

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 10, 2009

3:07 p.m.

MEMBERS PRESENT

Representative Bob Herron, Co-Chair
Representative Wes Keller, Co-Chair
Representative John Coghill
Representative Bob Lynn
Representative Paul Seaton
Representative Sharon Cissna
Representative Lindsey Holmes

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

HOUSE JOINT RESOLUTION NO. 10

Urging the United States Congress to improve health care for veterans.

- MOVED CSHJR 10 (HSS) OUT OF COMMITTEE

Presentation: Alaska Brain Injury Network: Traumatic Brain Injury

- HEARD

PREVIOUS COMMITTEE ACTION

BILL: HJR 10

SHORT TITLE: VETERANS' HEALTH CARE

SPONSOR(S): REPRESENTATIVE(S) GUTTENBERG

01/30/09	(H)	READ THE FIRST TIME - REFERRALS
01/30/09	(H)	MLV, STA, HSS
02/24/09	(H)	MLV AT 1:00 PM BARNES 124
02/24/09	(H)	Moved CSHJR 10(MLV) Out of Committee
02/24/09	(H)	MINUTE(MLV)
02/25/09	(H)	MLV RPT CS(MLV) 6DP
02/25/09	(H)	DP: KAWASAKI, OLSON, HARRIS, LYNN, BUCH, GATTO

03/02/09 (H) STA REFERRAL WAIVED
03/10/09 (H) HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

HOWARD COLBERT, Commander
Local Disabled American Veterans (DAV) Post Chapter 4
Juneau, Alaska

POSITION STATEMENT: Testified about HJR 10.

MIKE WALSH, Adjutant
Local Disabled American Veterans (DAV) Post Chapter 4
Juneau, Alaska

POSITION STATEMENT: Testified about HJR 10.

REPRESENTATIVE DAVID GUTTENBERG
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented HJR 10 as the sponsor, and responded to questions.

SHELLY HUGHES, Government Affairs Director
Alaska Primary Care Association (APCA)
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HJR 10.

EVANGELYN DOTOMAIN, President & CEO
Alaska Native Health Board (ANHB)
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HJR 10.

MCHUGH PIERRE, Director of Communications;
Legislative Liaison
Office of the Commissioner/Adjutant General
Department of Military & Veterans' Affairs (DMVA)
Fort Richardson, Alaska

POSITION STATEMENT: Testified about HJR 10.

JILL HODGES, Executive Director
Alaska Brain Injury Network, Inc. (ABIN)
Anchorage, Alaska

POSITION STATEMENT: Testified about traumatic brain injury.

CHRISTIE ARTUSO, Director of Neurosciences
Providence Alaska Medical Center
Anchorage, Alaska

POSITION STATEMENT: Presented a Power Point and answered questions about traumatic brain injury.

CHRISTINE DECOURTNEY
Anchorage, Alaska

POSITION STATEMENT: Testified about her experiences with traumatic brain injury.

PATRICIA CHAPMAN
Ketchikan, Alaska

POSITION STATEMENT: Testified about her experiences as a member of a brain injury support group.

ACTION NARRATIVE

[3:07:41 PM](#)

CO-CHAIR BOB HERRON called the House Health and Social Services Standing Committee meeting to order at 3:07 p.m. Representatives Herron, Keller, Coghill, Cissna, and Lynn were present at the call to order. Representatives Seaton and Holmes arrived as the meeting was in progress.

HJR 10-VETERANS' HEALTH CARE

[3:08:02 PM](#)

CO-CHAIR HERRON announced that the first order of business would be HOUSE JOINT RESOLUTION NO. 10, Urging the United States Congress to improve health care for veterans. [Before the committee was CSHJR 10(MLV).]

[3:09:43 PM](#)

HOWARD COLBERT, Commander, Local Disabled American Veterans (DAV) Post Chapter 4, observed that HJR 10 addressed rural and native areas, and he offered his belief that this was discriminatory against all veterans. He emphasized that the DAV did not "discriminate against color, religion, creed, anything...we are all brothers." He explained that the logistics in Alaska were a "nightmare." He reported that there was not a [Veterans Administration (VA)] hospital, only a clinic in Alaska. He affirmed that he had worked for several years with Representative Kerttula regarding care for veterans in SE Alaska, though he mentioned that progress had been very slow.

[3:12:57 PM](#)

MIKE WALSH, Adjutant, Local Disabled American Veterans (DAV) Post Chapter 4, declared support for the recommendation that the United States Congress provide adequate funds for the veterans' needs. He noted the increase of injuries to military personnel in Iraq, and he affirmed support for increased funding for traumatic brain injuries (TBI) and mental health centers.

[3:16:42 PM](#)

MR. COLBERT offered his belief that there were not any psychiatrists or analysts to help veterans in Juneau that "know what they are doing," as they do not have any combat experience. He called attention to the lack of housing for veterans when they arrive from out of town for any medical service. He reported that 540,000 medals had been awarded since the beginning of combat in Iraq and Afghanistan, and that for each of these medals "there's a consequence, there's a part of a man's life that has totally changed." He pointed out that veterans had made the sacrifice, and that they deserved the benefits.

[3:18:17 PM](#)

MR. WALSH affirmed his support for federal and state funding to ensure that veterans had access to quality health care at community health centers. He explained the DAV outreach program in Southeast Alaska. He offered support of local care for veterans in the small communities.

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MR. COLBERT noted that a new facility for women veterans suffering from Post Traumatic Stress Disorder (PTSD) had opened in Menlo Park, California, yet there was not any facility for women combat veterans in Alaska. He asked if any of the \$22 million VA allocation for rural health care would be apportioned to Alaska.

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MR. WALSH expressed support for electronic claims if adequate privacy was maintained.

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REPRESENTATIVE DAVID GUTTENBERG, Alaska State Legislature, noted that Senator Lisa Murkowski had suggested for Alaskans to remind the U.S. Congress about Alaskan issues. He reported that veterans in Alaska were not getting the necessary health care. He cited inadequate facilities, inadequate delivery systems, and distance as problems. He expressed his desire to ensure that the VA had state wide service in all the communities. He recognized that travel was a hardship. He acknowledged that a new generation of veterans endured new challenges. He emphasized that veterans had earned the right for health care benefits without undue hardships, and he urged the U.S. Congress to "do a better job than they have been doing right now."

[3:24:51 PM](#)

CO-CHAIR HERRON asked for Representative Guttenberg to comment on the not yet offered amendment to CSHJR 10 (MLV). [Included in the members' packets. Text provided below.]

[3:25:05 PM](#)

REPRESENTATIVE GUTTENBERG agreed that the amendment was succinct, and he offered his support for the not yet offered amendment.

[3:25:33 PM](#)

Co-Chair Herron opened public testimony.

[3:25:55 PM](#)

SHELLY HUGHES, Government Affairs Director, Alaska Primary Care Association (APCA), noted that she was the wife and the mother of veterans. She testified that this was an important resolution as there had not been very much response from the Veterans Administration (VA). She expressed concern for rural veterans without access to VA health care facilities. She explained that required care was only received if the medical condition was military service related and met certain criteria. She reported that veterans either did not receive the needed care or they went to the Community Health Centers (CHC) or the tribal health clinics, neither of which received reimbursement from the VA. She offered support for a partnership between the VA and the Department of Health and Human Services to streamline the process. She directed attention to the increasing health needs of aging veterans and returning veterans. She pointed out

that CHCs were in the local communities, so that family members were available for support.

[3:28:55 PM](#)

EVANGELYN DOTOMAIN, President & CEO, Alaska Native Health Board (ANHB), said that ANHB supported HJR 10. She stressed that the services and funding should "follow the veteran." She explained that tribal health provided health service to veterans, but did not receive any reimbursement from the VA.

[3:30:12 PM](#)

MCHUGH PIERRE, Director of Communications; Legislative Liaison, Office of the Commissioner/Adjutant General, Department of Military & Veterans' Affairs (DMVA), stated that DMVA had concerns for the sharing of federal funding with Alaskan agencies.

[3:31:13 PM](#)

REPRESENTATIVE GUTTENBERG reiterated that the veterans deserved the benefits, and he noted that other states also had this same problem.

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[Co-Chair Herron closed public testimony.]

[3:32:33 PM](#)

CO-CHAIR KELLER moved to adopt Amendment 1, labeled 26-LS0313\S.1, Bailey, 3/10/09, which read:

Page 4, following line 10:

Insert new material to read:

"**FURTHER RESOLVED** that the Alaska State Legislature urges the United States Congress to ensure that health care services follow veterans to where they live and work so that veterans are not obligated to search for the veterans' services to which they are entitled; and be it"

There being no objection, Amendment 1 was adopted.

[3:33:11 PM](#)

CO-CHAIR KELLER moved to report CSHJR 10 (MLV), as amended, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHJR 10 (HSS) was reported from the House Health and Social Services Standing Committee.

Presentation: Alaska Brain Injury Network: Traumatic Brain Injury

[3:34:53 PM](#)

CO-CHAIR HERRON announced that the next order of business would be a presentation on traumatic brain injury (TBI) and a Power Point, "Combating T.B.I. in Alaska" by the Alaska Brain Injury Network. [Included in the members' packets.]

[3:35:20 PM](#)

JILL HODGES, Executive Director, Alaska Brain Injury Network (ABIN), reflected that there had been good discussion at the last House Health and Social Services Standing Committee meeting about prevention of brain injuries. She commented that both the military and the tribal system both had recognized the challenges of traumatic brain injuries.

[3:36:32 PM](#)

[Ms. Hodges showed a short video about, Will and Jennie, two Alaskans with traumatic brain injuries.]

[3:48:14 PM](#)

MS. HODGES pointed out that Will and Jennie were able to function in school and be the best that they could be. She identified the three programs that she wanted to highlight: a solution to fund access for needed care, a means to develop these programs in Alaska, and a system to arrange case management for more access to care.

[3:49:17 PM](#)

CHRISTIE ARTUSO, Director of Neurosciences, Providence Alaska Medical Center, stated that Alaska was the leading state for traumatic brain injury (TBI) to children, adolescents, and older adults, and second for overall TBIs. She directed attention to her Power Point, "Combating T.B.I. in Alaska" and referred to slide 3, "Recent case" She described the patient to have

had a T.B.I. associated with alcohol consumption. She detailed his multiple hospitalizations, the unreimbursed healthcare costs, and his assaults on 27 staff members, and opined that this was the result of a lack of a location that met his needs in Alaska, and his lack of resources to go out of state.

[3:51:21 PM](#)

MS. ARTUSO spoke about slide 4, "A growing public health crisis," and she read "The human brain itself controls physical, cognitive and behavioral functions." She pointed out that the medical industry focused on the physical functions, but that she would discuss the cognitive and behavioral functions. She explained that a traumatic brain injury (TBI) could be a blow, a jolt, or a penetrating injury to the head which could temporarily or permanently disrupt normal function. She showed slide 5, which depicted Alaskans engaged in adventuresome activities.

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MS. ARTUSO said that even helmets did not guarantee protection from TBI. She commented on slide 6, "Causes of T.B.I," and listed some of the causes. She explained that improvised explosive devices (IEDs) were a leading cause for military personnel and that shock blast could have an effect for 100 feet. She observed that, similar to a broken leg, brain injuries needed time to heal.

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MS. ARTUSO explained the diagram on slide 7, "Simplified Brain Behavior Relationships," which described the functions for the different lobes of the brain. She said that a brain injury could have no obvious signs or symptoms. She showed slide 8, a picture of a game of hockey.

[3:53:58 PM](#)

MS. ARTUSO introduced slide 9, "Meet Jonathan...." She described Jonathan to be a 14 year old, 'A' student, who was hurt playing hockey. She shared that the CT scan of the brain did not show anything out of the ordinary, so Jonathan played soccer the next night. She disclosed that it was the soccer coach who realized that something was not right with Jonathan. She discussed the tests that were then given to Jonathan. She spoke about the IMPACT (Immediate Post-Concussion Assessment and

Cognitive Testing) program, which used a computer based cognitive test of memory, as memory was a major brain function. She emphasized that proper gear was only part of the concern, and that awareness of the significance of impact related injuries was even more important. She spoke about the danger of second impact injuries.

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MS. ARTUSO reported on slide 10, "Significance in Alaska," and reported that TBIs occurred statewide to almost 1 out of 1,000 people, and to more than 2 out of 1,000 in Southcentral Alaska. She revealed that Alaska was second in the nation for the overall incidence of TBI, and that 32 percent of completed suicides in Alaska had a history of TBI.

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MS. ARTUSO directed attention to slide 11, "Military significance..." and she noted that TBI was historically present in 14 - 20 percent of surviving casualty reports, but that this percentage had increased with the conflicts in Iraq and Afghanistan. She reported that the only cognitive therapies in Alaska were "for-pay" services. She emphasized that specific therapy in a controlled environment with trained support staff was necessary to re-teach use of the non-injured parts of the brain.

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MS. ARTUSO turned to slide 12, "Ongoing impact..." and reported that military sources identified the "lack of community-based services as a looming barrier to treatment." She further noted that the Department of Defense had estimated that 10 - 20 percent of soldiers would incur a TBI.

[4:00:25 PM](#)

MS. ARTUSO detailed slide 13, "Cost of Care in Alaska," and related that Providence Alaska Medical Center diagnosed almost 1300 patients with brain injury in 2006 and 2007. She shared that the cost to patients with mild to moderate TBIs during the third quarter of 2008 was more than \$500,000.

[4:00:57 PM](#)

MS. ARTUSO spoke about patients with stroke, as described on slide 14, "Acquired Brain Injury." She listed strokes in Alaska to be the fourth leading cause of death, the leading cause of disability, and the highest rate for mortality in the US. She detailed the advances to stroke support currently being implemented in Alaska, which included telemedicine carts, a stroke neurologist, and new therapies.

[4:02:51 PM](#)

MS. ARTUSO continued on to slide 15, "Acquired Brain Injury" and revealed that, in 2005, there were almost 3000 strokes in Alaska, and that an additional 8000 Alaskans lived with the effects from stroke. She emphasized the need for ongoing cognitive rehabilitation services in Alaska.

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MS. ARTUSO, referring to slide 16, "Alaska's scorecard...Documented success...." said that public awareness had lead to an overall decrease in the incidences of TBI. She noted that TBIs from ATV and falls were the exception.

[4:04:31 PM](#)

MS. ARTUSO mentioned slide 17, "National Standard of Care" and stated that this "early, intensive acute treatment and rehabilitation" was available in Alaska. She called attention to the lack of a full continuum of care in Alaska.

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MS. ARTUSO discussed slide 18, "The time to act is now...," and shared that there was a need "to facilitate more public and private cooperation in all of the aspects: awareness, education, treatment, and research." She stated emphatically that Alaskans "deserve no less."

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MS. ARTUSO cited slide 19, "What is needed...." and shared that a continuum of care for TBI patients was being developed that included both day and residential programs. She announced the necessity of a funding source for Medicaid patients.

MS. HODGES reported that SB 118, "An Act relating to medical assistance coverage for traumatic brain injury services," was recently introduced to target the needs for this group.

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MS. ARTUSO explained slide 20, "Why a Waiver?" She shared that 23 other states had Medicaid waivers, and that this was a foundation to start the programs. She supported the need for waivers to allow Medicaid-eligible individuals to live independently in the community, rather than in a hospital or nursing facility.

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MS. ARTUSO summarized slide 21, "Waivers on the national scene" and noted that, since 1991, 23 states had recognized the need for additional funding for the TBI population. She shared that many states had multiple Medicaid waivers for home and rehabilitative services for TBI patients. She asked the eligibility be redefined, and explained that waivers "were established because the states lacked the capacity to provide these special services to individuals with brain injury."

[4:09:35 PM](#)

MS. ARTUSO read from slide 22, "National significance...", that "six states reported that prior to their waiver, Medicaid eligible individuals [with brain injuries] were frequently placed in specialized, high cost facilities outside the state." She confirmed that the decision to establish waivers was an effort by the state to keep its citizens in the communities with their families.

[4:09:57 PM](#)

MS. ARTUSO commented that slide 23, "Why Now?" was a proactive response to meet the service needs of TBI individuals. She reported that the Alaska Brain Injury Network had a structured 10-year plan that would decrease the out of state placement.

[4:11:12 PM](#)

CO-CHAIR HERRON asked how many brain injuries the average person received.

[4:11:51 PM](#)

MS. ARTUSO revealed that, until recently, concussions were not recognized as a brain injury. She noted that the different levels of severity had allowed for a different philosophy of response. She explained that the recent development of tests now revealed the changes of brain function. She said that most people had probably suffered a brain injury, but that there were not any published statistics.

[4:12:57 PM](#)

CO-CHAIR HERRON asked if there was a danger from minor repetitive injuries to the brain.

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MS. ARTUSO agreed.

[4:13:39 PM](#)

MS. HODGES mentioned that articles had been written, based on concussions to NFL players, which detailed the deep damage to the brain from repetitive concussions.

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CO-CHAIR HERRON asked why Alaska was leading the nation in TBI injuries to teens.

[4:15:12 PM](#)

MS. ARTUSO pointed out that Alaska had a young, physically active population who participated in TBI potential activities.

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Co-Chair Herron opened public testimony.

[4:16:04 PM](#)

CHRISTINE DECOURTNEY said that she had worked for Alaska tribal health. She shared that she had suffered two TBIs about 11 months apart. She stated that the symptoms had occurred without any physical signs. She opined that it was her own initiative to seek a provider with a definitive answer that allowed her recovery. She said that it was very difficult to find any

answers in Alaska, and she stressed that Alaskans deserved the opportunity to find TBI resources in Alaska.

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PATRICIA CHAPMAN described her work with a brain injury support group in Ketchikan, and she shared that her daughter had TBI. She said that there were hundreds of people with TBI in Ketchikan, yet there were not any local TBI experts. She explained that her daughter qualified for a developmentally disabled waiver, even though she was brain injured, not developmentally disabled. She described the limitations of the waiver, which instructed that service givers were not provided during her daughter's napping times. She emphasized the need for specialized care for TBIs. She offered her belief that there was better recovery for TBI when patients were in their own community and had community support. She declared that there was a lack of neuro counselors in Alaska. She announced that many people in Ketchikan who suffered from TBI were not able to find services, so they resorted to self medication.

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Co-Chair Herron closed public testimony.

[4:26:04 PM](#)

REPRESENTATIVE COGHILL explained that a waiver was an exemption to the Medicaid general rules. He asked about the problems with getting the waiver.

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MS. HODGES recounted that the ABIN had recommended a waiver for TBI since the completion of a needs assessment for Alaska many years before. She opined that there had not been any action toward improvement for the existing Medicaid program or to allow an additional waiver. She cited three reasons for non support by Medicaid for TBI: Medicaid eligibility criteria were based on physical, not cognitive, issues; cognitive therapy was not a component in Medicaid; and the level of care would need to be changed. She shared that other states had amended Medicaid and included a level of care that included TBIs. She mentioned that although SB 61 had suggested recommendations, these did not offer much direction to Home and Community Based Services (HCBS).

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REPRESENTATIVE COGHILL said that the Department of Health and Social Services (DHSS) had to apply for the waiver, and the individual had to qualify.

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MS. ARTUSO, in response to Representative Coghill, opined that the level of care was not well defined for the existing waivers. She explained that the current definition for disability was defined by functional disability, not cognitive disability. She noted that many TBIs had cognitive disabilities, and not functional disabilities; therefore, they did not qualify for medical waivers. She said that there were now evidence based tests to document cognitive disability.

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REPRESENTATIVE COGHILL asked about Alzheimer's.

[4:31:49 PM](#)

MS. ARTUSO explained that Alzheimer's was a chronic, debilitating condition that did not reverse, and could not be treated. She said that these patients did well in assisted living, with medication that would slow the condition. She explained that TBI was an injury that could heal, depending on the level of severity, when given time and cognitive therapy. She compared that TBI necessitated a healing environment, whereas Alzheimer's required a protective environment.

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REPRESENTATIVE COGHILL reflected that the dilemma was that both required payment for services and that the federal government would not acknowledge some of the Alzheimer's issues, either.

[4:34:18 PM](#)

MS. HODGES said that the ABIN had recommended that the Medicaid waiver language be written to better define the cognitive component for Alzheimer's, as well.

[4:34:49 PM](#)

REPRESENTATIVE CISSNA asked about the term, 'universal worker.'

[4:36:54 PM](#)

MS. ARTUSO, in response to Representative Cissna, said that this was not the type of care that the population needed. She reported the best to be a day care, therapeutic, group environment, structured for their needs. She relayed that the national best practice standard for cognitive therapy were exercises to allow recovery for parts of the brain. She added that day care group settings were much more economical than individual care in the home.

[4:38:04 PM](#)

REPRESENTATIVE CISSNA asked if telemedicine and telepsychiatry would be successful for these patients.

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MS. ARTUSO agreed. She explained that this was already being implemented with the existing telemedicine programs and being developed with the tribal health facilities. She said that the first prototype residential and day care program was being developed in Southcentral Alaska, and that this would be the model for smaller rural programs. She shared that one model allowed for educated and trained, though not licensed, providers. She offered her belief that this would allow create more job opportunities.

[4:39:56 PM](#)

REPRESENTATIVE LYNN asked about the difference between TBI and stroke, and each of the different therapies.

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MS. ARTUSO explained that stroke was a decrease in the oxygen and nutrient supply to an area of the brain. She said that those brain cells ceased to function, and were either injured or dead. She said that the cells don't conduct an impulse, similar to an electric current. She explained that with a TBI, the impulse carrying tissue was sheared and was no longer conductive. She allowed that although these were two different types of injuries, they sometimes resulted in similar cognitive disabilities. She explained that each therapy program was unique to the individual; but that some therapies would work for

both types of injury to either recover or retrain another area of the brain for compensation.

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REPRESENTATIVE COGHILL asked about a systems approach for funding.

[4:43:08 PM](#)

MS. ARTUSO explained that, after the emergency response, the hospital evaluation, the cognitive screening, and the discharge, there were limited resources for referral. She said that there were no day care programs for cognitive therapy, and that neuropsychologists were "for-pay" service. She allowed that if the patient did not have insurance which paid for this, the result was very large expenses. In response to a question from Representative Coghill, she explained that many severe brain injuries were transferred to Anchorage and Providence Hospital, but that once the patient returned to a rural area, there was not a continuum of care.

[4:44:39 PM](#)

REPRESENTATIVE SEATON asked for a definition for cognitive therapy.

[4:45:11 PM](#)

MS. ARTUSO responded that there were several types and that a group of cognitive therapies were designed to meet the specific needs of the patient.

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REPRESENTATIVE SEATON asked about ways to identify a cognitive disability.

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MS. ARTUSO reported that the nationally recognized IMPACT test for cognitive disability showed results that were different than with a developmental disability. She explained the necessity for appropriate wording to a waiver because the current qualifying tests for benefits did not allow for documented, evidence based cognitive disability. She said that waivers only allowed for developmental disability.

[4:48:54 PM](#)

REPRESENTATIVE HOLMES asked where the majority of TBIs were occurring.

[4:49:29 PM](#)

MS. ARTUSO said that the majority of incidences were in the most populated area, Southcentral Alaska. She related that 34 percent were Alaskan Native.

[4:50:00 PM](#)

REPRESENTATIVE HOLMES clarified that a higher number were in the Anchorage region, but that the higher rate were outside Anchorage. She asked about the type of services available with a waiver.

[4:50:42 PM](#)

MS. ARTUSO said that a day care cognitive therapy program was being developed for the Matanuska-Susitna area, with a residential program planned as the next stage. She assessed that after this stage, there would be a needs evaluation to determine whether to grow the Mat-Su capacity, or to build smaller programs in rural regions. She mentioned that the stroke services program would be developed simultaneously, though separately. She reported that both programs would link at some future time.

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CO-CHAIR KELLER asked if the community health centers also required waivers.

[4:52:38 PM](#)

MS. ARTUSO said yes.

[4:52:52 PM](#)

CO-CHAIR KELLER asked if the Mat-Su Regional Medical Center was the only center working on the TBI care program.

MS. ARTUSO replied that no other centers were currently interested in pursuit of the entire program development.

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MS. HODGES, in response to Co-Chair Keller, said that the TBI statistics were based on five year averages.

MS. ARTUSO said that Texas and New Jersey both had TBI fatalities which prompted the state legislatures' to increase awareness.

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MS. HODGES, in response to Co-Chair Keller, said that, since 1999, behavioral health centers were required to screen for brain injuries. She explained that behavioral health focused on cognitive, behavioral, and emotional aspects, but not the occupational and physical therapy components. She said that Alaskans needed a collaborative effort for all these therapies.

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MS. HODGES, in response to Representative Cissna, said that the Alaska Mental Health Trust Authority (AMHTA) had been supportive with money toward brain injury training. She expressed the need for general fund financial allocations to continue the training. She said that an introduction to brain injury curriculum had been developed, and that this program would teach 15 rural leaders to become mentors and the point of contact in their community. She acknowledged that a lot of training was still necessary to support the workforce.

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ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:57 p.m.