



OHIO OCCUPATIONAL THERAPY ASSOCIATION

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Proponent Testimony – Senate Bill 21
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Chairman Baldrige, Vice Chair McClain, Ranking Member Sheehy, and Members of the House Transportation and Public Safety Committee, thank you for the opportunity to submit proponent testimony on Senate Bill 21, legislation that would improve the care of stroke patients in Ohio. I am submitting these comments on behalf of the nearly 1,500 members of the Ohio Occupational Therapy Association, many of whom provide care to stroke survivors in the Buckeye State.

Occupational therapy practitioners play an important role in the rehabilitation of stroke patients. Many stroke survivors experience changes in their physical, cognitive and emotional abilities that impact their ability to perform activities of daily living. The role of occupational therapy in these situations is to help restore or remediate loss of ability to perform occupations (i.e. activities). This may include working with patients to restore performance of self-care skills, adapting tasks or environments to accommodate any physical limitations, treating issues with swallowing and, if needed, performing work related task analysis and intervention. Our goal is to help the patient lead a healthy and independent life.

Stroke survivors face a number of challenges that can be addressed through occupational therapy. Further, we know that every second counts when we are dealing with a stroke. Faster transport or transfer to a stroke center will reduce the chance of death or permanent disability. In terms of loss of function, quicker treatment will help reduce long term damage. It is for this reason that we support Senate Bill 21. The benefits of treatment at a stroke center and rehabilitation at specialized clinics are well documented and have been shown to lower overall cost of care for stroke patients. Here is a summary of some recent studies that highlight the benefits of SB 21—

- A 2012 study in the journal *Stroke*, published by the American Heart Association, found that care at a primary stroke center resulted in more cost-effective care with better outcomes
(<https://www.ahajournals.org/doi/full/10.1161/STROKEAHA.111.648238>)

- A 2013 study published in the Journal of the American Heart Association found that rapid access to a stroke center led to better outcomes for patients due to faster access to special treatments (<https://www.ahajournals.org/doi/full/10.1161/JAHA.112.000071>)
- A 2018 study in Medical Care found that the use of rehabilitation for stroke patients correlated to a reduction in readmission or mortality (https://journals.lww.com/lwwmedicalcare/Abstract/2018/04000/Rehabilitation_Reduced_Readmission_and_Mortality.4.aspx)
- A 2016 study in the Journal of the American Medical Association found that patients hospitalized in a primary stroke center, even if the travel distance was up to 90 minutes farther than a non-stroke center, had lower fatality rates (<https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2536190>).

OTA members working with stroke survivors know the impact those precious minutes after a stroke can have on the patient's long-term rehabilitation. This legislation will ensure that protocols are in place to allow patients to be taken to the most appropriate facility to treat them. As a result, we hope that these patients will survive their stroke and ultimately experience reduced loss of function. This will allow occupational therapy practitioners to have a more positive impact on the rehabilitation of these survivors.

I want to thank the bill sponsors and other proponents for bringing this measure forward. I strongly encourage the committee to advance this measure as soon as possible. Thank you for your time and consideration.