

ALASKA STATE LEGISLATURE
SENATE HEALTH, EDUCATION AND SOCIAL SERVICES STANDING COMMITTEE

March 7, 2007

1:33 p.m.

MEMBERS PRESENT

Senator Bettye Davis, Chair
Senator Joe Thomas, Vice Chair
Senator John Cowdery

MEMBERS ABSENT

Senator Kim Elton
Senator Fred Dyson

COMMITTEE CALENDAR

Presentation: Alaska Brain Injury Awareness Network

SENATE BILL NO. 90

"An Act relating to the senior care program; and providing for an effective date."

MOVED SB 90 OUT OF COMMITTEE

PREVIOUS COMMITTEE ACTION

BILL: SB 90

SHORT TITLE: SENIOR CARE

SPONSOR(S): RULES BY REQUEST OF THE GOVERNOR

02/21/07	(S)	READ THE FIRST TIME - REFERRALS
02/21/07	(S)	HES, FIN
03/07/07	(S)	HES AT 1:30 PM BUTROVICH 205

WITNESS REGISTER

Martha Moore, Vice-chair
Alaska Brain Injury Network
Anchorage AK

POSITION STATEMENT: Participated in presentation

Jill Hodges, Executive Director
Alaska Brain Injury Network
Anchorage AK

POSITION STATEMENT: Participated in presentation

Carol Greenough, planner
Department of Health and Social Services
Juneau AK
POSITION STATEMENT: Participated in presentation

Tina Trudel, President
Lakeview Healthcare System
Anchorage AK
POSITION STATEMENT: Participated in presentation

JIM SHINE, Former Chairman
Alaska Brain Injury Network (ABIN)
Anchorage AK
POSITION STATEMENT: Participated in presentation

Naomi Maloney, Program Manager
Norton Sound Health Corporation
Nome AK
POSITION STATEMENT: Participated in presentation

DAVE EUBANK, representing himself
No address provided
POSITION STATEMENT: Testified that he had a TBI.

Karleen Jackson, Commissioner
Department of Health & Social Services
Juneau AK
POSITION STATEMENT: Presented SB 90

Janet Clark, Assistant Commissioner
Department of Health & Social Services
Juneau AK
POSITION STATEMENT: Available for questions on SB 90

Herb Simon, representing himself
No address provided
POSITION STATEMENT: In support of SB 90

Pat Luby, Advocacy Director
American Association of Retired Persons (AARP)
Anchorage AK
POSITION STATEMENT: In support of SB 90

ACTION NARRATIVE

CHAIR BETTYE DAVIS called the Senate Health, Education and Social Services Standing Committee meeting to order at [1:33:34](#)

[PM](#). Present at the call to order were Senators Cowdery, Thomas, and Chair Davis.

PRESENTATION: BRAIN INJURY AWARENESS

CHAIR DAVIS announced that the committee would be hearing a presentation from the Alaska Brain Injury Awareness Network (ABIN).

[1:36:42 PM](#)

MARTHA MOORE, Vice-Chair of ABIN, said that 800 new traumatic brain injuries (TBI) are registered every year in Alaska, 150 of which are fatalities. There are between 10,000 and 12,000 Alaskans currently living with these injuries. However, some people don't even realize that they have had a brain injury, and so it remains unidentified; unfortunately, there are many gaps in the system of care for brain injured people. The top three causes of such injuries are motor vehicles, falls, and assault, and the Alaska rate is higher than the national average. A nine state study was done in 2003 that showed that Alaska has the second highest TBI rate in the US, with males having two times the number of injuries as females.

She said that TBI rates for Alaska Natives are three to four times higher than national rates, and rural rates are also higher than urban rates. Alaska has high risk industries and activities, as well as high rates of alcohol and drug abuse that lead to these heightened numbers. Prevention is the only cure for such injuries: safety belts and helmets are important for motorists and bikers.

She added that soldiers are also coming back from Iraq with TBIs, up to 60 to 70 percent of those who are injured.

[1:44:18 PM](#)

SENATOR THOMAS asked how motorcyclists fit into the TBI statistics.

MS. MOORE replied that they're included as motor vehicle users.

SENATOR THOMAS asked for the cause of the high differential between TBI occurrence in northwest Alaska and the Aleutian chain.

MS. MOORE replied that the exposure in certain areas of the state is higher, and the Aleutians have a low population and low vehicle use rates.

1:45:40 PM

JILL HODGES, Executive Director for the Alaska Brain Injury Network, said that over a lifetime the cost of care for a person with a TBI can be up to 1.9 million dollars, as well as lost productivity; direct and indirect medical costs reach \$60 billion yearly across the country. She related a personal story about TBI rehabilitation, and said that every \$1 in rehabilitation saves \$35 in later medical costs. Drug abuse, mental health problems, and suicide are also more prevalent in brain-injured people.

1:47:21 PM

CAROL GREENOUGH, planner with Department of Health and Social Services (DHSS), said that frequently TBIs are not diagnosed and the resulting side effects can affect lifestyle and work. Women who suffer from domestic violence also have a high incidence of TBIs which can be misdiagnosed as depression. TBI victims are also often found in correctional facilities, and can be misdiagnosed as having a mental illness.

MS. HODGES said that preventing a single brain injury can save millions of dollars. Currently there is no grant money for TBI services, and very little Medicaid funding. The Alaska Mental Health Trust Authority (AMHTA) has been helpful in providing funds for TBI services, but TBI funding in Alaska is very low compared to other states' rates; many states are developing trust funds for TBI research and victims, which are funded by vehicle moving violation taxes. 21 states currently offer TBI waivers, which cover home modifications, day programs, equipment, and rehabilitation. The Alaska legislature could help make changes to Medicaid plans and increase neurobehavioral infrastructure in the state.

1:52:53 PM

CHAIR DAVIS requested that the program provide descriptive material to every legislator.

SENATOR COWDERY asked for statistics on drug and alcohol abuse's role in fetal brain injuries.

MS. HODGES replied that brain injuries can occur neo-natally or from child abuse, and both reflect a need to treat families.

1:54:35 PM

TINA TRUDEL, President of Lakeview Healthcare System, said that brain injuries are a leading cause of death and disability, and there's a wide spectrum of injury. She then explained how the brain can be injured in different ways. The disruptions resulting from brain injuries can affect every area of life. She referenced several slides to show how regions of the brain affect different aspects of life: cognitive, physical, or emotional.

She explained that most people are familiar with mild brain injuries, where the post-traumatic amnesia lasts under 24 hours. Unfortunately, later symptoms can persist. She then related a story about a TBI. She explained that these individuals continue to burden the psychiatric and justice systems although their problems could have been treated earlier on; also, a longer-living population means that there will be increasing problems with brain injuries. She then explained how returning military personnel have frequently occurring TBIs, and explained how the injuries can happen in combat. She showed a slide that cited the number of TBIs occurring in Walter Reed Medical Center's patients, and commented that while the center has gotten some bad press recently, it's important to note that more people than ever are being saved on the battlefield and afterwards. She then listed a number of services meant to help with TBI treatment.

She then showed a slide of photos of returned veterans receiving treatment for TBIs, including vocational programs and civilian resources. Multidisciplinary and community-integrated rehabilitation gives the best outcome, and contributes to higher rates of employment.

She mentioned that some states execute a full TBI treatment continuum, which ranges from acute medical and psychiatric care to long-term supported living and day programs. This continuum is critical to support people from the hospital to their homes. The benefits of such treatment is far broader than just brain injury, but also helps with neuropsychological conditions, Fetal Alcohol Syndrome, autism, and other issues.

2:13:45 PM

CHAIR DAVIS asked who paid for Ms. Trudell's trip to Alaska.

MS. TRUDEL replied that she came up on her own, but has participated in teleconferences from Alaska Psychiatric Institute in Anchorage to rural communities.

CHAIR DAVIS requested that the presenters keep in touch with the HES committee, and asked for clarification on the idea of using waivers.

[2:15:13 PM](#)

MS. HODGES said that the initiative is working closely with the state Alcohol and Drug Abuse Advisory and Mental Health boards to see how the current Medicaid system can be changed to help with TBI services. A new waiver program isn't necessary, but a rewrite of the current one would be useful.

[2:17:15 PM](#)

JIM SHINE, former chairman of the Alaska Brain Injury Network (ABIN), said that Ms. Trudell, who participates in various rehabilitation facilities around the country, is helping to explore the possibility of beginning an instate treatment program in Alaska. Last year the legislature gave the network a planning grant to explore the feasibility of starting such a program, and it will continue to report to the legislature on its findings.

[2:19:20 PM](#)

NAOMI MALONEY, Program Manager for the Norton Sound Health Corporation (NSHC) in Nome, said that currently the NHSC is providing services to brain injured patients. One of the major difficulties with providing these services is recruiting and retaining providers; consistency of treatment is very important for rehabilitation efficacy. Oftentimes larger agencies receive funding but smaller programs have no guidance for searching out and utilizing such funding.

[2:21:57 PM](#)

PAT CHAPMAN, representing herself, said that her daughter had a TBI, and explained how the injury has affected her family. She said that there aren't any facilities for dealing with such injuries in Alaska, and that her daughter cannot attend school or get on with her life without intensive help; the state waiver

is useful but insufficient. She asked the committee to look into waivers that cover a wider variety of needs.

[2:28:24 PM](#)

DAVE EUBANK, representing himself, said that he had a traumatic brain injury, and that the only person he can change is himself. He continues fighting the effects of his injury and due to proper care when he first had his injury he is productive today.

[2:33:00 PM](#)

SB 90-SENIOR CARE

[2:34:24 PM](#)

CHAIR DAVIS announced SB 90 to be up for consideration.

KARLEEN JACKSON, Commissioner for the Department of Health and Social Services (DHSS), said that the bill concerns the governor's proposal for the Alaska senior care program, which currently provides \$120 a month and a prescription drug benefit for a number of Alaskan seniors. The governor's bill will update the income eligibility for senior care and eliminate the drug benefit. The program eligibility was previously frozen at 135 percent of the 2005 federal poverty level; the bill will change it to the current rate with adjustments for each year afterwards. The drug subsidy is underused and will be dropped from the program to simplify its administration.

JANET CLARK, Assistant Commissioner for the Department of Health and Social Services (DHSS), commented that the fiscal note does need some work in the finance committee.

[2:38:04 PM](#)

CHAIR DAVIS said that she intended to pass the bill out of committee that day and asked for any comments or concerns.

HERB SIMON, representing himself, said that he had no comment and encouraged the committee to move the bill along.

PAT LUBY, Advocacy Director for the American Association of Retired Persons, said that the organization is pleased with the bill but takes issue with three items: many low income seniors try to save for future health costs and their assets should not be capped for qualification; the monthly stipends should be

raised to \$150; and seniors between 100 and 135 percent of the federal poverty level, who are not eligible for the stipend, should eligible for the drug benefit. Even if few people are using the drug benefit, they are living in the edge financially and the state should consider allowing them the benefit.

[2:41:36 PM](#)

SENATOR COWDERY moved to report SB 90 from committee with individual recommendations and attached fiscal note(s). There being no objection, the motion carried.

CHAIR DAVIS, finding no further business to come before the committee, adjourned the meeting at [2:42:24 PM](#).