

TESTIMONY BY JOHN D. CORRIGAN, PHD
DIRECTOR, OHIO BRAIN INJURY PROGRAM
BEFORE THE SUNSET REVIEW COMMITTEE

August 28, 2024

Chairman Wilkin, Vice Chairman Hillyer and members of the Sunset Review Committee, my name is John Corrigan, I am a Professor in the Department of Physical Medicine and Rehabilitation at the Ohio State University Wexner Medical Center and Director of the Ohio Brain Injury Program. The Ohio Brain Injury Program is established under ORC 3335.60, as is its advisory body, the Ohio Brain Injury Advisory Committee established under ORC 3335.61 and the focus of today's hearing.

In the 1990's the Ohio General Assembly created the Ohio Brain Injury Program and Brain Injury Advisory Committee to address the needs of Ohioans who have experienced brain injury. The program was originally housed at the Ohio Department of Health before being moved to the, then, Ohio Rehabilitation Services Commission. In 2013, these programs were moved to The Ohio State University College of Medicine to allow continuity of leadership by specialists in brain injury rehabilitation.

Under Ohio Revised Code, the Ohio Brain Injury Advisory Committee advises the Ohio Brain Injury Program "...with regard to unmet needs of survivors of brain injury, development of programs for survivors and their families, establishment of training programs for health care professionals, and any other matter within the province of the Brain Injury Program". Together, the Brain Injury Program and Advisory Committee seek to address the needs of more than 110,000 Ohioans treated each year in Emergency Rooms or hospitalized due to traumatic brain injury, as well as an estimated 2 to 3 times that many Ohioans who experience less severe traumatic brain injuries—better known as concussions—that are evaluated outside the hospital, or not at all. A recent Ohio

Department of Health survey found that 1.1 million adults in Ohio have had at least 1 traumatic brain injury in their lifetime that was severe enough to cause loss of consciousness. As many as 900,000 of these adults are at risk of health problems and disability due to the severity of their brain injury or because one occurred in childhood—that is more than 1 in 8 adults in Ohio who have this greater risk. This prevalence does not include Ohioans with other acquired brain injuries like strokes, or hypoxia from drug overdoses or being strangled during intimate partner violence.

The composition of the Ohio Brain Injury Advisory Committee is delineated in the Ohio Revised Code and includes the directors or their designees of the departments of Health, Mental Health and Addiction Services, Developmental Disabilities, Aging, and Public Safety; the Medicaid director; the administrator of Workers' Compensation; the superintendent of Public Instruction; and the executive director of Opportunities for Ohioans with Disabilities. The revised code calls for the Dean of the OSU College of Medicine to appoint no fewer than 10 and no more than 12 additional members as follows: a survivor of brain injury, a relative of a survivor of brain injury, a licensed physician recommended by the Ohio chapter of the American College of Emergency Physicians, a licensed physician recommended by the Ohio State Medical Association, one other health care professional, a rehabilitation professional, an individual who represents the Brain Injury Association of Ohio, and not fewer than three nor more than five individuals who shall represent the public. A roster of the current Brain Injury Advisory Committee members is attached to my testimony.

Members of the Brain Injury Advisory Committee serve without compensation, though they may be reimbursed for expenses incurred as part of their duties. The funding for these expenses, as well as the costs of meeting space and video conferencing, is borne by the Brain Injury Program. The full Brain Injury Advisory Committee meets quarterly—

twice via video conferencing and twice in-person in Columbus. Four Work Groups and some ad hoc committees meet monthly by videoconference.

To assure that the Ohio Brain Injury Program's activities are aligned with the priorities of the Brain Injury Advisory Committee, a strategic plan is developed every 5 years that addresses the needs of Ohioans living with the chronic effects of brain injury. Data about needs are analyzed and potential priorities are elicited from the public, persons with brain injury and their families, state agencies and other organizations that serve people living with brain injury. From this process a 5-year plan is adopted by the Brain Injury Advisory Committee. The current, joint Ohio Brain Injury Program and Brain Injury Advisory Committee Strategic Plan identifies goals and objectives through 2025, which includes 10 strategic directives covering 4 primary goals:

1. Ohio needs to have good data for statewide planning and evaluation of state funded services.
2. Ohio should have a workforce of healthcare and social service providers who understand brain injury, know how to identify it, and are able to accommodate its effects in the services they provide.
3. Ohio should implement best practices for accommodating the needs of persons with brain injury in our healthcare and social service systems.
4. We should increase awareness of the issues faced by persons with brain injury and their family members.

I submit to you that the Ohio Brain Injury Advisory Committee is a vibrant body conducting important activities for Ohio in an extremely cost effective manner. Thank you for the opportunity to speak with you and I would be happy to address any questions you have.



Ohio Brain Injury Advisory Committee

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Individual Who Represents the Brain Injury Association of Ohio (BIAOH)

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