



**Senate Bill 302 – Proponent Testimony**  
**Senate Health, Human Services, & Medicaid Committee**  
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**Cleveland Clinic**  
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Chairman Burke, Vice Chair Huffman, Ranking Member Antonio, and members of the Ohio Senate Health, Human Services, and Medicaid Committee, thank you for allowing Cleveland Clinic to present in support of Senate Bill 302, which would create statewide guidelines for triage and transport of stroke patients.

Cleveland Clinic’s Stroke Program is one of the nation’s largest stroke practices; offering comprehensive, advanced stroke treatments and a team of specialists that provide the long-term, expert care needed to regain independence after a stroke. Our stroke system includes 12 hospitals across Northeast Ohio and represents one of the most integrated systems in the country. At Cleveland Clinic Main Campus, our Joint Commission Certified Comprehensive Stroke Center at our main campus provides life-saving care for the most complex stroke patients, including offering thrombectomy, a clot removing procedure which is one of the most effective treatments in all of medicine. This procedure is also available at our other Thrombectomy Capable Stroke Centers at Akron General Medical Center, Hillcrest Hospital and Fairview Hospital. Also, our network of eight Primary Stroke Centers and six Stroke Ready Centers use consistent protocols to ensure the best outcomes for patients. Cleveland Clinic also has one of the first Mobile Stroke Treatment Units in the country, bringing advanced stroke care to patients to shorten the time between the onset of stroke-like symptoms and the delivery of “clot-busting” – or thrombolytic – drugs.

On average, someone in the United States suffers a stroke every 40 seconds, and nearly 800,000 people suffer a new or recurrent stroke each year. Stroke is an emergency, and immediate treatment can limit brain damage, save lives and increase chances of a full recovery from a stroke. In the situation of ischemic stroke, a thrombolytic agent or “clot buster” medication in the veins can be given within the first four and a half hours of the onset of stroke symptoms. For the most severe strokes caused by large blood clots, thrombectomy is a highly effective procedure utilized within hours after a stroke starts but can only be offered at specialized centers. For these patients and those with bleeding in the brain, getting to these hospitals as quickly as possible can make the difference between life and death, between disability and no disability.

With stroke, time remains the single most important factor, which is why establishing standardized stroke protocols through the passage of Senate Bill 302 is so critical. Patients lose 2 million brain cells a minute in the situation of a stroke, and even more in severe strokes. Currently, patients are often transferred to the nearest hospital when experiencing a stroke. However, the nearest hospital is not always adequately equipped to handle the severe stroke patients, and may result in a patient needing to be transferred again to another hospital, thus losing valuable time (several hours) for effective treatment to be started.



Senate Bill 302 addresses this problem by requiring the development of statewide guidelines for the assessment, triage and transport of stroke patients to hospitals by emergency medical service personnel. This will lead to more efficient and effective treatment.

While we remain supportive of the language as it stands, we respectfully request the following changes to further improve the bill:

- **Lines 6-11:** Not later than ninety days after the effective date of this amendment, the state board of emergency medical, fire, and transportation services shall develop guidelines for the assessment, triage, and transport to hospitals of stroke patients by emergency medical service personnel. These guidelines should address patient transfer in accordance with stroke severity scales.
- **Lines 39-43:** (C) The medical director or cooperating physician advisory board of each emergency medical service organization shall provide periodically to its emergency medical service personnel training in the assessment and treatment of stroke patients. The training shall address large vessel occlusion and assessment of stroke severity and its role in determining destination for patients for occlusion.

We are confident that this new legislation will help to get these severe stroke patients to the **right hospital the first time**. Once again, Cleveland Clinic voices its support for the passage of SB 302, and is thankful to its sponsors, Senator Eklund and Senator Antonio. Thank you, and I would be happy to answer any questions you may have.