 808-538-7021
Fax: 808-538-3443

Maul County:
Phone: 808-224-7185
Fax: 808-224-7220

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

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

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one of cardiovascular
diseases and stroke."*

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NEIL ABERCROMBIE
GOVERNOR OF HAWAII



LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

HOUSE COMMITTEE ON FINANCE

HB2665,HD2, RELATING TO STROKE TREATMENT

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health**

**February 27, 2012
2:00pm, Rm. 308**

1 **Department's Position:** The Department of Health (DOH) does not support HB2665, HD2 in that it
2 has reservations about the extent of activities assigned to DOH for which currently there are insufficient
3 resources.

4 **Fiscal Implications:** No funds are appropriated. If passed in its current form, this measure would have
5 adverse fiscal implications as the Department does not have funding to carry out the activities proposed.

6 **Purpose and Justification:** The Department of Health (DOH) recognizes the importance of
7 establishing a statewide stroke system of care. The proposed measure contains requirements that exceed
8 the Departments existing capacity and resources. The DOH Heart Disease and Stroke Prevention
9 Program (HDSPP) worked with partners and recently published the state plan for the prevention of heart
10 disease and stroke. The DOH HDSPP and the Emergency Medical Services and Injury Prevention
11 Branch will continue to work with community partners to advance the system of stroke care in Hawaii
12 where gaps exist and as resources permit.

13 Thank you for the opportunity to testify.

LATE TESTIMONY

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