

From: [Lauren Harris](#)
To: [Senate Finance Committee](#)
Subject: HB27 Public Testimony
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Mr. Chair and Members of the Senate Finance Committee, good day.

For the record, my name is Lauren Harris. I serve as the Stroke Coordinator at Mat-Su Regional Medical Center and am an Executive Board Member of the Alaska Stroke Coalition. I am testifying today in strong support of House Bill 27.

This bill represents far more than a mere bureaucratic reclassification; it is a vital legislative action aimed directly at safeguarding the long-term health, functional independence, and overall quality of life for all Alaskans. As a practicing clinician, I possess a firsthand perspective on the devastating human cost associated with even the slightest delay in stroke care.

While some acute stroke symptoms may be subjectively labeled "minor" in the field or the emergency department, I implore the Committee to challenge that limited perspective. The critical conversation must be reframed around the patient's individual functional goals and the profound meaning of lost independence in their life. We must pose the difficult, yet essential, question: would we deem these lasting deficits acceptable for ourselves, our parents, our children, or our colleagues?

If a stroke, regardless of the initial subtlety of its symptoms, renders a patient unable to return to their occupation, restricts their ability to communicate effectively with loved ones, or—most fundamentally—deprives them of the capacity for self-care without assistance, the resulting deficit is unequivocally not minor; it is disabling. It constitutes a life-altering event that shatters families and places a significant burden upon our social and healthcare systems.

As the mother of a stroke survivor, I can personally attest to the critical importance of time. Had my child not received timely treatment, adhering to well-established and practiced guidelines and standards when he suffered his stroke, I would not be able to use the words "Survivor" and "success" in recounting his story.

We operate under two absolute tenets in emergency medicine: **time is brain** for stroke, and **time is heart muscle** for STEMI (a severe type of heart attack). Every minute that elapses from symptom onset to definitive treatment constitutes a measurable loss of irreplaceable neurological or cardiac tissue. The classification of both stroke and STEMI as time-sensitive emergencies is not merely a formality; it is a critically necessary action that instills and drives urgency throughout the entire continuum of care.

This classification ensures that the complex, high-stakes systems and protocols we have meticulously developed are prioritized and executed with maximum efficiency. This encompasses every stage, from the moment a patient's family contacts EMS, through the rapid triage and transport phases, to the swift activation of advanced imaging protocols (such as CT or MRI), and the careful, yet urgent, evaluation for thrombolytic (clot-busting) therapy for all eligible patients, including those who present with low-severity stroke symptoms.

By passing HB 27 and legally mandating the classification of stroke as a time-sensitive emergency—alongside STEMI—we are providing the essential legislative framework to maintain the system-level urgency absolutely necessary to maximize neurological recovery, mitigate long-term disability, and ultimately save lives across the vast landscape of Alaska. We are safeguarding the future independence of our citizens. Thank you.

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There is no forward progression without change

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