



**Senate Health, Human Services and Medicaid Committee
Proponent testimony on Senate Bill 302
September 22, 2020**

SB 302 – Regards emergency medical services and stroke patient protocols

Thank you, Chairman Burke, Vice Chair Huffman and Ranking Member Antonio for the opportunity to provide proponent testimony on Senate Bill 302. My name is Adam Arthur, and I am a neurosurgeon who practices at Semmes-Murphey Clinic in Memphis, TN. I am also the past president of the Society of NeuroInterventional Surgery (SNIS), which is committed to improving stroke systems of care nationwide.

Every 40 seconds in the United States, someone suffers a stroke. That person could be a mother, a father, the primary household provider, a company's CEO, a professor, or even an athlete in optimal physical condition. How quickly the patient arrives at the hospital that is best-equipped to treat them will determine not only their long-term quality of life, but the broader impact of their illness on loved ones and professional acquaintances. The best outcome will ensure the patient will go on to live a longer, productive life as opposed to depending on around-the-clock care for the rest of their life.

That is why I support SB 302 in Ohio and the broader nationwide effort to improve triage and transportation protocols for stroke patients to ensure they get the care they need as quickly as possible. We already do this for trauma patients. Stroke patients deserve nothing less—especially since we have the technology today to treat the most severe cases of stroke. This includes emergent large vessel occlusion (ELVO), which is a clot that deprives the brain of blood and oxygen, resulting in a loss of two million brain cells per minute.

I supported passage of legislation in Tennessee, which directed the state's EMS board to establish protocols for the prehospital assessment and transport of stroke patients by EMS, including those afflicted with suspected large vessel occlusion. It was important that the state's stroke protocols for EMS recognized the critical nature of large vessel occlusion and would empower first responders to transport patients with this type of stroke directly to the hospitals best-equipped to treat them without delay. Generally, these hospitals are Comprehensive (Level 1) Stroke Centers, which have 24/7/365 neuroendovascular capabilities for treating ELVO.

Until this legislation became law, my colleagues and I would see patients who arrived at our hospitals after too much time had lapsed due to transfer delays. At that point, it was too late to achieve the best outcome for the patient. To me, this was unacceptable and needed to change.

We have much work to do still. Stroke is the leading cause of disability in this country and health care providers can all tell you stories of patients that didn't get to us soon enough for us to help them. But the legislation has undoubtedly saved lives and saved patients' functions. My colleagues in EMS are proud to work hard to get patients to the right center as fast as they possibly can.



I am pleased to see Ohio taking an important step toward improving outcomes for stroke patients through SB 302, and I strongly encourage your committee to support this legislation. You will not only help save more lives, but you will be giving people back the chance to give to others. Thank you.



Adam Arthur, M.D. M.P.H.

The Society of NeuroInterventional Surgery (SNIS) is a scientific and educational association dedicated to advancing the specialty of neurointerventional surgery through research, standard-setting, and education and advocacy to provide the highest quality of patient care in diagnosing and treating diseases of the brain, spine, head, and neck. Visit www.snisonline.org and follow us on Twitter ([@SNISinfo](https://twitter.com/SNISinfo)) and Facebook ([@SNISOnline](https://www.facebook.com/SNISOnline)).