

**Senate Health, Human Services and Medicaid Committee**

**Proponent Testimony: Senate Bill 302**

Esteban Cheng-Ching, MD, on behalf of the Society of NeuroInterventional Surgery (SNIS)

September 22, 2020

Chairman Burke, Vice-Chair Huffman, Ranking Member Antonio, and members of the committee, thank you for the opportunity to provide written testimony on Senate Bill 302. My name is Dr. Esteban Cheng, and I am a Vascular and Interventional Neurologist at Premier Health's Clinical Neuroscience Institute in Dayton.

Like heart attacks and appendicitis, stroke is an unforgiving medical emergency that simply will not wait. In a stroke, two million brain cells are lost for each minute that blood flow to the brain is blocked through a clot, making death and disability more likely as time ticks away.

Emerging research suggests that from the beginning of the COVID pandemic, people experiencing a medical crisis are staying home despite showing symptoms for life-threatening conditions such as heart attacks, appendicitis and stroke. Fear of being exposed to COVID-19 in a hospital setting is fueling this behavior. While I see the logic, everything I know about stroke is telling me this is yet another way that COVID-19 is poised to take more lives. The mantra related to COVID-19 has been "stay home." This is an effective strategy to mitigate the virus' spread, but it is the absolute worst thing people can do when experiencing a stroke.

Stroke patients who arrive at the right hospital quickly have the best chance to survive and regain their function and independence. That is why it is critical for anyone experiencing symptoms of a stroke, including loss of speech, face drooping, arm or leg weakness, and other symptoms, to dial 9-1-1 immediately to get the care that could save their lives and prevent long-term disability.

At the same time, first responders need to have the ability to triage and transport these patients to the facilities best-equipped to treat them. Hospital facilities, known as Comprehensive Stroke Centers, are staffed with highly trained Stroke and Neurointerventional care teams: doctors, nurses and technologists. These teams provide advanced and comprehensive treatments for stroke patients, including mechanical thrombectomy, which is a minimally invasive, life-saving procedure using a catheter inserted in the leg or the wrist to reach the clot in the brain and remove it, reopening blocked arteries in the brain and reestablishing critical blood flow.

I ask for your support of Senate Bill 302, legislation to improve outcomes for stroke patients and their families by enhancing the assessment, triage and transportation protocols that impact their care. This bill would ensure that stroke patients get the appropriate and timely care they need to survive and then fully recover.

Delaying treatment for stroke can lead to long-term disability or even death – tragedies we can avoid when patients get to the right place at the right time. Thank you for your consideration of this legislation.