

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

February 6, 2008

1:35 p.m.

MEMBERS PRESENT

Senator Bettye Davis, Chair
Senator Joe Thomas, Vice Chair
Senator John Cowdery (via teleconference)
Senator Kim Elton
Senator Fred Dyson

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

SENATE CONCURRENT RESOLUTION NO. 17
Relating to establishing March 2008 as Brain Injury Awareness Month.

MOVED SCR 17 OUT OF COMMITTEE

CS FOR HOUSE BILL NO. 252(STA)

"An Act requiring paid leave from employment for organ and bone marrow donation."

MOVED CSHB 252(STA) OUT OF COMMITTEE

Alaska Brain Injury Network Presentation

PREVIOUS COMMITTEE ACTION

BILL: SCR 17

SHORT TITLE: BRAIN INJURY AWARENESS MONTH: MARCH 2008

SPONSOR(s): SENATOR(s) MCGUIRE

01/23/08	(S)	READ THE FIRST TIME - REFERRALS
01/23/08	(S)	HES
02/06/08	(S)	HES AT 1:30 PM BUTROVICH 205

BILL: HB 252

SHORT TITLE: LEAVE FOR ORGAN/BONE MARROW DONATIONS

SPONSOR(s): REPRESENTATIVE(s) LEDOUX

05/03/07	(H)	READ THE FIRST TIME - REFERRALS
05/03/07	(H)	HES, STA

05/08/07 (H) HES AT 3:00 PM CAPITOL 106
 05/08/07 (H) Moved CSHB 252(HES) Out of Committee
 05/08/07 (H) MINUTE(HES)
 05/10/07 (H) HES RPT CS(HES) 4DP 2NR 1AM
 05/10/07 (H) DP: ROSES, GARDNER, CISSNA, WILSON
 05/10/07 (H) NR: SEATON, FAIRCLOUGH
 05/10/07 (H) AM: NEUMAN
 05/12/07 (H) STA AT 9:00 AM CAPITOL 106
 05/12/07 (H) Moved CSHB 252(STA) Out of Committee
 05/12/07 (H) MINUTE(STA)
 05/13/07 (H) STA RPT CS(STA) 5DP 1NR
 05/13/07 (H) DP: DOLL, GRUENBERG, JOHANSEN, ROSES,
 LYNN
 05/13/07 (H) NR: COGHILL
 05/14/07 (H) TRANSMITTED TO (S)
 05/14/07 (H) VERSION: CSHB 252(STA)
 05/15/07 (S) READ THE FIRST TIME - REFERRALS
 05/15/07 (S) HES, STA, FIN
 02/06/08 (S) HES AT 1:30 PM BUTROVICH 205

WITNESS REGISTER

SENATOR McGUIRE
 Alaska State Legislature
 Juneau, AK

POSITION STATEMENT: Sponsor of SCR 17.

JILL HODGES, Executive Director
 Alaska Brain Injury Network
 Anchorage, AK

POSITION STATEMENT: Supported TBI awareness & education.

RICHARD WARRINGTON, Appointed Ambassador
 Brain Injury Association of America
 Anchorage, AK

POSITION STATEMENT: Provided a personal perspective on the issue of TBI.

MARY WARRINGTON, Board Member
 Alaska Brain Injury Network
 Anchorage, AK

POSITION STATEMENT: Provided a personal perspective on the issue of TBI.

CAPTAIN RICHARD BARKER, Clinical Psychologist
 Elmendorf Air Force Base
 Anchorage, AK

POSITION STATEMENT: Explained how the military is handling TBI diagnosis and treatment.

STEPHANIE TANNER, representing herself
Anchorage, AK

POSITION STATEMENT: Stressed the importance of prompt identification & treatment of TBI.

DR. RUSSELL S. CHERRY, Neuropsychologist
Providence Hospital
Anchorage, AK

POSITION STATEMENT: Testified to the importance of TBI awareness, education & improved treatment systems.

ACTION NARRATIVE

CHAIR BETTYE DAVIS called the Senate Health, Education and Social Services Standing Committee meeting to order at [1:35:34 PM](#). Present at the call to order were Senators Elton, Thomas, Dyson, and Chair Davis.

SCR 17-BRAIN INJURY AWARENESS MONTH: MARCH 2008

[1:35:54 PM](#)

CHAIR DAVIS announced SCR 17 to be up for consideration.

SENATOR McGUIRE, sponsor of SCR 17, said the reason this is important to her is that her brother was in a car accident in 1992 and suffered a traumatic brain injury. At that time Alaska was ill prepared to respond to her family's need for information. The point of the resolution is to make March of 2008 Brain Injury Awareness Month, to raise awareness of the problem and bring attention to prevention, treatment and the support that is available to victims and their families. Brain injury is the leading cause of death and disability among children and young adults in Alaska. An estimated 12,000 people state wide have suffered from traumatic brain injury (TBI) and most have suffered in silence.

[1:38:16 PM](#)

SENATOR McGUIRE continued that the problem is often overlooked because victims of traumatic brain injury are not often encountered in public and the families of victims don't tend to talk about it. Although passing a resolution cannot fix the problem in any immediate way, passing a resolution and the testimony that goes with it can highlight a really important problem.

[1:40:42 PM](#)

SENATOR DYSON said he had asked before whether the committee would consider making it "Brain Injury Month" rather than "Traumatic Brain Injury Month" in light of the fact that Alaska leads the nation in non-traumatic brain injuries, particularly pre-natal alcohol syndrome. He wondered whether the committee had considered his request to make that change in the focus of this month.

SENATOR MCGUIRE pointed out that the title of the resolution is "Brain Injury Awareness Month," but agreed that it would be helpful to offer more statistics about non-traumatic brain injury and said she was willing to do so. She added that the Brain Injury Network has evolved to include a focus on non-traumatic brain injuries and would be able to provide more information.

[1:42:19 PM](#)

JILL HODGES, Executive Director, Alaska Brain Injury Network, Anchorage AK, said it is important to keep traumatic injury in focus because the state has begun to develop capacity for other sorts of brain injuries such as fetal alcohol syndrome (FASD) and stroke, but awareness and services for traumatic brain injury were still very limited. She felt that if they could beef up the system for traumatic brain injury, the other acquired brain injuries would also benefit from increases to state funded brain injury programs.

[1:43:19 PM](#)

SENATOR DYSON said he inferred that, although non-traumatic brain injury is hugely important, they would prefer not to dilute their efforts here away from traumatic brain injury.

MS. HODGES agreed.

[1:44:38 PM](#)

SENATOR THOMAS commented that he shares the same concerns that Senator Dyson articulated, although he was unwilling to hold up the resolution based on his concerns. He stated that there is a fair amount of information available about traumatic brain injury and non-traumatic brain injury. Both are important and should be emphasized. The title is already appropriate and he encouraged them to continue to look at the possibility of broadening the focus as the resolution moves forward.

[1:45:57 PM](#)

RICHARD WARRINGTON, Ambassador, Brain Injury Association of America, Anchorage AK, said he is the survivor of a traumatic brain injury that occurred over 30 years ago and is still disabled from his injury. He encouraged the committee to pass the resolution and apprised them that congress was also considering a resolution to create a national brain injury awareness month.

[1:47:10 PM](#)

MARY WARRINGTON, Board Member, Alaska Brain Injury Network, Anchorage AK, said her two brothers suffered brain injuries and people need to be made aware of the problem.

SENATOR THOMAS moved to report SCR 17 from committee with individual recommendations and attached fiscal note(s). There being no objection, the motion carried.

HB 252-LEAVE FOR ORGAN/BONE MARROW DONATIONS

CHAIR DAVIS announced the consideration of HB 252. [Before the committee was CSHB 252(STA).]

[1:48:58 PM](#)

REPRESENTATIVE GABRIELLA LEDOUX, sponsor of HB 252, introduced the Richard Foster, Stanley M. Robbins and Alex Cesar Donor Act, an act requiring paid leave from employment for organ and bone marrow donation. She said the bill would only apply to state workers and would require the employer to provide not less than 40 or more than 80 hours of leave. According to the Life Alaska Donor Services, approximately 160 patients in Alaska were waiting for kidney transplants, but fewer than 20 were transplant recipients each year. Fewer than 100 people in Alaska were awaiting bone marrow transplants.

She stated that about 30 states now have laws similar to HB 252 and 23 of those apply only to state employees. Congress was considering a bill that would make living organ or bone marrow donation part of the Family Medical Leave Act, but the bill before the committee would not apply to the general workforce.

[1:50:37 PM](#)

SONYA HYMER, Staff to Representative LeDoux, explained that Richard Foster is a Representative from Nome who is waiting for a kidney transplant. Stanley M. Robbins is Representative Cissna's late husband and was staff to Senator Gruenberg for many years, and Alex Tasar is the little boy who received a bone marrow donation last year from a man in New Mexico. This bill

would allow a donor to take paid leave from work to undergo testing and surgery.

1:52:26 PM

Section 2 and 3 are conforming amendments.

Section 4 is substantive. It allows State of Alaska employees to take not less than 40 or more than 80 hours of paid administrative leave for screening, testing and surgery related to organ donation.

1:53:34 PM

SENATOR COWDERY joined the meeting via teleconference.

SENATOR THOMAS noted that the sponsor statement had statistics for the number of kidney transplants done in the state each year, but not for bone marrow transplants. He wondered if Ms. Hymer could give him a ballpark figure

MS. HYMER said that approximately five people per year donate bone marrow but she did not know whether the procedures were done in Alaska.

SENATOR THOMAS asked why the bill was not broadened to encourage other employers to allow their employees to participate without loss of income.

REPRESENTATIVE LEDOUX answered that she felt the bill would stand a better chance of passing if it were limited to state employees

1:56:10 PM

SENATOR THOMAS said the concern is probably rightly placed. He felt however, that the matter should be addressed in some fashion so it would not be so great a financial and medical burden to potential donors.

1:58:23 PM

CHAIR DAVIS said there were two people online to answer questions.

SENATOR THOMAS said he would like to get statistics regarding bone marrow transplants but they could email that information to him.

1:58:57 PM

SENATOR COWDERY asked whether any other states have passed similar legislation.

REPRESENTATIVE LEDOUX said 30 other states have laws similar to this, of which 23 apply only to state employees.

[1:59:33 PM](#)

SENATOR ELTON said he was disappointed that the bill was limited to state employees, but he moved that HB 252 be moved from committee with individual recommendations and attached fiscal note(s). There being no objection, CSHB 252(STA) moved from committee.

ALASKA BRAIN INJURY NETWORK PRESENTATION

[2:00:21 PM](#)

CHAIR DAVIS announced the committee would hear a presentation on traumatic brain injury.

[2:00:41 PM](#)

JILL HODGES, Executive Director, Alaska Brain Injury Network (ABIN), responding to a question Senator Cowdery had asked earlier, explained that March was chosen for Alaska's brain injury awareness month because it is consistent with what is taking place nationally. She said that ABIN takes part in the Mental Health Trust Authority "You Know Me" campaign in March and do awareness outreach to outlying communities in April. Also, the military planned public forums between February and May and asked that the March forum in Anchorage focus on traumatic brain injury.

[2:02:04 PM](#)

MS. HODGES introduced Captain Barker from Elmendorf AFB, Stephanie Tanner, the wife of a soldier who suffered a traumatic brain injury in 2004, and Dr. Russell Cherry, a neuropsychologist at Providence Hospital who has broad experience working with traumatic brain injury.

[2:03:46 PM](#)

MS. HODGES said that TBI-specific programming is standard in many other states. The coordination of funding programs, case management, providers who develop TBI infrastructure, and "step-down" programs is very important to ensure that people access the programs needed for the best outcome in each case. She applauded the military for recognizing the problem of TBI and developing the funding and programs needed to treat returning soldiers. She said that the role of each individual is to

understand what TBI really is and how to respond to it. Most people don't think of it until it strikes their family, but it is very common in Alaska and 20 percent of the individuals affected don't make it.

[2:07:26 PM](#)

SENATOR ELTON asked whether TBI is always due to a physical event.

MS. HODGES referred the question to Dr. Cherry, but said that there are acquired and traumatic brain injuries. In Alaska, the definition of a traumatic brain injury is "a blow to the head," but that falls under acquired brain injuries, so traumatic brain injuries are a type of acquired brain injury.

[2:08:39 PM](#)

CAPTAIN RICHARD BARKER, Clinical Psychologist, Elmendorf Air Force Base, delivered a PowerPoint presentation focusing on the military aspect of TBI.

Slide: Showed different types of IED [Improvised Explosive Device]. The first was a stationary IED that is very target specific. The second was a vehicle born IED, which usually has a larger explosive charge and impacts a greater number of people.

Slide: Captain Barker said that mild Post-Concussive Syndrome (PCS) has become the signature injury of the war and implies a milder form of brain injury. People afflicted with Post-Concussive Syndrome are treated here and usually respond favorably in 3 to 12 months, but some have lifelong difficulty. Captain Barker stressed that Alaska does not have the capability to deal with moderate to severe head injuries.

Slide: Defense and Veterans' Brain Injury Center (DVBIC) defines TBI as "...an injury to the brain resulting from a blast, a fall, direct impact or motor vehicle accident, which causes an alteration in mental status resulting in a plethora of both physical and cognitive problems." He said they are finding that combat injuries have more serious implications than the sports injuries they had been using as models for treatment.

Slide: Factoids on combat MTBI [Mild Traumatic Brain Injury] MTBI from a blast causes the brain to be badly jarred, which can stretch, cut or twist axons.

- Approximately 1.4 million TBIs occur in the US every year.
- Twenty-two percent of OIF [Operation Iraqi Freedom] veterans reported MTBI-inducing events.

- Seven percent of those reported continuation of MTBI symptoms.
- A study of about 7500 cases performed at a major theater hospital, showed that 23 percent were positive for TBI, while 75 percent complained of symptoms.

Captain Barker explained that the military attempts to catch TBI using a Post Deployment Health Assessment (PDHA) when soldiers return home, but they are working on ways to identify it earlier.

[2:14:07 PM](#)

Neuro-imaging studies are frequently negative, causing providers to rule out TBI prematurely. Those with ruptured eardrums are three times more likely to suffer TBI.

[2:14:57 PM](#)

Slide: The Department of Defense (DOD) is starting to use the Automated Neuropsychological Assessment Metric (ANAM). It is a brief cognitive screening performed prior to deployment to provide a baseline for comparison with tests performed when members return home.

[2:15:48 PM](#)

Slide: Among 50 participants at a DVBIC facility study, there were a lot of comorbid issues involved, which made diagnosis difficult.

Slide: Captain Barker listed the three key elements to recovery. Education and Reassurance: It is important to educate service members, providers and the community before deployment, during treatment and as victims recover.

[2:17:09 PM](#)

SENATOR DYSON said he represents Eagle River and Elmendorf as part of his legislative district and offered to assist their efforts in every way he can. He also said he would be glad to hear about any increase in or improvement to existing community services that they might need.

CAPTAIN BARKER said that Dr. Cherry would be speaking directly to that as a provider in the community.

SENATOR DYSON said he would leave Captain Barker his card and thanked him and those he represents for what they are doing.

[2:18:51 PM](#)

CAPTAIN BARKER continued his , pointing out that reassurance must go along with education. Reassuring the active duty members and their families that they will get better has a very positive impact on recovery.

Barriers to recovery are:

- 60 days post-injury with ongoing high-stress duty
- Repeated injury
- Comorbid conditions such as PTSD, major depression, pain disorders, substance abuse

[2:20:23 PM](#)

Treatment Issues: TBI versus PTSD

There is a lot of overlap between TBI and PTSD. The best way to differentiate is that the symptoms that occur immediately after the event are usually TBI related. PTSD usually does not manifest until some time later, often after the member has slowed down and is in a safer environment.

[2:21:08 PM](#)

CAPTAIN BARKER said that in June or July of last year they began to educate providers and the community on TBI related issues in preparation for the army soldiers who would soon be returning. They joined forces with the Army and Air Force to set up a clinic for the mild to moderate TBI problems they expected to see and pulled in about 50 additional neurologists, neuropsychologists, mental health, occupational and speech therapy professionals to assist in this short-term fix. Since the soldiers from the 425th returned on about the 25th of January, they have seen 100 patients through the neurologic clinic alone, and expect to see many more when the "honeymoon phase" is over and members are trying to reintegrate into their relationships and civilian jobs. They are still trying to establish a long-term, self-sustaining MTBI clinic.

[2:23:57 PM](#)

SENATOR ELTON said he assumed that the diagnosis of TBI was based on symptoms rather than on physical testing such as an MRI.

CAPTAIN BARKER said they are working toward a "whole person" concept, trying to get the entire history of each person's possible exposure to TBI-inducing accidents as well as looking into PTSD issues. That means a lot of interviewing and multiple types of testing in order to make as accurate a diagnosis as possible.

SENATOR ELTON postulated that if a person diagnosed with TBI did not improve over time, the diagnosis could evolve into PTSD.

CAPTAIN BARKER replied that it isn't that black and white; both problems can exist at the same time. There was a study published in the New England Journal of Medicine that said mild TBI has significant impact on physical, functional and psychological problems; but when you take into account depression and PTSD, those factors dissipate. There is a lot of co-morbidity, so one can't say with conviction that because the symptoms continue it is something other than TBI.

[2:26:56 PM](#)

SENATOR THOMAS asked if any regular tests are routinely administered after service overseas.

CAPTAIN BARKER said there are no standardized tests that a person has to take. When an individual is exposed to a blast in the field, they try to administer what is called the MACE, a five minute evaluation of impulsivity, judgment and cognitive processes. The PDHA is administered after returning to the United States, but that is very subjective and can be manipulated. A reassessment is performed 90 to 100 days after the PDHA to see if anything has come up since initial testing.

SENATOR THOMAS asked if the two tests are standard operating procedure.

CAPTAIN BARKER answered that the PDHA is, but the MACE is not.

SENATOR THOMAS asked if Captain Barker knows of any reason a person might not mention symptoms, whether it might have an affect on employment.

CAPTAIN BARKER said that is a myth, but would not say that it had no basis in fact. There is also a stigma associated with admitting weakness.

[2:30:04 PM](#)

SENATOR THOMAS opined that, because of that potential the standard paperwork should be more specific and call for some follow-up.

[2:30:25 PM](#)

STEPHANIE TANNER, Wife of Sergeant Scott Tanner, OIF Veteran, gave a personal perspective of TBI. She said her husband was exposed to over 30 IED explosions in Iraq. During the past year

and a half his mental capacity has declined rapidly. They sought medical help and he was diagnosed with TBI in 2007. The case manager assigned to him by the military is stretched very thin, but she feels it would be extremely difficult, if not impossible, for them to function without him through all of his appointments, therapy and medications. She stressed that case management is seriously needed for TBI patients.

2:32:45 PM

SENATOR ELTON asked if Ms. Tanner receives any services.

MRS. TANNER said that services are made available to her by military, but so much of her day is spent dealing with her husband's treatment that she has not been able to take advantage of them.

SENATOR THOMAS asked Ms. Tanner if her husband was diagnosed with TBI before or after returning from overseas.

MRS. TANNER replied that his Iraq deployment was from 2004 to 2005 and at that time the military did not recognize TBI as a widespread problem; so he lived with it for a year and a half before anyone recognized it, which has hindered his progress. It has been shown that progress is severely impacted if TBI patients don't get help and management within the first year.

2:34:16 PM

DR. RUSSELL S. CHERRY, Neuropsychologist, Providence Hospital, said he would reiterate some stories to illustrate the importance of TBI awareness. TBI is the most common cause of injury for individuals aged 15 to 40. This is particularly relevant in Alaska, because our rate statewide is seven times the national average. In the bush, the rate of TBI is approximately 14 times the national average.

He said that during the three years he worked at Alaska Native Medical Center, he saw four to five patients per week who were injured while driving ATVs and snow machines without a helmet. He noted that alcohol is a factor in about half of all brain injuries.

At Providence Hospital he sees about two mild cases of TBI each day in which the patients' physical injuries are treated and they are discharged to the street with no further follow-up. Those people are often referred to his private practice six to nine months later, when they've begun suffering problems in their work or home life and TBI is identified. If there were a

better system of identification, many of those problems could be prevented.

DR. CHERRY said he had seen 10 of the approximately 4000 veterans who returned from Iraq two weeks prior, and expected to see much higher numbers as problems surfaced at home and at work. He likened it to a tsunami approaching. This is not just a cognitive injury; there are often psychiatric problems that accompany it. Approximately 70 percent of those suffering from TBI also suffer from clinical depression.

[2:37:27 PM](#)

DR. CHERRY said that as a rule, he also sees PTSD in the military populations. He voiced frustration that, even though Alaska leads the nation in incidents of TBI, there is no system in place to deal with the problem.

[2:38:54 PM](#)

He found it curious that a number of medical issues such as Alzheimer's, get much more attention and services than the one that occurs most frequently in the population. One of the effects of our lack of infrastructure is poor information sharing between providers, which makes his job more difficult because he has less access to supporting information. At present, the onus of responsibility is on the injured person or the care giver to manage the medical system. By definition TBI patients have problems with attention, memory and multiple step tasks, and typically can't follow through. A case manager or coordinator could fill the gaps between providers, make sure people get to appointments, help them complete the requisite paperwork, and even present to the appointment with the patient.

[2:41:17 PM](#)

He said he often sees a brain injured person in his office with no care-giver, no spouse and no other information. He has nothing to go on but an interview with the patient, who may not be able to relate the pertinent issues due to attention and memory problems. Children in Alaska with moderate to severe TBI are generally sent out of state, typically to Texas or Wisconsin. They have to deal not only with recovery from brain injury, but with loss of their support systems, which makes recovery more difficult. In general, TBI creates a ripple affect widening out from the victim, to the spouse, their children, their workplaces and more.

Substance abuse is common because of depression, and people are prone to additional injuries because of impaired judgment. They

may also be preyed upon financially by others. The cure is some kind of case management, perhaps bachelor-level graduates to make sure patients don't fall through the cracks, to help with paperwork and make sure they get to appointments. It would simplify things greatly if a standard packet providing step-by-step information on what to do next were passed out at the ER or other locations.

[2:44:55 PM](#)

DR. CHERRY also suggested that a network of providers with a common release would make it easier to share information to the advantage of the patient. He felt that we should do a better job of screening for brain injury in certain locations like the ER, physical therapy or rehabilitation clinics. In the ER, people are often treated for broken limbs and lacerations to the head but no one looks at what happened to the brain. Vocational rehabilitation specialists trained specifically in brain injury would also be helpful, because victims of TBI have a different set of circumstances than other populations, which may include cognitive problems and emotional or impulse-control issues. Because of their unique needs, they do best working with a rehabilitation specialist who has been trained in TBI.

[2:46:23 PM](#)

Staff at assisted living facilities should be trained to understand and manage TBI. Too often when patients are sent to an assisted living facility, they come into conflict with staff who responds inappropriately to their behavior because they don't realize the person has a brain injury. The military has a multidisciplinary clinic to help address the soldiers' needs, but when their neuropsychologists and some other personnel leave in a few months, they will be left without the ability to deal with the problems that surface after they are gone. He would like to see a partnership between the military and Providence or other major local hospitals in the community, making sure that everyone is "on the same page."

He suggested looking at telemedicine in the bush, to overcome some of the transportation issues, and creating liaisons with the Anchorage school district and the mental health and wellness courts so victims could be identified to the systems, allowing them to better cope with the issues.

[2:49:18 PM](#)

DR. CHERRY felt that with a few relatively simple interventions, we could make a huge difference in the quality of life of the patients, their family members, and the community at large.

2:49:31 PM

CHAIR DAVIS asked if there were any support groups for TBI.

2:49:56 PM

MS. HODGES said Access Alaska has head injury support groups around the state and has opened up their groups to the military. Margie Thompson with the Department of Labor (DOL), and Jeff Irwin with Southeast Alaska Independent Living (SAIL) facilitate the head injury support group in Juneau, which is one of the most active support groups in the state.

CHAIR DAVIS asked if Ms. Thompson is a volunteer or if it is part of her job.

MS. HODGES answered that she thinks it is a component of her job.

CHAIR DAVIS said it would be good for Ms. Hodges to provide the committee with a list of what help she would like the legislature to provide so they can be working on it.

MS. HODGES said Virginia has done a phenomenal job of funding through the General Fund and through Medicaid with a Traumatic Brain Injury Waiver. Their reports show that case management and clubhouse programs offer the most bang for the buck. She said that they do have some budget and program requests that she would like to see in this year's budget. Governor Palin's budget contains a small line-item of \$100,000 for brain injury training for providers.

She explained that BIN advocates to the four statutory boards: the Commission on Aging, the Advisory Board on Alcohol and Drug Abuse, the Governor's Council and the Mental Health Board, and asks these boards to make recommendations to the Mental Health Trust Authority on behalf of brain injury. The Trust approved four requests for the current year. In the Trust budget are \$25,000 to enhance information and referral and \$175,000 for training, which was reduced in the governor's budget. Within the Housing Focus Area they had a GFMH budget recommendation of \$200,000 for brain injury services development to start the momentum within the department. That amount was not included in Governor Palin's budget.

2:54:31 PM

She would like to see those Trust Authority budget recommendations moved into the legislative budget. The \$200,000 would go toward the case management component for the current year. She referred to the "Promising Practices for State Systems" document, pointing to continuum of care models for brain injury, information on where the funding should come from and on how they work throughout the lifetime of a person with brain injury. The rehabilitation component is a maximum of two years, after which the person is on his or her own. These people need places to go where they can be socially appropriate, productive, and develop confidence in themselves.

[2:55:58 PM](#)

MS. HODGES related the story of a young man they met in Texas last November at a long-term home for people with cognitive disabilities. Corey had an ATV accident in Kotzebue at age 10 and was sent to Texas because he had severe TBI. He was 26 when they met him and was doing well in Texas; but people like Corey are able to function at a level that is appropriate only when they have the right supports and are living in the right environment. Without those supports, people like Corey are unable to function appropriately in society and may cause problems for themselves and society as well.

[2:57:43 PM](#)

CHAIR DAVIS asked for a list of the things Ms. Hodges would like to see in the budget and things that need to be discussed in the community. She mentioned that she was recently at a meeting about TBI where they introduced the idea of a "Club House" and was impressed with the concept. She felt that, given the high rate of injury in Alaska, a lot of work has yet to be done.

[2:58:50 PM](#)

SENATOR ELTON said if something like this happened in his family the first thing he would want to know is whether their insurance would cover it, which leads into a larger discussion of mental health parity. He asked how the insurance industry looks at it, whether it is considered a mental health issue or a medical one.

DR. CHERRY responded that neuropsychological evaluations are billed under medical codes, so mental health parity is not an issue. It can become sticky is later on, if clinically significant depression or anxiety comes into play during the treatment phase Sometimes the insurance company can create problems with that. He invited the committee to imagine trying to navigate that insurance system with a brain injury.

[3:00:44 PM](#)

SENATOR ELTON said it seems that the insurance industry might be reluctant to pay for case management that would, in the end, cost them money.

DR. CHERRY explained that, although it would cost them money at the onset, according to statistical research, a strong argument could be made that if you provide people with the right services during the acute phases of recovery from brain injury, their productivity and ability to regain function is significantly improved. It is in the first two years after the injury that things are reconnecting and intervention has its greatest effect.

[3:02:07 PM](#)

SENATOR McGUIRE highlighted the importance of that in her family. It ultimately saved the insurance company money to provide her brother with treatment for two years. The point at which he was relearning to tie his shoes and use the bathroom on his own is when a regular insurance policy would have stopped paying. The cost to the system of sending a young man out into the world without even the most basic life skills would be tremendous. She said she looks forward to working with Senator Davis and the committee to see what they can build. It would benefit not only the families and survivors of brain injury, but save the state money as well.

[3:04:21 PM](#)

SENATOR THOMAS said this doesn't seem to be an unusual situation, that they too often deal with problems rather than solutions in this committee. He encouraged Dr. Cherry to put together a list of concepts he thinks should be incorporated into existing statute.

There being no further business to come before the committee, Chair Davis adjourned the meeting at [3:05:12 PM](#).