

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 19, 2012

1:36 p.m.

MEMBERS PRESENT

Senator Bettye Davis, Chair
Senator Dennis Egan
Senator Kevin Meyer

MEMBERS ABSENT

Senator Johnny Ellis
Senator Fred Dyson

COMMITTEE CALENDAR

PRESENTATION: ALASKA BRAIN INJURY NETWORK

- HEARD

SENATE BILL NO. 5

"An Act relating to eligibility requirements for medical assistance for certain children and pregnant women; and providing for an effective date."

- HEARD AND HELD

PREVIOUS COMMITTEE ACTION

BILL: SB 5

SHORT TITLE: MEDICAL ASSISTANCE ELIGIBILITY

SPONSOR(S): SENATOR(S) DAVIS, EGAN, ELLIS, FRENCH, WIELECHOWSKI

01/19/11	(S)	PREFILE RELEASED 1/7/11
01/19/11	(S)	READ THE FIRST TIME - REFERRALS
01/19/11	(S)	HSS, FIN
03/07/11	(S)	HSS AT 1:30 PM BUTROVICH 205
03/07/11	(S)	Heard & Held
03/07/11	(S)	MINUTE(HSS)
03/23/11	(S)	HSS AT 1:30 PM BUTROVICH 205
03/23/11	(S)	Heard & Held
03/23/11	(S)	MINUTE(HSS)
03/28/11	(S)	HSS AT 1:30 PM BUTROVICH 205
03/28/11	(S)	Moved SB 5 Out of Committee
03/28/11	(S)	MINUTE(HSS)

03/30/11 (S) HSS RPT 3DP 1DNP 1AM
 03/30/11 (S) DP: DAVIS, ELLIS, EGAN
 03/30/11 (S) DNP: DYSON
 03/30/11 (S) AM: MEYER
 04/08/11 (S) FIN AT 9:00 AM SENATE FINANCE 532
 04/08/11 (S) Heard & Held
 04/08/11 (S) MINUTE(FIN)
 04/11/11 (S) FIN RPT 4DP 2NR
 04/11/11 (S) DP: HOFFMAN, THOMAS, EGAN, ELLIS
 04/11/11 (S) NR: STEDMAN, OLSON
 04/11/11 (S) FIN AT 9:00 AM SENATE FINANCE 532
 04/11/11 (S) Moved SB 5 Out of Committee
 04/11/11 (S) MINUTE(FIN)
 04/14/11 (S) RETURNED TO RLS COMMITTEE
 03/16/12 (S) RETURNED TO HSS COMMITTEE
 03/19/12 (S) HSS AT 1:30 PM BUTROVICH 205

WITNESS REGISTER

Dr. Heather Macomber, Board Member
 Alaska Brain Injury Network (ABIN)
 Anchorage, Alaska,

POSITION STATEMENT: Presented information on the Alaska Brain Injury Network.

THOMAS OBERMEYER, Staff
 Senator Bettye Davis
 Alaska State Legislature
 Juneau, Alaska

POSITION STATEMENT: Explained the changes in version I of SB 5 on behalf of the sponsor.

ACTION NARRATIVE

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CHAIR BETTYE DAVIS called the Senate Health and Social Services Standing Committee meeting to order at 1:36 p.m. Present at the call to order were Senators Egan, Meyer, and Chair Davis.

Presentation: Alaska Brain Injury Network

CHAIR DAVIS announced the first order of business was a presentation by the Alaska Brain Injury Network.

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DR. HEATHER MACOMBER, Board Member, Alaska Brain Injury Network (ABIN), presented information related to ABIN. She related that

AlaskaNeuro Associates has been managing the concussion program for the Anchorage School District since [HB 15] was implemented last year. She explained the definition of sports concussion and listed facts related to them.

She said that sports concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. They are self-resolving and most that occur do not have a loss of consciousness. Athletes who have sustained concussions are 4 to 6 times more likely to sustain a second concussion. Most concussions occur in football.

She related that concussion awareness has been developing over the past ten years. Similar programs have been implemented in the Lower 48. The Center for Disease Control (CDC) considers concussions at an epidemic level. It is important to protect student athletes because their brains are still developing and they are vulnerable to lasting effects of a concussion.

DR. MACOMBER described the mechanism of concussions and the neurometabolic change of concussions. She listed a concussion as a metabolic injury which does not show up on a MRI.

She addressed why concussion management is important. It is important to prevent cumulative effects of the injury and allow players to return quickly and safely to play. Sideline assessment helps identify when to seek immediate medical attention. Second impact syndrome happens rarely, but it can be fatal. Most often second impact syndrome occurs in athletes younger than 21 years old. There is an increase in the risks of concussions with more than one; each concussion is more serious and the recovery is longer.

DR. MACOMBER addressed the common immediate post-concussive symptoms; emotional, cognitive, physical, and sleep problems. Most concussions recover in a couple of weeks.

DR. MACOMBER stressed that an athlete cannot be trusted to self-report because they want to continue to play the sport. She said that when the word "concussion" is removed from the questioning of an athlete about his or her injury, the rate of reporting increases dramatically. She showed a quotation from a New York Times article: "Anonymous questionnaires that ask specifically about concussions have reported rates among high school football players at about 15 percent each season; when the word concussion is omitted and a description of symptoms is provided

instead, close to 50 percent of players say they had one, with 35 percent reporting two or more."

She described former neurology guidelines and new concussion management guidelines. Too much weight was given for loss of consciousness in the past. She listed five steps of concussion management: remove symptomatic athletes from play, restrict them from play when they are symptomatic, graduate the return to play, provide neurocognitive testing, and recognize the differences when testing children.

DR. MACOMBER discussed the neuropsychology role in working with concussion victims by using the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT) method. She related that ABIN is the only entity using this assessment tool. She explained that ImPact is a 20 to 25 minute test covering a range of symptoms. She listed the entities that use ImPACT, such as the military, professional sports, colleges, and school districts. She showed a graph listing the unique contribution of neurocognitive testing to concussion management. She concluded that the test reveals insight into concussions.

DR. MACOMBER talked about the ImPACT "Bell-Ringer" study consisting of 64 high school athletes with "mild" concussions and no loss of consciousness. Two groups were compared in terms of outcome.

She pointed out that post-traumatic migraine is a common symptom following sports concussions. She addressed the cumulative effects of more than one concussion. Evidence exists that more than three concussions is associated with ongoing adverse effects in some athletes. She shared additional ImPACT research.

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DR. MACOMBER related the clinical protocol with neurocognitive testing. She described baseline pre-testing, sideline assessment, and principles of sideline assessment, which are to remove the athlete from distracting activity and people, try to maintain their full attention, speak in a loud and clear voice, and have the athlete perform all tasks listed on the assessment card. If they fail any questions, they cannot return to play. Sideline assessment is completed by a coach, athletic trainer, EMT, or someone who knows the signs of a concussion. Athletes with severe signs go directly to the ER.

DR. MACOMBER showed a card containing the best approach to concussion management that can be used by coaches. It contains

on-field cognitive testing. She showed an example of the pre-test protocol. She gave examples of a design memory test.

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DR. MACOMBER reported on the Anchorage School District post-injury protocol. She described how the injured student is assessed. She listed steps in the return-to-play protocol. She gave examples of what injured athletes can and cannot do.

DR. MACOMBER stressed what ImPACT will do when used properly by trained professionals. It will determine the severity of the concussion, provide valuable information to the athlete, parents, athletic trainers, physicians, and teachers, determine when it is safe to return to play, and reduce liability for school districts.

She said the ImPACT process is a team collaboration where coordination between parents, coaches, nurses, teachers, counselors, and the student is critical.

DR. MACOMBER talked about why schools choose ImPACT; concussions are one of the most serious medical problems at the high school level, proper management of concussions is the best form of prevention of serious injury, litigation for improper management of concussions can be avoided, and it creates a team approach to concussion management.

She shared current Anchorage School District (ASD) data. ASD middle and high school students completed 8,354 baseline assessments and there were 30 post-injury tests. She opined that there should be more post-injury tests: however, it is a brand new program and students are reluctant to discuss their symptoms. Also, some parents and coaches are unhappy with the program.

DR. MACOMBER spoke of challenges to the program such as under-reporting of concussions and the poor roll-out of the program by schools. Some coaches did not cooperate and students underreported injuries due to fear of prolonged/excessive restriction. Teachers and support staff were sometimes unwilling to meet students' needs or grant accommodations. A few coaches directed students to re-take baselines in order to assess concussion themselves, despite having no training in this regard. Some students deliberately performed poorly on the baseline, with the goal of being returned to play faster after a concussion. Some baselines were conducted in suboptimal

conditions, resulting in low scores that do not reflex students' true abilities.

DR. MACOMBER spoke of financial and insurance constraints such as under-insured or uninsured students, higher co-pays, codes denied or insurance unwilling to pay for assessment, no additional resources available to alleviate patients' financial burdens, and no insurance available.

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DR. MACOMBER reviewed the key points from the presentation.

DR. MACOMBER showed a video - Sports Concussions Are Brain Injuries.

[2:14:10 PM](#)

CHAIR DAVIS pointed out that some parents agree and some don't agree with the ImpACT assessment. She wondered how accurate the numbers were that were obtained from the school district.

DR. MACOMBER said that all schools differ in their reporting.

CHAIR DAVIS asked what happens when neglect has occurred.

DR. MACOMBER replied that AlaskaNeuro Associates communicates with the schools about any reported problem. The schools try to address the problem internally.

CHAIR DAVIS suggested legislation might be the answer to this dilemma. She stressed that she was concerned about the school-age population. She asked where the grant money comes from.

DR. MACOMBER offered to provide that information. She recalled that a student had applied to an agency called LINKS, which turned out to be for those who were older than 18.

CHAIR DAVIS asked if students were required to have insurance in order to play sports.

DR. MACOMBER said no.

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SENATOR EGAN asked why a parent would be against this program.

DR. MACOMBER listed various reasons. Some of the parents felt they were being forced into the program or that their own

physician should determine the plan for evaluation and treatment of a concussion.

SENATOR EGAN pointed out that this type of assessment is being done in professional and high school sports.

DR. MACOMBER said Alaska was one of the last state's to have a program. She described how the program came to be.

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SENATOR MEYER asked for DR. MACOMBER's background.

DR. MACOMBER said she was a neuropsychologist.

SENATOR MEYER asked if she specialized in brain injuries.

DR. MACOMBER said she did.

SENATOR MEYER inquired if concussions are brain injuries and if they can cause permanent damage.

DR. MACOMBER replied that a concussion is considered the mildest form of a brain injury and usually resolves itself, but it can cause permanent damage.

SENATOR MEYER asked if the brain can be surgically fixed.

DR. MACOMBER gave examples of the instances when surgery could be used; however, she said most concussions just require rest. She described the role of glucose in the brain.

SENATOR MEYER related concussions to Fetal Alcohol Spectrum Disorder.

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SENATOR MEYER wanted to know if treatment protocols for concussions were practiced statewide.

DR. MACOMBER did not know.

SENATOR MEYER suggested making the program standard for all high schools.

DR. MACOMBER said the state standard now is that an athlete must be cleared by a person certified in concussion management before he or she can play again. She described the credentialing program and who can deliver the program.

SENATOR MEYER asked if athletic trainers are qualified to make the assessment.

DR. MACOMBER said they were not because they don't have the training. She gave an example and discussed the liability issue.

SENATOR MEYER restated the question to ask about sideline assessment.

DR. MACOMBER related that trainers and coaches could be trained to do those assessments. She described how the information is shared with the school district.

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CHAIR DAVIS asked if AlaskaNeuro reports back to the school district and the Department of Education.

DR. MACOMBER explained they report to the school district, but not the Department of Education.

CHAIR DAVIS stated that the issue of concussion treatment needs more work in the state.

DR. MACOMBER opined that the bill was a start. Over 8,000 students have baseline data.

SENATOR MEYER asked who makes up AlaskaNeuro Associates.

DR. MACOMBER replied that it was just herself and Dr. Cherry. She said Alaska is underserved by neuropsychologists with only six in the state. It is challenging if Medicaid does not reimburse for services or TriCare does not preauthorize services.

CHAIR DAVIS asked if TriCare is military insurance.

DR. MACOMBER said it was. She reported that private insurance does reimburse.

SB 5-MEDICAL ASSISTANCE ELIGIBILITY

[2:28:43 PM](#)

CHAIR DAVIS announced that SB 5 was before the committee.

SENATOR EGAN moved to adopt the proposed CS for SB 5, labeled 27-LS0057\I, as the work draft before the committee.

CHAIR DAVIS objected for discussion purposes.

THOMAS OBERMEYER, staff to Senator Bettye Davis, sponsor of SB 5, explained the changes in version I. The changes were made in response to requests from the Senate to increase the 200 percent federal poverty guideline only for children [12 and under], so that there would be less opposition to including pregnant women and children 13 through 19 in the increase.

He addressed changes in the bill. The title of the bill no longer includes pregnant women. Women and children 13 and over are covered at 175 percent of the federal poverty line. Subsection 16 on page 4 of the bill is entirely new. It reads, "persons under 13 years of age who are not covered under (a) of this section and whose household income does not exceed 200 percent of the federal poverty line as defined by the United States Department of Health and Human Services and revised under 42 U.S.C. 9902(2)."

MR. OBERMEYER said these changes were made to address concerns by the department, the governor, and others, regarding the possibility of abortions. The bill would add 968 more children to the Denali KidCare Program who otherwise would be uninsured.

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SENATOR MEYER assumed there had been no pregnancies under the age of 13.

MR. OBERMAYER opined that it would be extremely rare.

CHAIR DAVIS said it was a possibility, but she did not know of any. She offered to provide that information; however, she said the numbers would be difficult to attain.

MR. OBERMEYER corrected a previous statement to say "under 13."

CHAIR DAVIS clarified that the changes in the bill are small and it now covers ages zero to 12 only. She understood that the federal government will now pay the full 70 percent match.

MR. OBERMEYER pointed out that the fiscal notes were drafted for the previous version of the bill. He explained that after the committee adopts version I, the Department of Health and Social Services will draft new fiscal notes.

MR. OBERMEYER emphasized that only children would be counted in the new fiscal notes.

CHAIR DAVIS noted that the committee had adopted version I of SB 5. She requested new fiscal notes by Wednesday. [SB 5 was held in committee.]

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There being no further business to come before the committee, Chair Davis adjourned the Senate Health and Social Services Standing Committee at 2:37 p.m.