

**SB**

**219**

<target><bill>SB 219</bill><subject>SB  
219</subject><comm>SFIN26</comm></target>

# ALASKA STATE LEGISLATURE

Session  
State Capitol Building, Room 125  
Juneau, Alaska 99801-1182  
Phone (907) 465-2995  
Fax (907) 465-6592

Interim  
716 West Fourth Avenue, Suite 430  
Anchorage, Alaska 99501  
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Chair  
Senate Special Committee on Energy  
Senate Committee on World Trade,  
Technology and Innovations

Co-Chair  
Senate Resources Committee

Member  
Senate Judiciary Committee

## SENATOR LESIL MCGUIRE

### Sponsor Statement CS for Senate Bill 219 (26-LS1312\E)

The CS for Senate Bill 219E establishes a traumatic or acquired brain injury program and registry in the Department of Health and Social Services. Currently, Alaska has no specific program specifically to deal with brain injury and yet Alaska has one of the highest rates in the nation. Annually, there are about 800 Alaskans hospitalized with a traumatic brain injury resulting from falls, car crashes, domestic violence, All Terrain Vehicle crashes, and snow-machine crashes, among others. Furthermore, an approximately equal number of Alaskans are suffering from acquired brain injuries resulting from stroke, aneurism, or tumors.

Alaska urban and rural residents, including military are being discharged to their homes with little understanding of brain injury or access to in-state rehabilitation, severely impacting their families. Limited education about the injury, learning to cope with a person who has changed, overwhelming stress from insurance, bureaucracy, and financial burdens and change in family roles may render families dysfunctional.

With appropriate and available care, rehabilitation, community and family support, even the individual who is most severely injured can live at home, return to school or work, or engage in meaningful and productive lives.

Funding a Traumatic or Acquired Brain Injury (T/ABI) Program gives authority to the Department of Health and Social Services to collect data on the injured, positioning the state to access Medicaid funds for T/ABI. Medicaid services for T/ABI will be matched 50% by federal funds. The bill allows for streamlining department services and activities that are unique to T/ABI. This would better assist families and individuals with T/ABI in knowing how to access services and supports.

Early treatment may reduce future medical and social costs. Without appropriate services, some individuals with T/ABI may pose a threat to themselves or others. Without assistance, individuals with TBI often end up homeless, in jail or in nursing homes. Service coordination, rehabilitation, and appropriate supports can help to minimize these risks.

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**SENATOR LESIL MCGUIRE**

## Summary of Changes Between SB 219A and CS for SB 219E

This document is an identification of the changes between W.O. 26-LS1312\A and W.O. 26-LS1312\E. Some of the changes between SB 219A and CS for SB 219E are based on recommendations from the Department of Health and Social Services.

**Title of SB 219A** is amended so that "traumatic brain injury" is replaced with "traumatic or acquired brain injury" in CS for SB 219E because the program, registry, and medical assistance coverage deals with brain injury that is not only a result of sudden trauma but also otherwise acquired through stroke, aneurism, or tumors. All other references in **SB 219A** to "traumatic brain injury" have been replaced by "traumatic or acquired brain injury" in **CS for SB 219E**.

**Section 1 of CS for SB 219E** amends AS 18.15.360(a)(4) to state "longitudinal data on traumatic or acquired brain injury from the registry established under AS 47.80.500(c)(1); and." This section refers to a registry established under AS 47.80.500(c)(1) in **CS for SB 219E**, which lists specific longitudinal data on traumatic or acquired brain injury that the Department of Health and Social Services is authorized to collect.

4(A) through 4(D) in **Section 1 of SB 219A** is moved to **Section 5(c)(1) in CS for SB 219E** as (A) through (H).

Based on recommendations from the Department of Health and Social Services, the **CS for SB 219E** establishes the registry under AS 47.80, which deals with Persons with Disabilities under the Welfare, Social Services and Institutions. Persons with traumatic or acquired brain injury are currently under the jurisdiction of this sub-department. Originally in **SB 219A**, the registry would have fallen under AS 18.15, which deals with Disease Control and Threats to Public Health under Health, Safety, and Housing.

**Section 2 of SB 219A** is moved and established in **Section 5 of CS for SB 219E**. As a result, CS for SB 219E establishes the brain injury program in Title 47 of Alaska Statute, removing the program from Title 18 as established in SB 219A. The specifications in (c)(1) and (c)(2) in **SB 219A** are deleted in the **CS SB 219E**.

**CS SB 219E** therefore also amends the placement of the definition of “traumatic or acquired brain injury” to AS 47.80.590 from AS 18.15.590 in **SB 219A**. The CS for SB 219E changes the definition to “an insult from physical force or internal damage to the brain or its coverings, not of a degenerative or congenital nature, that produces an altered mental state and that results in a decrease in cognitive, behavioral, emotional, or physical functioning.”

Some further clarifications are made in the CS for SB 219E, which are detailed later.

**Section 3 of SB 219A** is moved and established as **Section 2 of CS for SB 219E**. Section 2 of CS for SB 219E amends the bill to offer case management services for traumatic or acquired brain injury. The wording has not been changed between SB 219A and CS for SB 219 except for the use of “traumatic or acquired brain injury.”

**Section 4 of SB 219A** is moved and established as **Section 3 of CS for SB 219E**.

Section 3 of CS for SB 219E:

- Adds a new subsection (e)(1) in AS 47.07.030 that defines what “case management services for traumatic or acquired brain injury” means as referred to in AS 47.07.030(b).
- Amends AS 47.07.030(e) by replacing “In this section, case management services for traumatic brain injury means” with “In this section,”
- Adds subsections AS 47.07.030(e)(1)(A), which further defines case management services as “care and service coordination to assist individuals and families affected by traumatic or acquired brain injury to minimize the disabling effects of the injury;”
- Moves what was AS 47.07.030(e)(2) and AS 47.07.030(e)(3) in **SB 219A** to AS 47.07.030(e)(1)(C) and AS 47.07.030(e)(1)(D) in **CS for SB 219E**.
- Based on recommendations of the Department of Health and Social Services, the language of AS 47.07.030(e)(1) in **SB 219A** is modified and moved to 47.07.030(e)(1)(B). Originally, the definition included: “and strengthen the local capacity for delivery of needed services, including housing.”
- Adds 47.07.030(e)(2), which indicates where the definition of “traumatic or acquired brain injury” can be found in Alaska Statute.

**Section 5 of SB 219A** is moved and established as **Section 4 of CS for SB 219E**.

Section 4 of **CS for SB 219E** adopts the new section AS 47.07.046 as established in **SB 219A**. The CS for SB 219E adds subsection AS 47.07.046(c) which specifies that the definition of “traumatic or acquired brain injury” can be found in AS 47.80.590.

**Section 6 of SB 219A** is removed in its entirety. However, **CS for SB 219E** does add a subsection (b)(10) in AS 47.80.500 which suggests that the Department of Health and Social Services deliver “a plan that describes recommendations for the development of a statewide delivery continuum of comprehensive rehabilitative, supportive, living, and community programs.”

**Section 5 of CS for SB 219E** adds new sections to AS 47.80 that define “Article 5A. Traumatic or Acquired Brain Injury” and establish a statewide program under AS 47.80.500. The change was recommended by the Department of Health and Social Services because a traumatic or acquired brain injury registry would be better placed under AS 47.80, which deals with Persons with Disabilities under the Welfare, Social Services and Institutions.

The CS for SB 219E:

- a. Establishes that a statewide traumatic or acquired brain injury program will be covered under AS 47.80 in **CS for SB 219E**. **SB 219A** had the program under AS 18.15.
- b. Clarifies what must be included under the statewide traumatic or acquired brain injury program in AS 47.80.500(b).
  1. AS 47.80.500(b)(1) amends that the data collected under the registry can be found in AS 47.80.500 (c)(1) in **CS for SB 219E** and not AS 18.15.360(a)(4) in **SB 219A**
  2. AS 47.80.500(b)(2) in **CS for SB 219E** is now what was AS 18.15.500(b)(2) in **SB 219A**
  3. AS 47.80.500(b)(3) in **CS for SB 219E** is now what was AS 18.15.500(b)(3) in **SB 219A**
  4. The CS for SB 219E clarifies in AS 47.80.500(b)(4) that there needs to be an “assessment of the availability acute and long-term care treatment, care, and support options in and outside the state for persons with traumatic or acquired brain injury;” rather than an “assessment of the availability of acute and long term care options in and outside the state for persons with traumatic brain injury.”
  5. AS 47.80.500(b)(5) in **CS for SB 219E** is now what was AS 18.15.500(b)(5) in **SB 219A**
  6. AS 47.80.500(b)(6) in **CS for SB 219E** is now what was AS 18.15.500(b)(6) in **SB 219A**
  7. The CS for SB 219E specifies in AS 47.80.500(b)(7) that there needs to be “coordination and expansion of public and privately funded residential and non-residential acute and long-term services, which includes education, referral, and home and community-based services.”
  8. AS 47.80.500(b)(8) in **CS for SB 219E** is now what was AS 18.15.500(b)(8) in **SB 219A**
  9. Adds AS 47.80.500(b)(9), which further defines that there is more than just the traditional treatment and care facilities, which may include long-term acute care hospitals, neurobehavioral programs, neuro-rehabilitation, supportive living, clubhouse model, and home and community based services.
  10. Adds AS 47.80.500(b)(10), which describes recommendations for the development of a statewide service delivery continuum of comprehensive rehabilitative, supportive, living and community programs. This change replaces what was originally Section 6 in **SB 219A**, which developed a pilot project for a statewide traumatic brain injury program under the uncodified law of the State of Alaska.

- c. CS for SB 219E adds a new subsection AS 47.80.500(c), which calls the Department of Health and Social Services to “establish and implement a traumatic or acquired brain injury registry of information from service providers” in AS 47.80.500(c)(1)
  - 1. Moves what was originally AS 18.15.360(a)(4)(A), AS 18.15.360(a)(4)(B), AS 18.15.360(a)(4)(C), and AS 18.15.360(a)(4)(D) **in SB 219A** under AS 47.80.500(c)(1) **in CS for SB 219E**
    - A. Clarifies what constitutes “health status” in AS 47.80.500(c)(1)(A)
    - B. Identifies “acute recovery period” in AS 47.80.500(c)(1)(B)
    - C. Adds “location of the” in AS 47.80.500(c)(1)(C)
      - i. Adds location of the “event that caused the injury” in AS 47.80.500(c)(1)(C)(i)
      - ii. Adds location of the “hospital treating the injury” in AS 47.80.500(c)(1)(C)(ii)
      - iii. Adds location of the “residence of the person with traumatic or acquired brain injury” in AS 47.80.500(c)(1)(C)(iii)
    - D. Clarifies what “access to and use of rehabilitation services” includes in AS 47.80.500(c)(1)(D)
    - E. Adds “access to and use of neuropsychological assessment” under AS 47.80.500(c)(1)(E)
    - F. Adds “status of long-term recovery at five-year intervals” under AS 47.80.500(c)(1)(F)
    - G. Clarifies “family impacts” in **SB 219A** as “financial and social effects on family” in **CS for SB 219E** with AS 47.80.500(c)(1)(G)
    - H. Adds “cost associated with services” in AS 47.80.500(c)(1)(H)
  - 2. Moves what was originally AS 18.15.500(c)(3) **in SB 219A** to AS 47.80.500(c)(2) in **CS for SB 219E**
  - 3. Moves AS 18.15.500(c)(4) in **SB 219A** to AS 47.80.500(c)(3) in **CS for SB 219E**
  - 4. Adds AS 47.80.500(c)(4), which calls the Department of Health and Social Services to “provide a standardized reporting form for use in gathering data for the registry”
- d. Adds AS 47.80.500(d) which establishes the definition of “service provider” mentioned in AS 47.80.500(c)

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Senate Resources Committee

Member  
Senate Judiciary Committee

**SENATOR LESIL MCGUIRE**

## **Summary of Changes Between CS SB 219(HSS)\E and CS for SB 219\S**

This document is an identification of the changes between W.O. 26-LS1312\E and W.O. 26-LS1312\S.

**Section 3** (page 2) amends the definition of "case management services for traumatic or acquired brain injury" to: "services furnished to assist individuals who reside in a community setting or who are transitioning to a community setting to gain access to needed medical, social, educational, and other available services."

Deletes subsections AS 47.07.030(A), (B), (C), and (D) from version E.

This change was a result of discussions with the Department of Health and Social Services. The definition was amended in the Health and Social Services Committee Hearing; however, after further consultation with the Department's Attorney General, the definition of case management services as provided in version E is more limiting than the Federal definition and the Department is uncertain as to whether or not Centers for Medicaid and Medicare Services would accept it.

After discussions with Legislative Legal Services and the Department, it has been determined that the definition in version S would not conflict with the Federal definition and thus would not complicate the process when the Department submits an amendment to the state's Medicaid plan.

# LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES  
LEGISLATIVE AFFAIRS AGENCY  
STATE OF ALASKA

(907) 465-3867 or 465-2450  
FAX (907) 465-2029  
Mail Stop 3101


State Capitol  
Juneau, Alaska 99801-1182  
Deliveries to: 129 6th St., Rm. 329

## MEMORANDUM

February 9, 2010

**SUBJECT:** Sectional Summary (SB 219 (Work Order No. 26-LS1312\R))

**TO:** Senator Lesil McGuire  
Attn: Esther Cha

**FROM:** Jean M. Mischel  
Legislative Counsel 

You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

**Section 1.** Adds longitudinal data on traumatic or acquired brain injury from the registry established under sec. 5 of the bill to the list of databases that the Department of Health and Social Services is authorized to collect, analyze, and maintain.

**Section 2.** Adds case management services for traumatic or acquired brain injury to the optional services provided to recipients of state medical assistance (Medicaid).

**Section 3.** Defines "case management services for traumatic or acquired brain injury" and "traumatic or acquired brain injury" for purposes of the optional services added by sec. 2 of the bill.

**Section 4.** Requires the Department of Health and Social Services to provide medical assistance services under a waiver if approved by the federal government and if the legislature appropriates necessary funding for the services.

**Section 5.** Establishes a statewide traumatic or acquired brain injury program in the Department of Health and Social Services to evaluate the effectiveness and availability of information and services for the prevention and treatment of traumatic or acquired brain injury in the state. Requires consultation and collaboration with public and private entities to fulfill a list of programmatic requirements including development of a statewide service delivery plan and registry of information and evaluation of current laws and standards pertaining to traumatic or acquired brain injury.

JMM:ljw  
10-078.ljw

# SENATE FINANCE COMMITTEE REPORT

DATE: 2/18/10

FURTHER:

DATE TURNED  
IN TO OFFICE: \_\_\_\_\_

Finance Committee considered SENATE BILL NO. 219

## SB 219 TRAUMATIC BRAIN INJURY:PROGRAM/MEDICAID

"An Act establishing a traumatic brain injury program and registry within the Department of Health and Social Services; and relating to medical assistance coverage for traumatic brain injury services."

and recommends:

- be replaced with  SCS or  CS SB 219 (FIN)
- adopt previous  SCS or  CS \_\_\_\_\_ (\_\_\_\_\_)
- attached amendment(s)
- adopt \_\_\_\_\_ Letter of Intent
- further referral to \_\_\_\_\_ Committee

**SENATE BILL:**  
 Same Title  
 New Title

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**HOUSE BILL:**  
 Same Title  
 Technical Title Change  
 New Title w/ SCR # \_\_\_\_\_

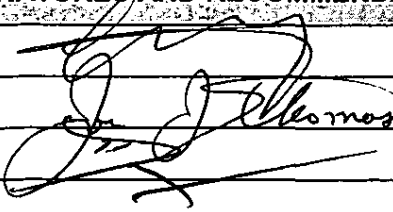
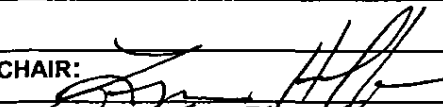

**NEW FISCAL NOTE(S):**

Department	Date	Fiscal	Indet.	Zero	FN#

**PREVIOUS FISCAL NOTE(S):**

Department	Date	Fiscal	Indet.	Zero	FN#
HSS	2/17			✓	1
HSS	2/12	✓			2

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Huggins			<del> </del>	
	Thomas			✓	
	Egan			✓	
CO-CHAIR: 	Hoffman	✓			
CO-CHAIR: 	Schimpf	✓		BS	

# FISCAL NOTE

**STATE OF ALASKA**  
**2010 LEGISLATIVE SESSION**

Fiscal Note Number: 1  
 Bill Version: CSSB 219(HSS)  
 (S) Publish Date: 2/18/10

Identifier (file name): SB219CS(HSS)-DHSS-SDSA-2-17-10 Dept. Affected: Health & Social Services  
 Title: Traumatic Brain Injury: Program/Medicaid RDU: Senior and Disabilities Services  
 Component: Senior and Disabilities Services-  
 Sponsor: McGuire Administration  
 Requester: Senate HSS Component Number: 2663

**Expenditures/Revenues (Thousands of Dollars)**

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information						
		FY 2011	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
<b>OPERATING EXPENDITURES</b>								
Personal Services								
Travel								
Contractual								
Supplies								
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
<b>TOTAL OPERATING</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

<b>CAPITAL EXPENDITURES</b>								
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<b>CHANGE IN REVENUES (</b>								
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**FUND SOURCE (Thousands of Dollars)**

	FY 2011	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
1002 Federal Receipts							
1003 GF Match							
1004 GF							
1005 GF/Program Receipts							
1037 GF/Mental Health							
Other Interagency Receipts							
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY2010) cost: \_\_\_\_\_

**POSITIONS**

Full-time							
Part-time							
Temporary							

**ANALYSIS:** (Attach a separate page if necessary)

This bill will establish a Traumatic or Acquired Brain Injury (TABI) Registry; establish a TABI case management program within the Division of Senior and Disabilities Services; and add case management services for people with TABI to the list of optional Medicaid services available in Alaska.

Two positions will be tasked with implementing the proposed legislation: a TABI Program Manager who will supervise data collection and analysis, coordinate services to people with TABI, evaluate standards and laws related to TABI, assess the availability of and evaluate acute and long-term care community services, investigate model community services, and coordinate funding of TABI care; and a Research Analyst to develop procedures for the collection of TABI information statewide, design and present statistical data, construct and modify research procedures and instruct others in their proper use. Current resources within the Division of Senior and Disabilities Services are sufficient to meet program needs.

Prepared by: Rebecca Hilgendorf, Director Phone 907-269-2083  
 Division: Division of Senior and Disabilities Services Date/Time 2/17/10 12:11 PM  
 Approved by: Alison Elgee, Assistant Commissioner Date 2/17/2010  
DHSS Finance & Management Services

# FISCAL NOTE

**STATE OF ALASKA**  
**2010 LEGISLATIVE SESSION**

Fiscal Note Number: 2  
 Bill Version: CSSB 219(HSS)  
 (S) Publish Date: 2/18/10

Identifier (file name): SB219CS(HSS)-DHSS-SDMS-2-12-10 Dept. Affected: Health & Social Services  
 Title: Traumatic Brain Injury: Program/Medicaid RDU: Senior and Disability Services  
 Component: Senior and Disability Medicaid Services  
 Sponsor: McGuire  
 Requester: Senate HSS Component Number: 2662

**Expenditures/Revenue (Thousands of Dollars)**

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information					
		FY 2011	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
<b>OPERATING EXPENDITURE</b>							
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims	1,272.0		1,221.0	1,230.0	1,239.0	1,248.0	1,257.0
Miscellaneous							
<b>TOTAL OPERATING</b>	<b>1,272.0</b>	<b>0.0</b>	<b>1,221.0</b>	<b>1,230.0</b>	<b>1,239.0</b>	<b>1,248.0</b>	<b>1,257.0</b>

<b>CAPITAL EXPENDITURE</b>							
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<b>CHANGE IN REVENUES</b>							
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**FUND SOURCE (Thousands of Dollars)**

	FY 2011	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
1002 Federal Receipts	777.4		610.5	615.0	619.5	624.0	628.5
1003 GF Match	494.6		610.5	615.0	619.5	624.0	628.5
1004 GF							
1005 GF/Program Receipts							
1037 GF/Mental Health							
Other Interagency Receipts							
<b>TOTAL</b>	<b>1,272.0</b>	<b>0.0</b>	<b>1,221.0</b>	<b>1,230.0</b>	<b>1,239.0</b>	<b>1,248.0</b>	<b>1,257.0</b>

Estimate of any current year (FY2010) cost: \_\_\_\_\_

**POSITIONS**

Full-time							
Part-time							
Temporary							

**ANALYSIS:** (Attach a separate page if necessary)

SB 219 requires the Department of Health & Social Services (DHSS) to establish a traumatic or acquired brain injury (TABI) program and to provide Medicaid coverage for TBI services.

Section 2 amends the Medicaid statutes to include case management services for individuals with TABI to the list of optional Medicaid services. The provision adding TABI case management services to Alaska's optional Medicaid services has the potential to increase Medicaid utilization. This would necessitate an amendment to the state Medicaid Plan.

(continued on page 2)

Prepared by: William J. Streur, Deputy Commissioner  
 Division: Health Care Services

Phone: 269-7827  
 Date/Time: 2/3/10 1:00 PM

Approved by: Alison Elgee, Assistant Commissioner  
DHSS Finance & Management Services

Date: 2/12/2010

**ANALYSIS CONTINUATION**

## Assumptions:

The Alaska Brain Injury network estimates approximately 1,300 new hospital discharges per year due to TABI. The department estimates approximately 20% of new TABI discharges would be on Medicaid, which is the same prevalence of Medicaid enrollees in the general population. Also the number of new TABI cases is expected to grow with the population at 1% per year.

$1,300 * 0.20 = 260$  new cases in FY11

$260 * 1.01 = 262.6$ , rounded to 263 new cases in FY12, and so on

Case management services, based on an examination of similar services covered by Medicaid, is estimated to cost \$250/month for new TABI cases.

New Case Cost for FY12:  $263 * (12 * 250) = 789,000$

In addition, there were approximately 9,200 hospital discharges due to TABI from 2001-2007 and it is estimated that 30% of these discharged individuals are still living with TABI related effects. It is estimated that 30% of people living with disabilities or effects from past TABI (existing cases) are currently on Medicaid. This estimate is somewhat higher than the general population due to a higher prevalence of disability, unemployment and lower income in this group.

$9,200$  past discharges \*  $0.30$  living with effects from TABI =  $2,760$

$2,760 * 0.30$  on Medicaid =  $828$  existing TABI cases

It is expected that approximately half of those cases would continue services. For existing cases - Medicaid currently has about 100 persons on waiver due to TABI (see below).

$828 - 100$  on waiver =  $728$

This would mean approximately 360 existing cases using case management services in FY11. Although it is anticipated that in the first year there would be a higher demand for services that in following years meaning an additional 50 cases in FY11. Future years the demand would level at about 360 continuing cases each year.

It is estimated that these existing cases would use services, but at a lower level than new cases, so \$100/month for 12 months.

Continuing Case Cost for FY12:  $360 * (12 * 100) = 432,000$

Total FY12 Case Management Costs Estimate:  $432,000 + 789,000 = 1,221,000$

For 2011, Title XIX services are expected be reimbursed at 61.12%, in further years, the federal reimbursement rate is estimated at 50%.

The department will also be required to either develop a new TBI Medicaid waiver or modify an existing waiver to accommodate the needs of TABI survivors. Federal regulations require that in order for individuals to be eligible for home- and community-based waivers, they must meet the state's criteria as needing an institutional level of care. Currently, those individuals with TABI who meet this level of care are already being served under the current waiver program. As of February 1, 2010 that number is 102 individuals. An increase in the cost of waiver service is not expected with this bill.

26-LS1312P  
Mischel  
3/22/10

**CS FOR SENATE BILL NO. 219(FIN)**

IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTY-SIXTH LEGISLATURE - SECOND SESSION

**BY THE SENATE FINANCE COMMITTEE**

**Offered:  
Referred:**

**Sponsor(s): SENATORS MCGUIRE, Ellis, Egan**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act establishing a traumatic or acquired brain injury program and registry within**  
2 **the Department of Health and Social Services; and relating to medical assistance**  
3 **coverage for traumatic or acquired brain injury services."**

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 **\* Section 1. AS 18.15.360(a) is amended to read:**

6 (a) The department is authorized to collect, analyze, and maintain databases of  
7 information related to

8 (1) risk factors identified for conditions of public health importance;

9 (2) morbidity and mortality rates for conditions of public health  
10 importance;

11 (3) community indicators relevant to conditions of public health  
12 importance; [AND]

13 (4) longitudinal data on traumatic or acquired brain injury from  
14 the registry established under AS 47.80.500(c)(1); and

1                   **(5)** any other data needed to accomplish or further the mission or goals  
2                   of public health or provide essential public health services and functions.

3                   \* **Sec. 2.** AS 47.07.030(b) is amended to read:

4                   (b) In addition to the mandatory services specified in (a) of this section and the  
5                   services provided under (d) of this section, the department may offer only the  
6                   following optional services: **case management services for traumatic or acquired**  
7                   **brain injury**; case management and nutrition services for pregnant women; personal  
8                   care services in a recipient's home; emergency hospital services; long-term care  
9                   noninstitutional services; medical supplies and equipment; advanced nurse practitioner  
10                  services; clinic services; rehabilitative services for children eligible for services under  
11                  AS 47.07.063, substance abusers, and emotionally disturbed or chronically mentally ill  
12                  adults; targeted case management services; inpatient psychiatric facility services for  
13                  individuals age 65 or older and individuals under age 21; psychologists' services;  
14                  clinical social workers' services; midwife services; prescribed drugs; physical therapy;  
15                  occupational therapy; chiropractic services; low-dose mammography screening, as  
16                  defined in AS 21.42.375(e); hospice care; treatment of speech, hearing, and language  
17                  disorders; adult dental services; prosthetic devices and eyeglasses; optometrists'  
18                  services; intermediate care facility services, including intermediate care facility  
19                  services for the mentally retarded; skilled nursing facility services for individuals  
20                  under age 21; and reasonable transportation to and from the point of medical care.

21                  \* **Sec. 3.** AS 47.07.030 is amended by adding a new subsection to read:

22                  (e) In this section,

23                         (1) "case management services for traumatic or acquired brain injury"  
24                         means services furnished to assist individuals who reside in a community setting or  
25                         who are transitioning to a community setting to gain access to needed medical, social,  
26                         educational, and other available services;

27                         (2) "traumatic or acquired brain injury" has the meaning given in  
28                         AS 47.80.590.

29                  \* **Sec. 4.** AS 47.07 is amended by adding a new section to read:

30                         **Sec. 47.07.046. Traumatic or acquired brain injury services.** (a) The  
31                         department shall provide traumatic or acquired brain injury services under a waiver in

1 accordance with 42 U.S.C. 1396 - 1396p (Title XIX, Social Security Act), this chapter,  
 2 and regulations adopted under this chapter, if the department has received approval  
 3 from the federal government and the department has appropriations allocated for the  
 4 purpose. In addition to the annual assessment required in (b) of this section, the  
 5 department shall establish in regulation additional standards for eligibility and  
 6 payment for the services.

7 (b) Before the department may terminate payment for services provided under  
 8 (a) of this section, the recipient must have had an annual assessment to determine  
 9 whether the recipient continues to meet the standards established by regulation under  
 10 (a) of this section.

11 (c) In this section, "traumatic or acquired brain injury" has the meaning given  
 12 in AS 47.80.590.

13 \* **Sec. 5.** AS 47.80 is amended by adding new sections to read:

14 **Article 5A. Traumatic or Acquired Brain Injury.**

15 **Sec. 47.80.500. Statewide traumatic or acquired brain injury program.** (a)

16 A statewide traumatic or acquired brain injury program is established in the  
 17 department for the purpose of evaluating the effectiveness and availability of  
 18 information and services for the prevention and treatment of traumatic or acquired  
 19 brain injury in the state. The department shall consult and collaborate with state  
 20 agencies, private nonprofit entities, and other organizations in the state that provide  
 21 brain injury services in implementing all aspects of the program.

22 (b) The program established under this section must include

- 23 (1) review and consideration of data collected under (c)(1) of this
- 24 section;
- 25 (2) supervision and coordination of services provided to persons with
- 26 traumatic or acquired brain injury;
- 27 (3) evaluation of standards pertaining to the treatment, care, and
- 28 support of persons with traumatic or acquired brain injury;
- 29 (4) assessment of the availability of acute and long-term treatment,
- 30 care, and support options in and outside the state for persons with traumatic or
- 31 acquired brain injury;

1 (5) evaluation of the need for and scope of community services for  
2 persons with traumatic or acquired brain injury throughout the state;

3 (6) investigation of the models of service coordination that can be  
4 replicated at a local level in the state;

5 (7) coordination and expansion of publicly and privately funded  
6 residential and nonresidential acute and long-term services to persons with traumatic  
7 or acquired brain injury, including education, referral, and home and community-  
8 based services;

9 (8) facilitation of admissions to and discharges from acute and long-  
10 term care facilities for the treatment of traumatic or acquired brain injury;

11 (9) identification and description of available treatment and care  
12 facilities of all types for persons with traumatic or acquired brain injury based on  
13 length of stay, patient capacity, available services, and barriers encountered to  
14 community placement after discharge;

15 (10) a plan that describes recommendations for the development of a  
16 statewide service delivery continuum of comprehensive rehabilitative, supportive  
17 living, and community programs.

18 (c) The department shall

19 (1) establish and implement a traumatic or acquired brain injury  
20 registry of information from service providers that includes

21 (A) health status, including age, cause, and severity of injury  
22 and region of brain affected;

23 (B) acute recovery period;

24 (C) location of the

25 (i) event that caused the injury;

26 (ii) hospital treating the injury; and

27 (iii) residence of the person with traumatic or acquired  
28 brain injury;

29 (D) access to and use of rehabilitation services, including  
30 behavioral, vocational, and long-term care services;

31 (E) access to and use of neuropsychological assessment;

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(F) status of long-term recovery at five-year intervals;

(G) financial and social effects on family;

(H) cost associated with services;

(2) establish standards and recommendations for improvement of prevention, assessment, treatment, and care of persons with traumatic or acquired brain injury in the state;

(3) contract with service providers and qualified entities to carry out the purposes of this section;

(4) provide a standardized reporting form for use in gathering data for the registry.

(d) In (c) of this section, "service provider" means a public or private entity that provides health education, group shelter, or criminal justice services to individuals in the state.

**Sec. 47.80.590. Definition.** In AS 47.80.500 - 47.80.590, "traumatic or acquired brain injury" means an insult from physical force or internal damage to the brain or its coverings, not of a degenerative or congenital nature, that produces an altered mental state and that results in a decrease in cognitive, behavioral, emotional, or physical functioning.

*adapted 3/22/10  
as amended*

26-LS1312A.E.1  
Mischel  
3/17/10

AMENDMENT |

OFFERED IN THE SENATE  
TO: CSSB 219(HSS)

BY SENATOR HUGGINS

- 1 Page <sup>3 27-28</sup> ~~4~~, lines ~~6-7~~
- 2 Delete "and laws pertaining to the prevention of traumatic or acquired brain injury
- 3 and"
- 4 Insert "pertaining"

*adopted*  
*3/22/10 N/O*

26-LS1312S  
Mischel  
3/2/10

**CS FOR SENATE BILL NO. 219( )**

**IN THE LEGISLATURE OF THE STATE OF ALASKA**

**TWENTY-SIXTH LEGISLATURE - SECOND SESSION**

**BY**

**Offered:  
Referred:**

**Sponsor(s): SENATORS MCGUIRE, Ellis**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act establishing a traumatic or acquired brain injury program and registry within**  
2 **the Department of Health and Social Services; and relating to medical assistance**  
3 **coverage for traumatic or acquired brain injury services."**

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 **\* Section 1. AS 18.15.360(a) is amended to read:**

6 (a) The department is authorized to collect, analyze, and maintain databases of  
7 information related to

- 8 (1) risk factors identified for conditions of public health importance;
- 9 (2) morbidity and mortality rates for conditions of public health
- 10 importance;
- 11 (3) community indicators relevant to conditions of public health
- 12 importance; [AND]
- 13 (4) longitudinal data on traumatic or acquired brain injury from
- 14 the registry established under AS 47.80.500(c)(1); and

1                   (5) any other data needed to accomplish or further the mission or goals  
2                   of public health or provide essential public health services and functions.

3       \* Sec. 2. AS 47.07.030(b) is amended to read:

4                   (b) In addition to the mandatory services specified in (a) of this section and the  
5                   services provided under (d) of this section, the department may offer only the  
6                   following optional services: case management services for traumatic or acquired  
7                   brain injury; case management and nutrition services for pregnant women; personal  
8                   care services in a recipient's home; emergency hospital services; long-term care  
9                   noninstitutional services; medical supplies and equipment; advanced nurse practitioner  
10                  services; clinic services; rehabilitative services for children eligible for services under  
11                  AS 47.07.063, substance abusers, and emotionally disturbed or chronically mentally ill  
12                  adults; targeted case management services; inpatient psychiatric facility services for  
13                  individuals age 65 or older and individuals under age 21; psychologists' services;  
14                  clinical social workers' services; midwife services; prescribed drugs; physical therapy;  
15                  occupational therapy; chiropractic services; low-dose mammography screening, as  
16                  defined in AS 21.42.375(e); hospice care; treatment of speech, hearing, and language  
17                  disorders; adult dental services; prosthetic devices and eyeglasses; optometrists'  
18                  services; intermediate care facility services, including intermediate care facility  
19                  services for the mentally retarded; skilled nursing facility services for individuals  
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21       \* Sec. 3. AS 47.07.030 is amended by adding a new subsection to read:

22                   (e) In this section,

23                   (1) "case management services for traumatic or acquired brain injury"  
24                   means services furnished to assist individuals who reside in a community setting or  
25                   who are transitioning to a community setting to gain access to needed medical, social,  
26                   educational, and other available services;

27                   (2) "traumatic or acquired brain injury" has the meaning given in  
28                   AS 47.80.590.

29       \* Sec. 4. AS 47.07 is amended by adding a new section to read:

30                   Sec. 47.07.046. **Traumatic or acquired brain injury services.** (a) The  
31                   department shall provide traumatic or acquired brain injury services under a waiver in

1 accordance with 42 U.S.C. 1396 - 1396p (Title XIX, Social Security Act), this chapter,  
2 and regulations adopted under this chapter, if the department has received approval  
3 from the federal government and the department has appropriations allocated for the  
4 purpose. In addition to the annual assessment required in (b) of this section, the  
5 department shall establish in regulation additional standards for eligibility and  
6 payment for the services.

7 (b) Before the department may terminate payment for services provided under  
8 (a) of this section, the recipient must have had an annual assessment to determine  
9 whether the recipient continues to meet the standards established by regulation under  
10 (a) of this section.

11 (c) In this section, "traumatic or acquired brain injury" has the meaning given  
12 in AS 47.80.590.

13 \* **Sec. 5.** AS 47.80 is amended by adding new sections to read:

14 **Article 5A. Traumatic or Acquired Brain Injury.**

15 **Sec. 47.80.500. Statewide traumatic or acquired brain injury program.** (a)

16 A statewide traumatic or acquired brain injury program is established in the  
17 department for the purpose of evaluating the effectiveness and availability of  
18 information and services for the prevention and treatment of traumatic or acquired  
19 brain injury in the state. The department shall consult and collaborate with state  
20 agencies, private nonprofit entities, and other organizations in the state that provide  
21 brain injury services in implementing all aspects of the program.

22 (b) The program established under this section must include

23 (1) review and consideration of data collected under (c)(1) of this  
24 section;

25 (2) supervision and coordination of services provided to persons with  
26 traumatic or acquired brain injury;

27 (3) evaluation of standards and laws pertaining to the prevention of  
28 traumatic or acquired brain injury and to the treatment, care, and support of persons  
29 with traumatic or acquired brain injury;

30 (4) assessment of the availability of acute and long-term treatment,  
31 care, and support options in and outside the state for persons with traumatic or

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- acquired brain injury;
- (5) evaluation of the need for and scope of community services for persons with traumatic or acquired brain injury throughout the state;
- (6) investigation of the models of service coordination that can be replicated at a local level in the state;
- (7) coordination and expansion of publicly and privately funded residential and nonresidential acute and long-term services to persons with traumatic or acquired brain injury, including education, referral, and home and community-based services;
- (8) facilitation of admissions to and discharges from acute and long-term care facilities for the treatment of traumatic or acquired brain injury;
- (9) identification and description of available treatment and care facilities of all types for persons with traumatic or acquired brain injury based on length of stay, patient capacity, available services, and barriers encountered to community placement after discharge;
- (10) a plan that describes recommendations for the development of a statewide service delivery continuum of comprehensive rehabilitative, supportive living, and community programs.
- (c) The department shall
  - (1) establish and implement a traumatic or acquired brain injury registry of information from service providers that includes
    - (A) health status, including age, cause, and severity of injury and region of brain affected;
    - (B) acute recovery period;
    - (C) location of the
      - (i) event that caused the injury;
      - (ii) hospital treating the injury; and
      - (iii) residence of the person with traumatic or acquired brain injury;
    - (D) access to and use of rehabilitation services, including behavioral, vocational, and long-term care services;

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- (E) access to and use of neuropsychological assessment;
- (F) status of long-term recovery at five-year intervals;
- (G) financial and social effects on family;
- (H) cost associated with services;

(2) establish standards and recommendations for improvement of prevention, assessment, treatment, and care of persons with traumatic or acquired brain injury in the state;

(3) contract with service providers and qualified entities to carry out the purposes of this section;

(4) provide a standardized reporting form for use in gathering data for the registry.

(d) In (c) of this section, "service provider" means a public or private entity that provides health education, group shelter, or criminal justice services to individuals in the state.

**Sec. 47.80.590. Definition.** In AS 47.80.500 - 47.80.590, "traumatic or acquired brain injury" means an insult from physical force or internal damage to the brain or its coverings, not of a degenerative or congenital nature, that produces an altered mental state and that results in a decrease in cognitive, behavioral, emotional, or physical functioning.

(2) On a mandatory basis under section 1932 (a)(1) of the Act or under section 1915(b) or section 1115 waiver authority.

[67 FR 41115, June 14, 2002]

**§ 440.169 Case management services.**

(a) *Case management services* means services furnished to assist individuals, eligible under the State plan who reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services, in accordance with § 441.18 of this chapter.

(b) *Targeted case management services* means case management services furnished without regard to the requirements of § 431.50(b) of this chapter (related to statewide provision of services) and § 440.240 (related to comparability). Targeted case management services may be offered to individuals in any defined location of the State or to individuals within targeted groups specified in the State plan.

(c) [Reserved]

(d) The assistance that case managers provide in assisting eligible individuals obtain services includes—

(1) Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services. These assessment activities include the following:

(i) Taking client history.

(ii) Identifying the needs of the individual, and completing related documentation.

(iii) Gathering information from other sources, such as family members, medical providers, social workers, and educators (if necessary) to form a complete assessment of the eligible individual.

(2) Development (and periodic revision) of a specific care plan based on the information collected through the assessment, that includes the following:

(i) Specifies the goals and actions to address the medical, social, educational, and other services needed by the eligible individual.

(ii) Includes activities such as ensuring the active participation of the eligible individual and working with the

individual (or the individual's authorized health care decision maker) and others to develop those goals.

(iii) Identifies a course of action to respond to the assessed needs of the eligible individual.

(3) Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.

(4) Monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to help determine whether the following conditions are met:

(i) Services are being furnished in accordance with the individual's care plan.

(ii) Services in the care plan are adequate.

(iii) There are changes in the needs or status of the eligible individual. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

(e) Case management may include contacts with non-eligible individuals that are directly related to the identification of the eligible individual's needs and care, for the purposes of helping the eligible individual access services, identifying needs and supports to assist the eligible individual in obtaining services, providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.

[72 FR 68091, Dec. 4, 2007, as amended at 74 FR 31196, June 30, 2009]

*provided by Senator McGuire*

Alaska Brain Injury Network			
Alaska Scorecard and TBI Dashboard – (DRAFT)			
DRAFT #1 – May 22, 2008			
○ Getting worse	↔ Not changing	● Improving	
	5-year Trend	Current Data	Source
<b>SCORECARD: A “scorecard” provides a snapshot of the status of TBI issues in the State of Alaska</b>			
<b>Traumatic Brain Injury Non-fatal Incidence Rates</b>			
TBI rate per 100,000	●	98.6	1
<b>Causes</b>			
Falls	○	28.7	1
Motor Vehicle Transportation Occupant	●	24.7	1
Assault	●	12.2	1
ATV	○	6.5	1
Bicycle	●	4.5	1
Snowmachine	●	4.4	1
Pedestrian	●	3.6	1
Sports	●	1.8	1
Water Transport	↔	1.3	1
Suicide Attempt	●	.8	1
<b>Gender</b>			
TBI percentage among males		65.4 %	1
TBI percentage among females	↔	33.2 %	1
<b>Ethnicity</b>			
Percentage of TBI population that is Alaska Native		34%	1.a
Percentage of TBI population that is White		53%	1.a
Percentage of TBI population that is Other; unknown, Pacific Islander, Hispanic, Black, American Indian, Asian		22%	1.a
<b>Those at highest risk for hospitalization due to TBI (rate per 100,000)</b>			
Males age 80+		301.3	1
Females age 80+		217.2	1
Males age 70-79		215.7	1
Males age 15-19		200.9	1
<b>Traumatic Brain Injury Numbers</b>			
TBI hospitalizations/year		640	1.b
TBI deaths/year		150	1.b
Est. TBI-related Emergency Department Visits		2953	2

1 Alaska Trauma Registry 2001-2005 – Non-fatal TBI hospitalizations

1.a Alaska Trauma Registry 1996-2005 – Non-fatal TBI hospitalizations

1.b Alaska Trauma Registry 2006 – Non-fatal TBI hospitalizations

2 HRSA TBI Implementation Grant

Alaska Trauma Registry records those who are hospitalized for more than 24 hours. This does not include the number of people who visit the emergency department and are sent home in the same day. This does not include the number of returning service members with traumatic brain injury.

**DASHBOARD: A "dashboard" provides a way to see how well an activity is working to affect the TBI population**

● Getting worse

↔ Not changing

○ Improving

**Dashboard: Behavioral Health**

TBI and Mental Health	Spot look trend	Current Data	Source
Percentage BH clients screening positive for TBI	↔	32%	3
<b>TBI and Substance Use</b>			
Alcohol-related TBI 100,000		33%	1
<b>TBI and Suicide</b>			
Percentage of suicide victims with history of TBI		32%	4

**Dashboard: Education**

Special Education	Spot look trend	Current Data	Source
Number of children in Special Education statewide with TBI diagnosis (2007)	↔	66	5

**Dashboard: Justice**

Corrections	Spot look trend	Current Data	Source
Percent of incarcerated Alaskans (adults) who are Trust beneficiaries, including those with cognitive disabilities		42%	6

**Dashboard: Employment**

Vocational Rehabilitation	Spot look trend	Current Data	Source
Number of TBI cases		167	7
Number of TBI cases closed employed		17	7
Number of TBI cases closed with plan for employment		11	7
Average wage at closure		\$12.54	7

**Dashboard: Providence**

IMPACT Program	Spot look trend	Current Data	Source
Number of baselines (IMPACT)		57	8
Number of student/athletes seen in program (IMPACT)		25	8
<b>Emergency Department</b>			
Patients given the diagnosis of "head injury" or "concussion in Emergency Department in 2006		547	8
% of TBI-related ED visits that led to hospitalizations		1%	8
% of ED visits that are Pediatric		15%	8

**Dashboard: Alaska Brain Injury Network**

TBI Advisory Board	Spot look trend	Current Data	Source
Est. Board Member Volunteer hours/year	○	1054	9
Board Member Participation in Quarterly Board Meetings		83%	9
Ex-officio participation in quarterly board meetings		65-80%	9
% of survivors/family members on TBI board		55%	9
% Board Members who give a financial contribution		100%	9
<b>TBI Resource Navigation</b>			
Average new consumer contacts per month	○	30	9
Average unique visitors/month to ABIN website	○	750	9
Number of people on Alaska Brain Matters Listserve	○	100+	9

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|---|--|
| 3 AKAIMS  | 7 Division of Vocational Rehabilitation (FY07) |
| 4 Suicide Follow-back Study   | 8 Providence Neuroservices                     |
| 5 <a href="http://www.eed.state.ak.us/stats/">http://www.eed.state.ak.us/stats/</a> | 9 Alaska Brain Injury Network                  |
| 6 Trus/DOC Study 07   |  |

TBI in Alaska, 1995-2005 Hospitalization greater than 24 hours

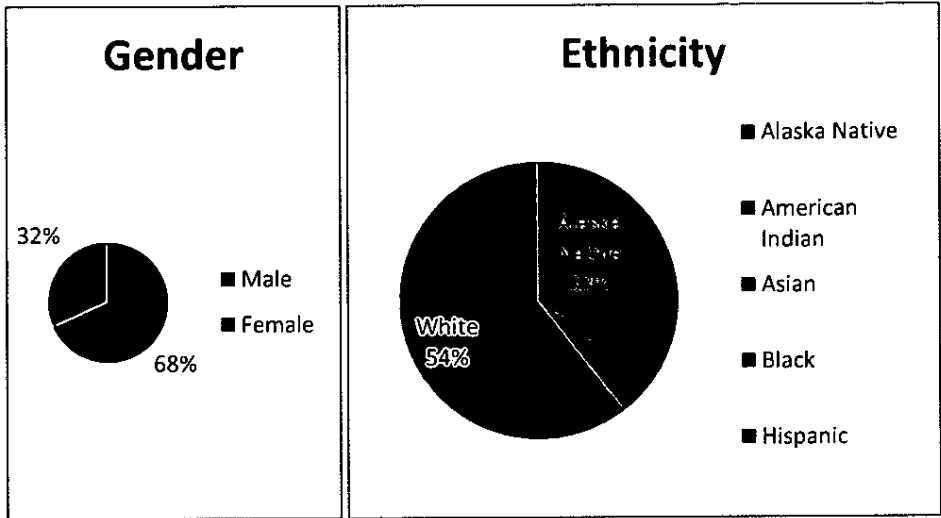


Figure 1: Males sustain TBI at twice the rate of females

Figure 2: TBI's are sustained primarily by White and Alaska Native populations

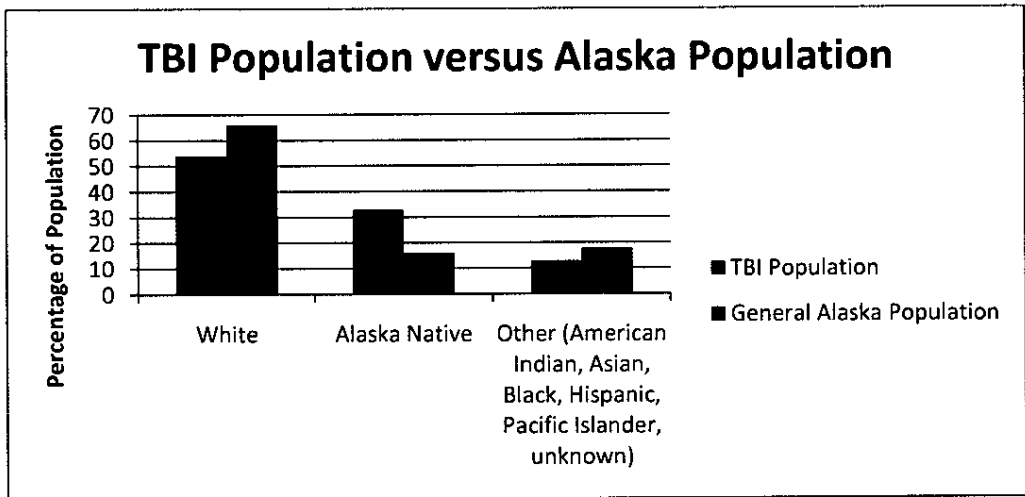


Figure 3: Alaskan Natives and rural residents sustain TBI at disproportionate rates compared to census data

TBI in Alaska, 1995-2005 Hospitalization greater than 24 hours

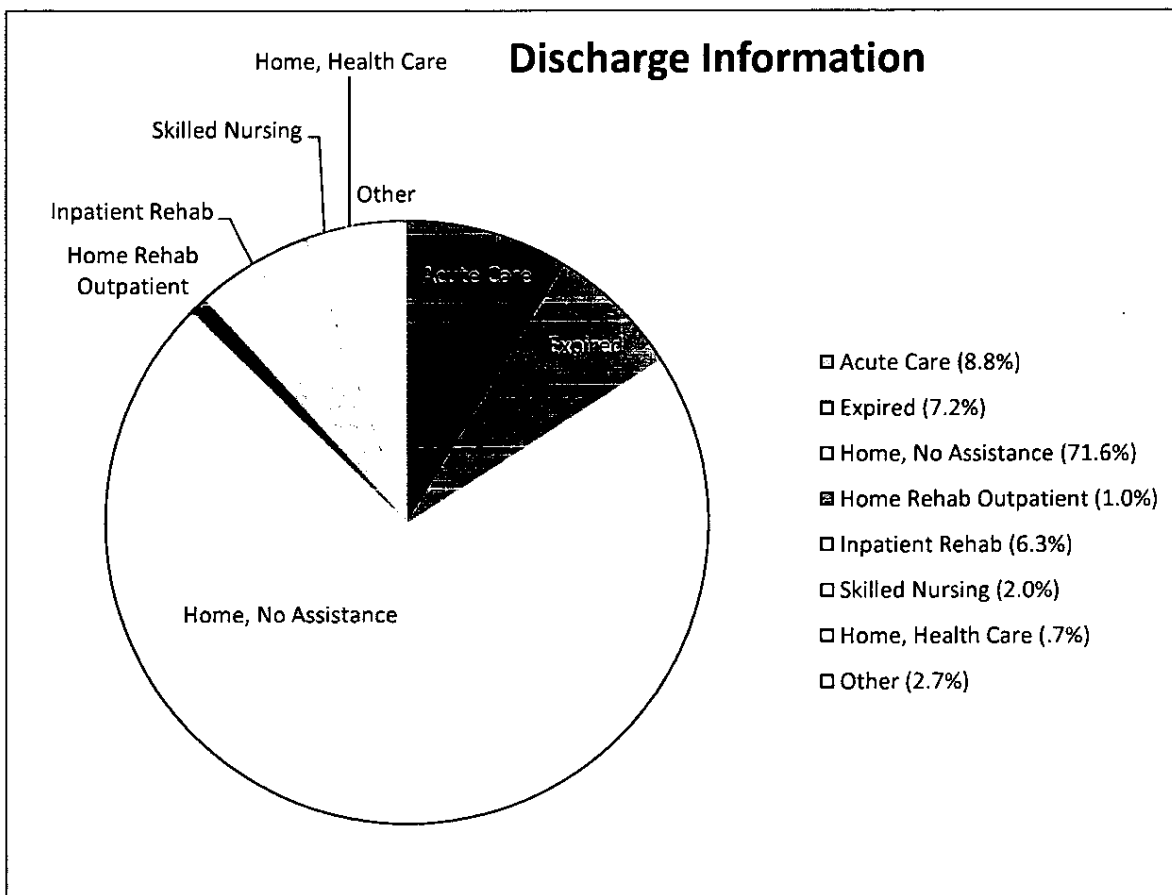


Figure 7: 72% of TBI survivors are sent home with no assistance. 1% of TBI survivors have access to rehab once they return home.

TBI in Alaska, 1995-2005 Hospitalization greater than 24 hours

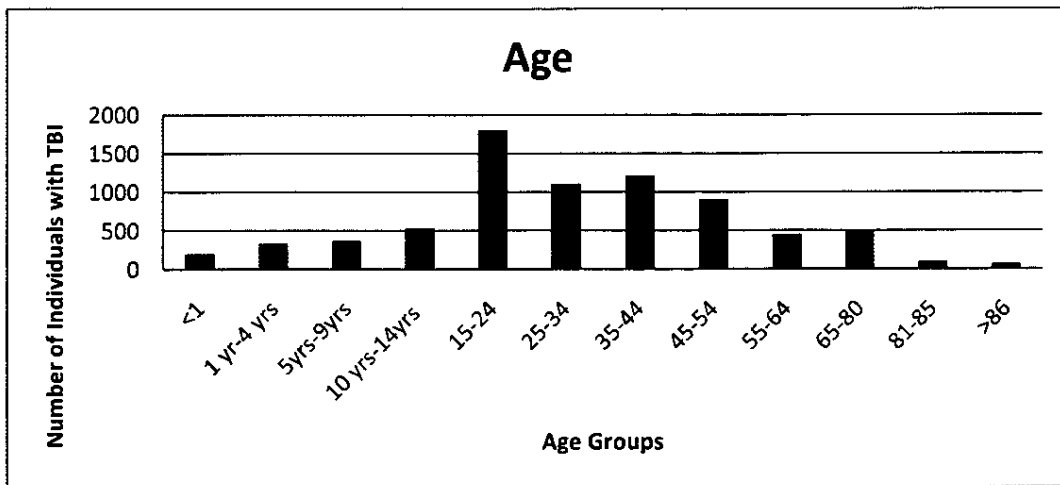


Figure 4: Highest incidence rates are among 15-24 year old males. The highest prevalence rates are among Elders who fall.

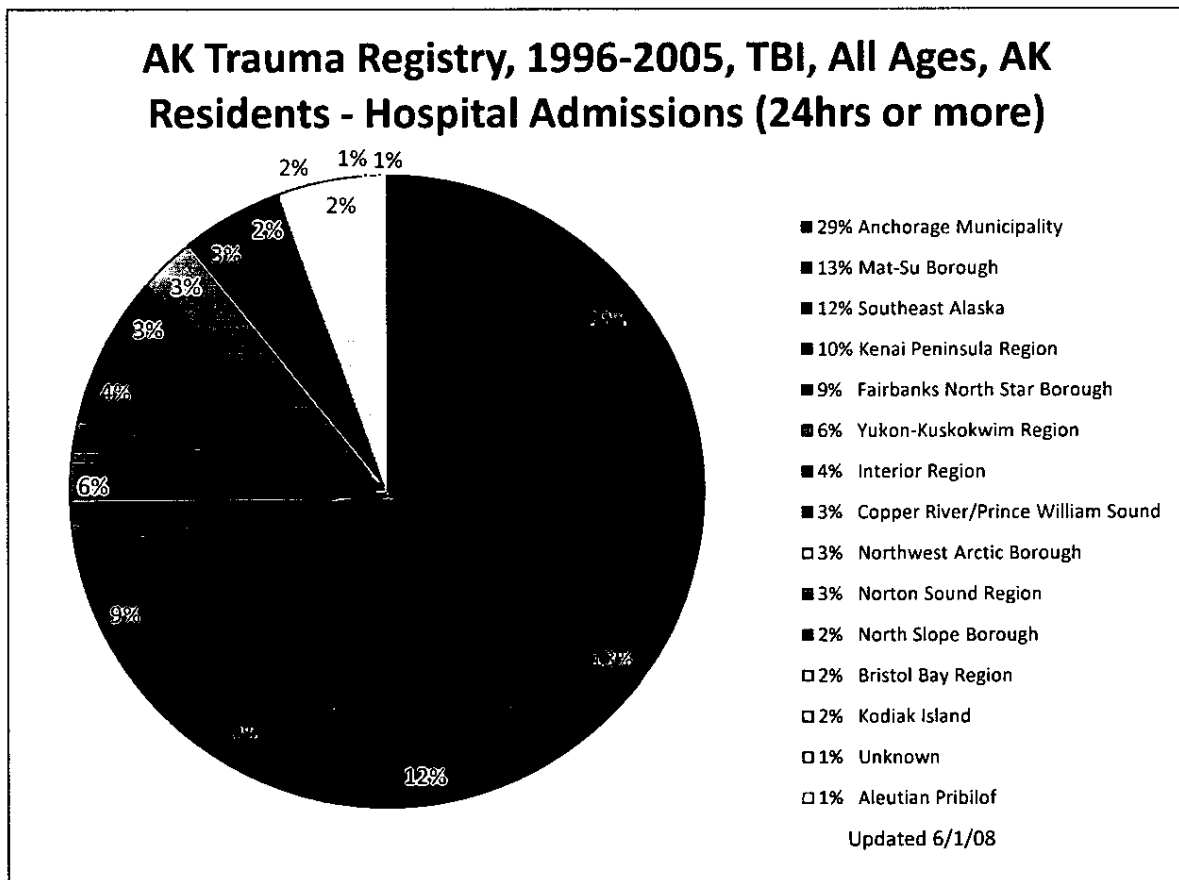


Figure 5: Highest incidence rates are among Anchorage, Mat-Su, and Southeast regions. The highest prevalence rates are in the Yukon-Kuskokwim Region.

TBI in Alaska, 1995-2005 Hospitalization greater than 24 hours

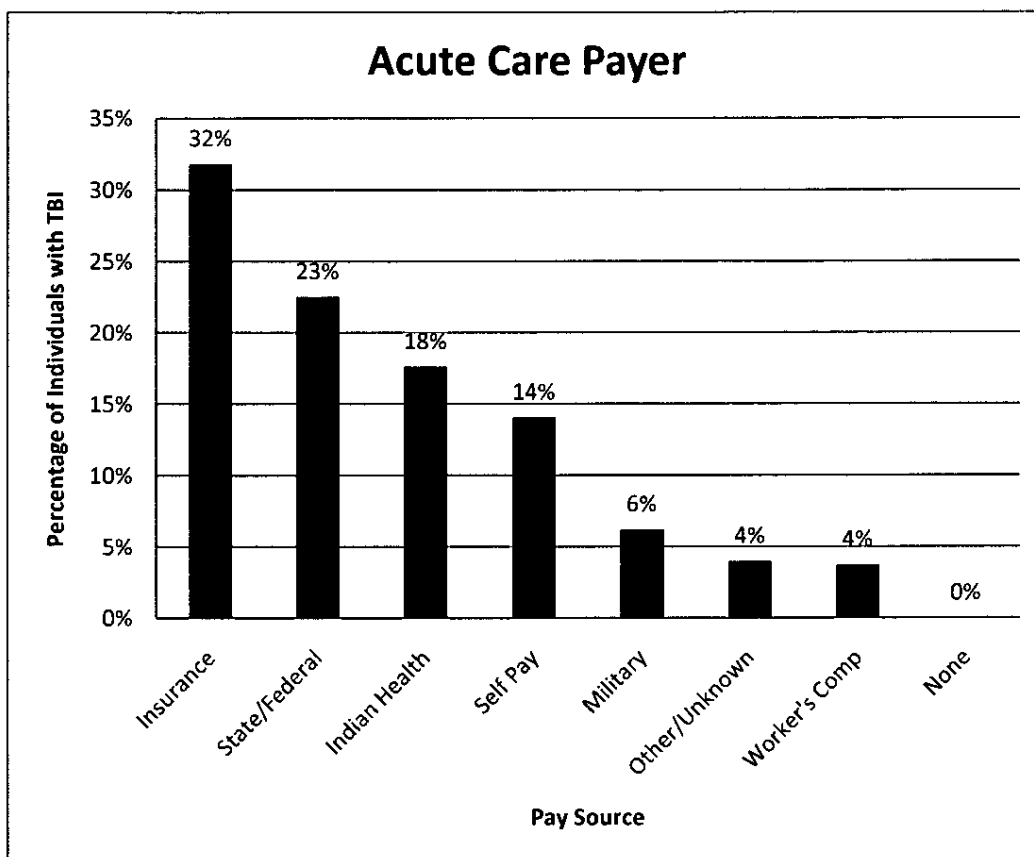


Figure 6: Acute care costs are paid by major payers. Inpatient and post-acute rehabilitation is limited. There is not a post-acute rehabilitation facility in-state.

Rutgers Centers for State Health Policy, Issue Brief: A Survey of Medicaid Brain Injury Programs, March 2008

State	Waiver year ending	Number Serviced	Expenditures (GF and Federal match)	Annual Per Capita Costs	Average Length of Stay	Per Diem Costs
New York	2006	1953	\$79,029,120	\$40,465	310	\$131
Minnesota	2006	1372	\$68,965,299	\$50,266	320	\$257
Illinois	2006	3,601	\$42,541,226	\$11,814	264	\$45
Connecticut	2006	344	\$25,691,011	\$74,683	305	\$245
Wisconsin	2006	334	\$20,095,110	\$60,165	351	\$171
New Jersey	2006	276	\$18,374,797	\$66,575	329	\$202
South Carolina	2006	497	\$12,247,128	\$24,642	338	\$73
New Hampshire	2006	140	\$11,487,626	\$82,054	332	\$247
Iowa	2006	825	\$10,883,459	\$13,192	296	\$45
Colorado	2006	293	\$9,027,736	\$30,811	247	\$125
Pennsylvania	2005	152-324	\$6,897,762	\$45,380	285	\$159
Kentucky	2005	98	\$6,532,587	\$66,659	285	\$234
Kansas	2006	269	\$6,289,071	\$23,379	242	\$97
Florida	2006	283	\$5,903,410	\$20,860	316	\$66
Massachusetts	2006	90	\$4,883,813	\$54,265	315	\$172
Wyoming	2006	137	\$3,940,878	\$28,766	297	\$97
Indiana	2006	131	\$3,390,758	\$25,884	355	\$73
Utah	2006	91	\$2,079,141	\$22,848	333	\$69
Maryland	2006	23	\$1,489,321	\$64,753	255	\$254
Idaho	2006	19	\$1,133,542	\$59,660	354	\$169
North Dakota	2006	29	\$797,371	\$27,496	315	\$29
Nebraska	2006	26	\$733,247	\$28,202	335	\$84
Vermont	2006	68		\$5,500/month	no data	
Alaska	2008		\$0.00*			

\$150,000 FY10 MHTAAR for brain injury case management-DHSS SDS Administration

Blue states have been identified as Waiver programs that may meet Alaska's needs (more up to date funding levels needed)

Yellow areas are Waiver programs that have a rehabilitation focus and long-term care option

Alaska Brain Injury Network			
Alaska Scorecard and TBI Dashboard – (DRAFT)			
DRAFT #1 – May 22, 2008			
○ Getting worse		↔ Not changing	● Improving
	5-year Trend	Current Data	Source
<b>SCORECARD: A “scorecard” provides a snapshot of the status of TBI issues in the State of Alaska</b>			
<b>Traumatic Brain Injury Non-fatal Incidence Rates</b>			
TBI rate per 100,000	●	98.6	1
<b>Causes</b>			
Falls	○	28.7	1
Motor Vehicle Transportation Occupant	●	24.7	1
Assault	●	12.2	1
ATV	○	6.5	1
Bicycle	●	4.5	1
Snowmachine	●	4.4	1
Pedestrian	●	3.6	1
Sports	●	1.8	1
Water Transport	↔	1.3	1
Suicide Attempt	●	.8	1
<b>Gender</b>			
TBI percentage among males		65.4 %	1
TBI percentage among females	↔	33.2 %	1
<b>Ethnicity</b>			
Percentage of TBI population that is Alaska Native		34%	1.a
Percentage of TBI population that is White		53%	1.a
Percentage of TBI population that is Other; unknown, Pacific Islander, Hispanic, Black, American Indian, Asian		22%	1.a
<b>Those at highest risk for hospitalization due to TBI (rate per 100,000)</b>			
Males age 80+		301.3	1
Females age 80+		217.2	1
Males age 70-79		215.7	1
Males age 15-19		200.9	1
<b>Traumatic Brain Injury Numbers</b>			
TBI hospitalizations/year		640	1.b
TBI deaths/year		150	1.b
Est. TBI-related Emergency Department Visits		2953	2

- 1 Alaska Trauma Registry 2001-2005 – Non-fatal TBI hospitalizations
- 1.a Alaska Trauma Registry 1996-2005 – Non-fatal TBI hospitalizations
- 1.b Alaska Trauma Registry 2006 – Non-fatal TBI hospitalizations
- 2 HRSA TBI Implementation Grant

Alaska Trauma Registry records those who are hospitalized for more than 24 hours. This does not include the number of people who visit the emergency department and are sent home in the same day. This does not include the number of returning service members with traumatic brain injury.

**DASHBOARD: A "dashboard" provides a way to see how well an activity is working to affect the TBI population**

○ Getting worse      ⇔ Not changing      ○ Improving

**Dashboard: Behavioral Health**

<b>TBI and Mental Health</b>	<b>Spot look trend</b>	<b>Current Data</b>	<b>Source</b>
Percentage BH clients screening positive for TBI	⇔	32%	3
<b>TBI and Substance Use</b>			
Alcohol-related TBI 100,000		33%	1
<b>TBI and Suicide</b>			
Percentage of suicide victims with history of TBI		32%	4

**Dashboard: Education**

<b>Special Education</b>	<b>Spot look trend</b>	<b>Current Data</b>	<b>Source</b>
Number of children in Special Education statewide with TBI diagnosis (2007)	⇔	66	5

**Dashboard: Justice**

<b>Corrections</b>	<b>Spot look trend</b>	<b>Current Data</b>	<b>Source</b>
Percent of incarcerated Alaskans (adults) who are Trust beneficiaries, including those with cognitive disabilities		42%	6

**Dashboard: Employment**

<b>Vocational Rehabilitation</b>	<b>Spot look trend</b>	<b>Current Data</b>	<b>Source</b>
Number of TBI cases		167	7
Number of TBI cases closed employed		17	7
Number of TBI cases closed with plan for employment		11	7
Average wage at closure		\$12.54	7

**Dashboard: Providence**

<b>ImPACT Program</b>	<b>Spot look trend</b>	<b>Current Data</b>	<b>Source</b>
Number of baselines (ImPACT)		57	8
Number of student/athletes seen in program (ImPACT)		25	8
<b>Emergency Department</b>			
Patients given the diagnosis of "head injury" or "concussion in Emergency Department in 2006		547	8
% of TBI-related ED visits that led to hospitalizations		1%	8
% of ED visits that are Pediatric		15%	8

**Dashboard: Alaska Brain Injury Network**

<b>TBI Advisory Board</b>	<b>Spot look trend</b>	<b>Current Data</b>	<b>Source</b>
Est. Board Member Volunteer hours/year	⊕	1054	9
Board Member Participation in Quarterly Board Meetings		83%	9
Ex-officio participation in quarterly board meetings		65-80%	9
% of survivors/family members on TBI board		55%	9
% Board Members who give a financial contribution		100%	9
<b>TBI Resource Navigation</b>			
Average new consumer contacts per month	⊕	30	9
Average unique visitors/month to ABIN website	⊕	750	9
Number of people on Alaska Brain Matters Listserve	⊕	100+	9

- 3 AKAIMS
- 4 Suicide Follow-back Study
- 5 <http://www.eed.state.ak.us/stats/>
- 6 Trust/DOC Study 07
- 7 Division of Vocational Rehabilitation (FY07)
- 8 Providence Neuroservices
- 9 Alaska Brain Injury Network

**Rutgers Centers for State Health Policy, Issue Brief: A Survey of Medicaid Brain Injury Programs, March 2008**

State	Waiver year ending	Number Serviced	Expenditures (GF and Federal match)	Annual Per Capita Costs	Average Length of Stay	Per Diem Costs
New York	2006	1953	\$79,029,120	\$40,465	310	\$131
<b>Minnesota</b>	<b>2006</b>	<b>3,372</b>	<b>\$68,965,299</b>	<b>\$30,266</b>	<b>320</b>	<b>\$157</b>
Illinois	2006	3,601	\$42,541,226	\$11,814	264	\$45
Connecticut	2006	344	\$25,691,011	\$74,683	305	\$245
Wisconsin	2006	334	\$20,095,110	\$60,165	351	\$171
New Jersey	2006	276	\$18,374,797	\$66,575	329	\$202
South Carolina	2006	497	\$12,247,128	\$24,642	338	\$73
New Hampshire	2006	140	\$11,487,626	\$82,054	332	\$247
Iowa	2006	825	\$10,883,459	\$13,192	296	\$45
Colorado	2006	293	\$9,027,736	\$30,811	247	\$125
Pennsylvania	2005	152-324	\$6,897,762	\$45,380	285	\$159
<b>Kentucky</b>	<b>2005</b>	<b>98</b>	<b>\$6,532,587</b>	<b>\$66,659</b>	<b>285</b>	<b>\$234</b>
Kansas	2006	269	\$6,289,071	\$23,379	242	\$97
Florida	2006	283	\$5,903,410	\$20,860	316	\$66
Massachusetts	2006	90	\$4,883,813	\$54,265	315	\$172
Wyoming	2006	137	\$3,940,878	\$28,766	297	\$97
Indiana	2006	131	\$3,390,758	\$25,884	355	\$73
Utah	2006	91	\$2,079,141	\$22,848	333	\$69
Maryland	2006	23	\$1,489,321	\$64,753	255	\$254
Idaho	2006	19	\$1,133,542	\$59,660	354	\$169
North Dakota	2006	29	\$797,371	\$27,496	315	\$29
Nebraska	2006	26	\$733,247	\$28,202	335	\$84
Vermont	2006	68		\$5,500/month	no data	
<b>Alaska</b>	<b>2008</b>		<b>\$0.00*</b>			

\$150,000 FY10 MHTAAR for brain injury case management-DHSS SDS Administration

Blue states have been identified as Waiver programs that may meet Alaska's needs (more up to date funding levels needed)

Yellow areas are Waiver programs that have a rehabilitation focus and long-term care option

TBI in Alaska, 1995-2005 Hospitalization greater than 24 hours

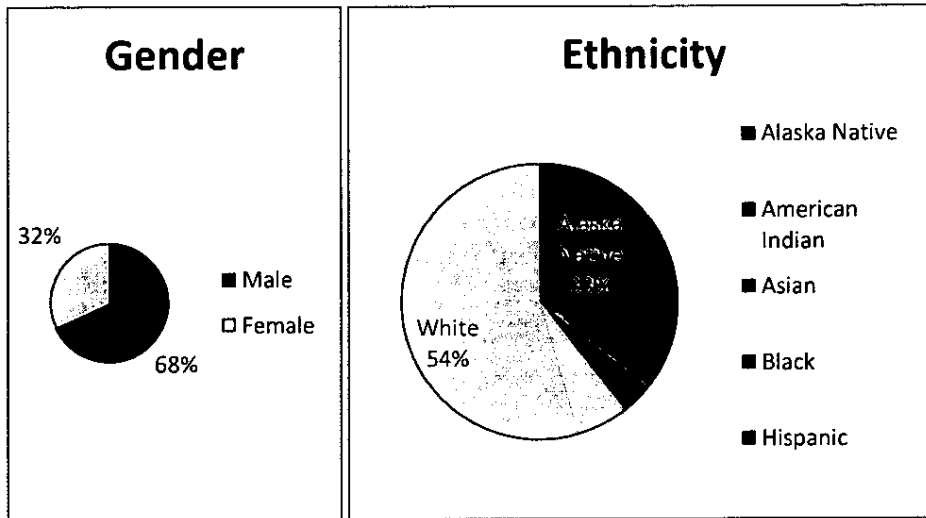


Figure 1: Males sustain TBI at twice the rate of females

Figure 2: TBI's are sustained primarily by White and Alaska Native populations

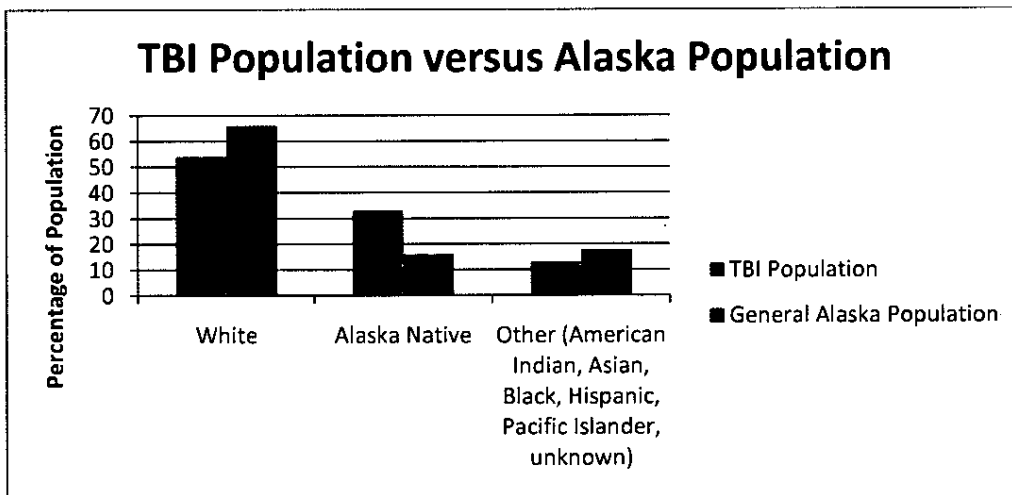


Figure 3: Alaskan Natives and rural residents sustain TBI at disproportionate rates compared to census data

TBI in Alaska, 1995-2005 Hospitalization greater than 24 hours

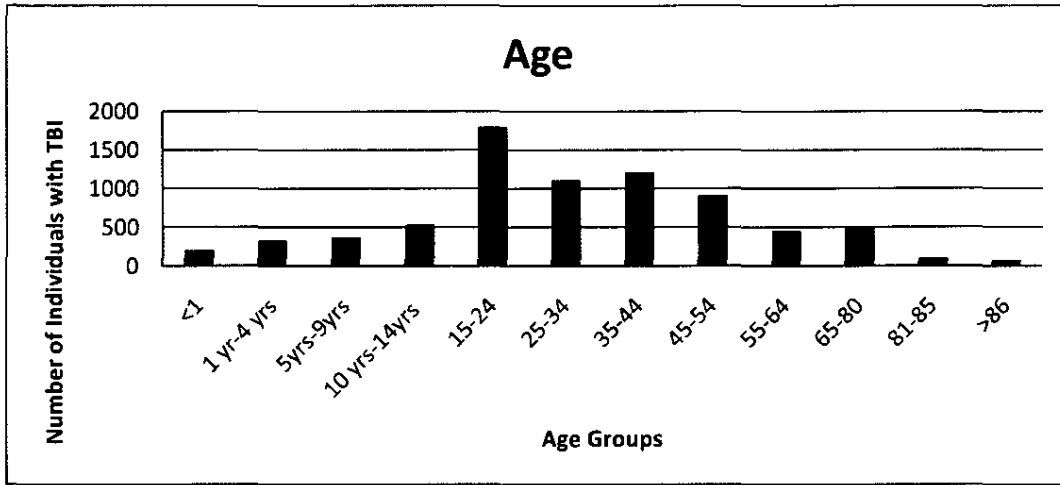


Figure 4: Highest incidence rates are among 15-24 year old males. The highest prevalence rates are among Elders who fall.

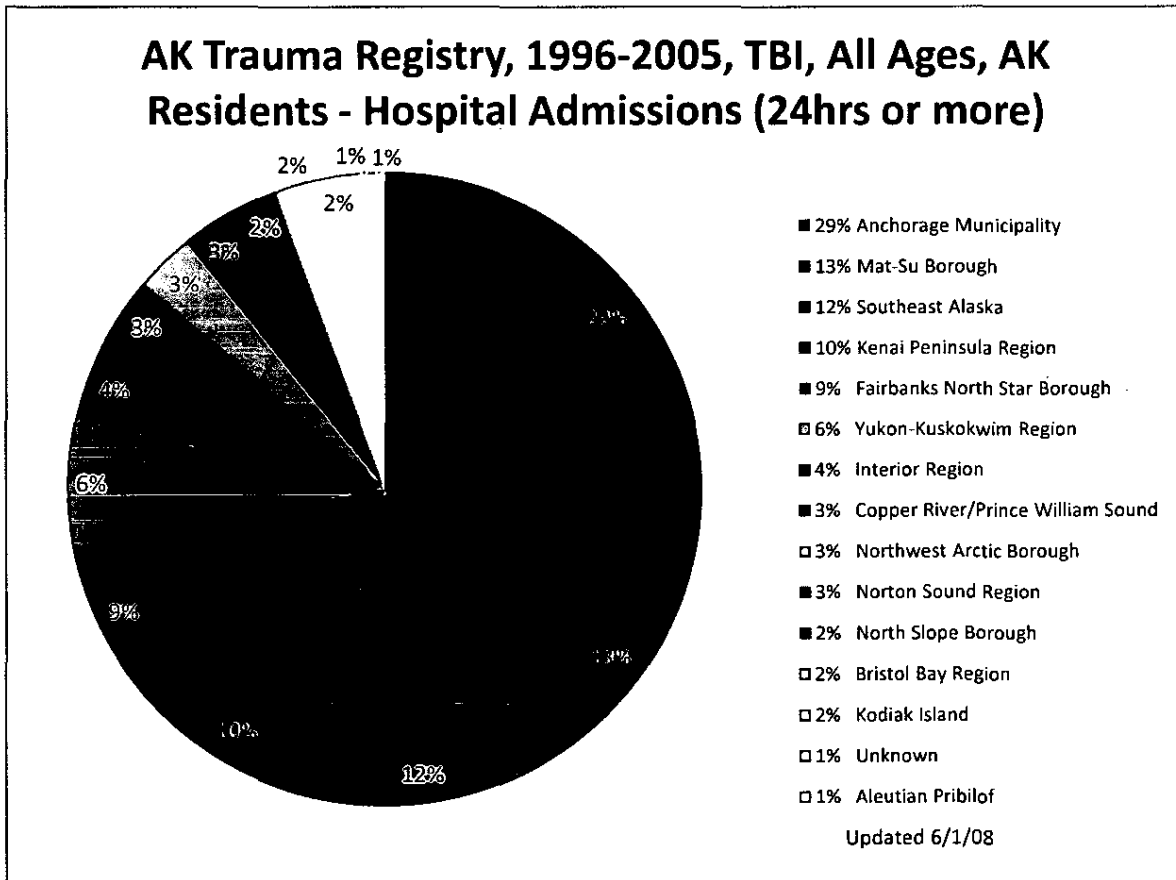


Figure 5: Highest incidence rates are among Anchorage, Mat-Su, and Southeast regions. The highest prevalence rates are in the Yukon-Kuskokwim Region.

TBI in Alaska, 1995-2005 Hospitalization greater than 24 hours

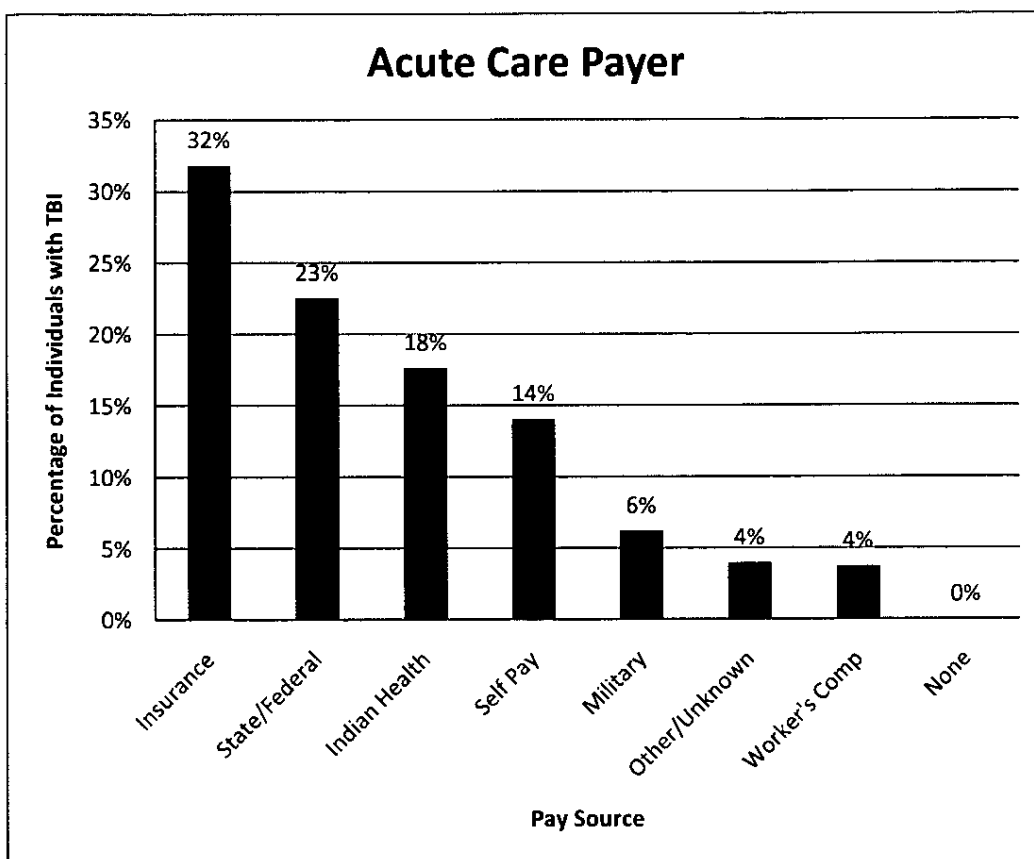


Figure 6: Acute care costs are paid by major payers. Inpatient and post-acute rehabilitation is limited. There is not a post-acute rehabilitation facility in-state.

TBI in Alaska, 1995-2005 Hospitalization greater than 24 hours

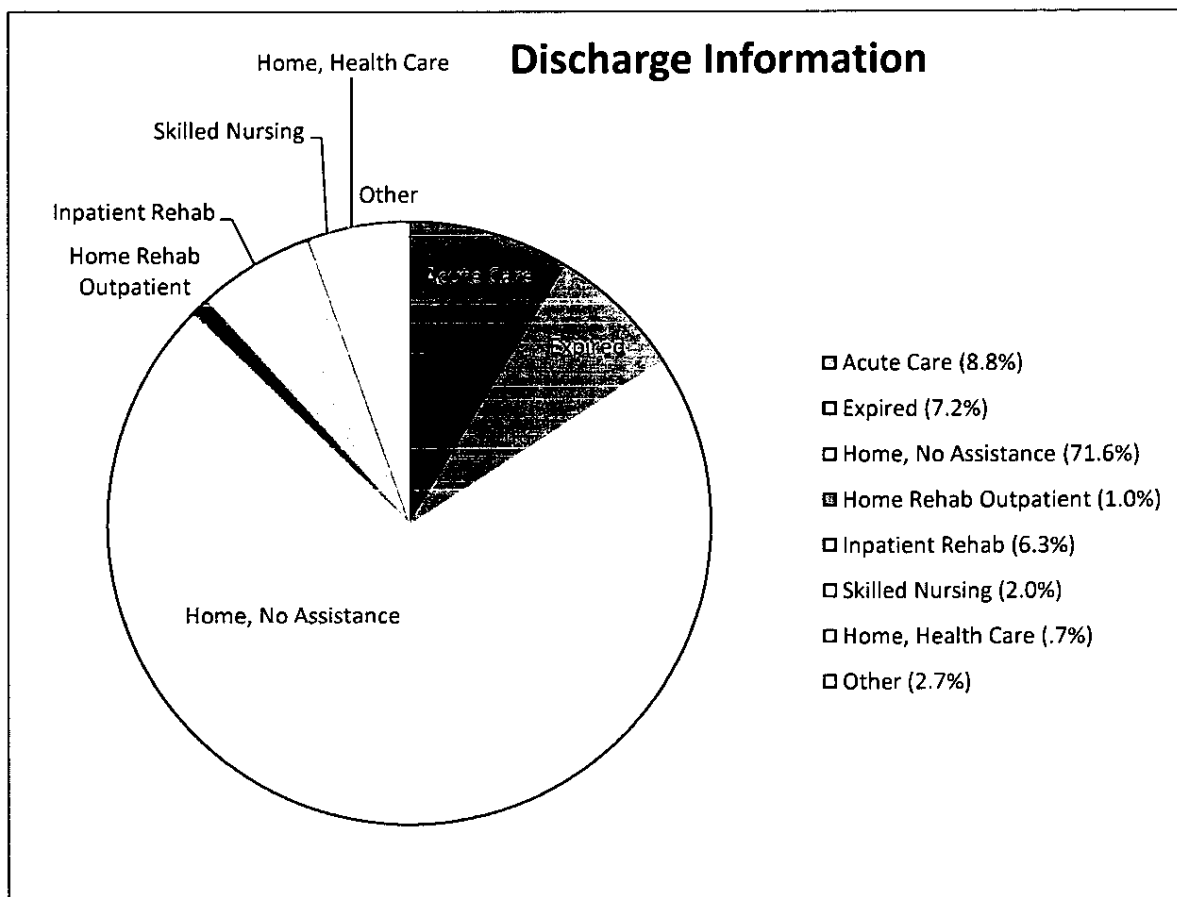


Figure 7: 72% of TBI survivors are sent home with no assistance. 1% of TBI survivors have access to rehab once they return home.



3745 Community Park Loop, Ste. 140  
Anchorage, Alaska 99508  
office: (907) 274-2824 fax: (907) 274-2826  
www.alaskabraininjury.net

The Honorable Lesil McGuire  
Alaska Senate  
Alaska State Capitol, Rm 125  
Juneau, Alaska 99801

Dear Senator McGuire,

Thank you for introducing SB219, the act which relates to medical assistance coverage for traumatic or acquired brain injury services and which will establish a traumatic or acquired brain injury program and registry within the Department of Health and Social Services.

The Alaska Brain Injury Network, Inc (ABIN) is a non-profit organization dedicated to Alaskans whose lives have been changed by brain injury. ABIN's eighteen member board represents all regions of Alaska and at least 50 percent are TBI survivors or family members.

The primary ABIN mission is to educate, plan, coordinate, and advocate for a comprehensive service delivery system for the survivors of traumatic brain injury and their families. ABIN also serves as a statewide resource navigation agency specializing in information and referral for brain injury services and supports available in Alaska. ABIN has heard from 600 Alaskans requesting brain injury services since 2007. In addition, ABIN has heard public testimony from hundreds of Alaskans from Anchorage, Juneau, Fairbanks, Kenai, Barrow, Nome, Kodiak, Dillingham, Bethel, Copper River Basin, Tok, Ketchikan, Sitka, and more.

In the past several years, ABIN has worked collaboratively with the State of Alaska, Alaska Mental Health Trust Authority, the Alaska Native Tribal Health Consortium, Alaska Federal Health Care Partnership, major hospital providers, community providers, and many more agencies to coordinate the development of brain injury services in Alaska. We have coordinated meetings with these agencies to identify:

1. the services we have available in the State,
2. the services we do not have available,
3. which providers have the capacity to develop different segments in the continuum of care,
4. barriers; and
5. solutions for the development of this care.

The agencies participating and the findings are depicted in a document titled "Demonstrating the Need for Community-Based Rehabilitation."

Barriers to treating brain injury include:

- Brain injury as a medical condition versus a long-term condition: Patient often enters an injury-based medical model to treat what may become a manageable, chronic condition.
- Post-acute/Treatment/Rehabilitation funding for those who are Medicaid eligible: Currently, Medicaid funding is available for acute care, but does not cover brain injury specialty residential and day programs, often resulting in a higher level of care (more expensive) than what is needed.
- Workforce capacity- Alaska is too small of a state, with a strong yet limited workforce, to support separate brain injury systems of care in each service sector: military, tribal, and civilian.

- Screening/assessment in all state programs and primary care clinics- appropriate identification begins with screening and then assessment. Behavioral Health is the only state program that includes brain injury screening questions.

**SB219 provides many direct and indirect opportunities to resolve these barriers:**

- Creates longitudinal data on persons with brain injury to identify demographics, cause of injury, severity, diagnosis, treatments, medical and social costs which will help determine future policy and budget recommendations.
- Increases access to case management for those who are Medicaid eligible.
- Evaluates the need for and scope of acute, post-acute, long-term, and community treatment, care, and supports.
- Positions the state to identify the best 'menu' of brain injury services to include under a Medicaid Waiver.
- Positions the state to access federal funding for TBI services and for targeted case management.
- Encourages a seamless transition from acute settings to transitional and community settings.
- Establishes standards and recommendations for improvement of prevention, assessment, treatment, and care.

**Indirect Opportunities**

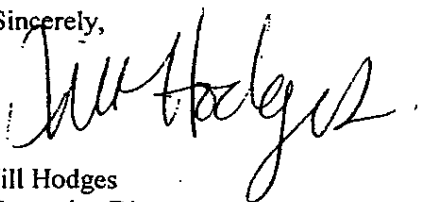
- Many Alaskans with undiagnosed or unrecognized brain injury currently access State of Alaska services and supports. The T/ABI program encourages screening and identification, as well as development of and access to appropriate treatment.
- A T/ABI program may create cost savings in acute care costs and existing state programs budgets, including behavioral health, juvenile justice, corrections, homeless initiatives, and long-term care in institutional facilities.
- Research shows, Medicaid funding specifically for brain injury services supports the growth of community-based rehabilitation programs (residential and day programs).
- Provides framework for the Department of Defense (DoD), Alaska Veterans Affairs Health System, Alaska Tribal Health System, State of Alaska, and private/non-profit entities to coordinate planning and implementation of rehabilitation and community re-entry programs.
- Development of these programs increases access for all Alaskans with a variety of pay sources, including insurance, private pay, and federal health care.
- Research shows early treatment and access to appropriate brain injury services may reduce future medical and social costs.

**The Alaska Brain Injury Network has worked diligently to create a 'framework' for successful development of a seamless system of care for Alaskans with brain injury, including the development of a comprehensive plan and the coordination of the many key providers that will build the system. The State of Alaska T/ABI program will be the 'foundation' that will allow the 'entire state system' to develop and grow. The State T/ABI Program, the 'foundation', is the first step to resolving the barriers, so providers can act, and Alaskans will have an opportunity for a more successful and positive life.**

The Alaska Brain Injury Network appreciates your ongoing support of this important legislation.

Our organization is made up of many professionals, providers, and specialists. If you have any questions I would be happy to answer them or connect you to someone with that knowledge.

Sincerely,



Jill Hodges  
Executive Director



**Attachment: ABIN Letter of Support for SB 219/HB 328**

**Why brain injury begins as an emergency medical condition and often becomes a social catastrophe?**

Several decades ago brain injury was viewed solely as a medical condition, more specifically a life or death injury. Because of the advances in emergency medical services and intensive/acute care, more people are surviving very severe brain injuries. These advances have created an entire new system of care, a brain injury continuum of care. This system of care is essential because of the long-term cognitive effects caused by the injury. After 30 years of state and federal government recognition, research, and longitudinal studies, it is now understood that 'brain injury begins as an emergency medical condition, and often becomes a social catastrophe.' Because of the potential for many different social challenges, it is essential that those who survive brain injuries receive timely, appropriate services and ongoing supports.

**How did other states develop brain injury programs?**

In addition to the local networking, ABIN is well connected to many state brain injury programs (public and private) outside of Alaska. Through conferences and ongoing dialogue, ABIN has learned the role legislation (in other states) has played in developing a seamless, comprehensive service system for after hospital care for brain injury. In 1980 the first appropriation for brain injury funding for case management was accomplished in Missouri. Legislation for a T/ABI program soon followed. 2005 data shows at least 44 states had a formal T/ABI program in their state government or funded brain injury specific programs.

The following is an example of the order in which legislation and funding has progressed in other states.

- Step 1: Establish a T/ABI program in statute
- Step 2: Approve general funds for case management, position state to access federal funds to expand this service to more people (targeted case management).
- Step 3: Approve a Medicaid brain injury waiver (50% Federal match)
- Step 4: Prevention and concussion management legislation.
- Step 5: Screening and case management for military

HB 328/SB 219 gives Alaska the opportunity to not only 'catch up' developmentally with other States, but it also positions Alaska to become a national leader in providing brain injury case management and treatment to rural and remote citizens across service sectors (military, tribal, civilian).

**How do other states fund and sustain a T/ABI Program?**

States use a variety and combination of funding streams for planning, policy, prevention and research activities, and to serve individuals with brain injuries and their families who have no other access to needed care or supports. Medicaid, Home and Community-Based Services and Medicaid Waivers, and Federal Block Grant programs are used to serve individuals with disabilities and special health care needs including people with brain injury. At the State level, common non-Federal funding sources for TBI service delivery include trust funds, general



revenue and special revenue. Often when two or more sources exist, funds from one are used to leverage funds from the other.

There are 24 States that have a Brain Injury Medicaid Waiver (2006). There are 20 states that have General Revenue or Special Revenue specific to brain injury (NASHIA 2005).

Medicaid waivers targeted to individuals with brain injuries operate in half of the states and are small when compared to waivers targeting other groups. These waivers provide significant cost savings, on average \$30,000 annually per person, when compared to institutional facility-based services (Rutgers 2008).

These waivers have been successful both programmatically and financially. In addition to cost savings, these waivers have provided other significant benefits. The existence of these waivers supports the growth of community non-profit brain injury agencies. There is clear evidence of the desirability of home and community-based services among those directly affected by brain injury: there has been growth of these waivers that has resulted in a doubling of the number of persons served over five years; in addition, there is a visible role played by advocates in encouraging states to develop these waivers. These waivers, over time, have contributed to states' efforts to create and grow an in-state service capacity to provide services to individuals with brain injuries.<sup>1</sup>

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<sup>1</sup>Hendrickson, L. & Blume, R. (2008). Issue brief: A survey of Medicaid brain injury programs. *Rutgers Center for State Health Policy*

# The TRUST

The Alaska Mental Health Trust Authority

February 10, 2010

The Honorable Lesil McGuire  
Alaska State Senate  
Alaska State Capitol, Room 125  
Juneau, Alaska 99801

Re: **Letter of Support for SB 219**

Dear Senator McGuire,

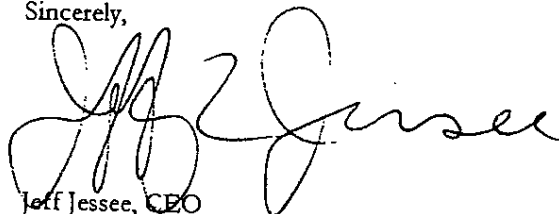
The Alaska Mental Health Trust Authority (The Trust) is pleased to support SB 219, an act establishing a traumatic or acquired brain injury program and registry within the Department of Health and Social Services (DHSS); and relating to medical assistance coverage for traumatic or acquired brain injury services. This bill is a significant step forward and will bolster the existing statewide efforts of a diverse and active committee which has been focused on brain injury services for several years.

The Trust is a state corporation that administers the Alaska Mental Health Trust, a perpetual trust managed on behalf of Trust beneficiaries who include individuals with mental illness, developmental disabilities, chronic alcoholism and those with dementia or other related disorders; many also have a co-occurring traumatic brain injury. Our goal is to partner with the Department of Health and Social Services as well as other state departments and branches of government, as a catalyst for change towards the improvement in Alaska's mental health continuum of care. The Trust has and will continue to partner with DHSS and the aforementioned statewide committee to ensure a system of care for Alaskans with brain injuries is developed.

It is an unfortunate reality that Alaska has one of the highest rates of TBI in the country. Upwards of 800 Alaskans are seriously injured or die from a TBI annually. It is estimated that at least 10,000 Alaskans are currently living with TBI in our communities, some with support services, most undoubtedly without. This bill will assure the development and implementation of services for Alaskans with brain injuries; specifically, it provides direction to the Department of Health and Social Services to assess prevalence, service gaps, and the development services in a targeted, effective, and fiscally responsible manner. Thereby, increasing and improving access to much needed services and supports for these Alaskans. Furthermore, this bill places the State of Alaska in position to access federal dollars for payment of these services through grants and Medicaid.

The Trust appreciates your leadership on this very important issue. Please let us know if there is anything we can do to further support your efforts and the successful passage of this bill.

Sincerely,



Jeff Jessee, CEO



COOK INLET  
T R I B A L  
COUNCIL, INC.

March 3, 2010

The Honorable Lesil McGuire  
Alaska State Senate  
State Capitol  
Juneau, AK 99801-1182

Dear Senator McGuire,

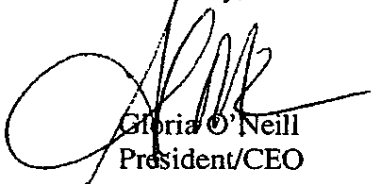
Thank you for your sponsorship of Senate Bill 219, which would establish a registry and program for Traumatic or Acquired Brain Injury (TABI) and provides for the inclusion of case management services to the Alaska list of optional Medicaid services. The reporting and data collection of Alaskans with these injuries is long overdue and would be of great benefit.

Cook Inlet Tribal Council (CITC) is about People, Partnership, and Potential. We serve 13,000 participants annually, administering 85 grants and contracts funded by federal, state, and private agencies. Our programs address many of the social, economic, and educational challenges faced by Native people in Anchorage and in the Cook Inlet Region. One of our main departments is Recovery Services. CITC provides both outpatient services and also operates the Ernie Turner Center for residential care pertaining to alcohol and drug treatment.

CITC can attest to the high level of TABI cases in Alaska. Statistics from 2009 indicates that about 37% of our participants seeking intervention services (including brief treatment and outpatient recovery) report head trauma or have a history of TABI. From a sampling of 552 individuals seeking admission last year to the Ernie Turner Center (for detox or residential treatment), 46% of them had experienced some type of brain injury in their past.

If I can provide any further assistance with passage of this measure through the legislative process, please let me know. I would be willing to testify on the impact of TABI and the need for this bill to be enacted. On behalf of Cook Inlet Tribal Council and the many participants we serve, you have our full support for SB 219.

Sincerely,

  
Gloria O'Neill  
President/CEO

*Senator,  
Please let  
me know  
if we can be  
of further  
assistance!  
AO*

3600 SAN JERONIMO DRIVE, ANCHORAGE, ALASKA 99508

FAX: (907) 793-3422

PHONE: (907) 793-3600

# STATE OF ALASKA

## DEPARTMENT OF CORRECTIONS

### Division of Administrative Services

SEAN PARNELL, GOVERNOR

REPLY TO:

Behavioral Health Services  
550 W. 7<sup>th</sup> Avenue, Suite 601  
Anchorage, AK 99501

Mental Health Phone: (907) 269-7320  
Mental Health Fax: (907) 269-7321

March 5, 2010

The Honorable Lesil McGuire  
Alaska State Senate  
Alaska State Capitol, Room 125  
Juneau, Alaska 99801

Re: Letter of Support for SB 219

Dear Senator McGuire,

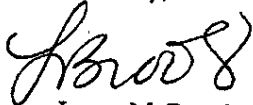
The Behavioral Health Department of the Alaska Department of Corrections is pleased to support SB 219, an act that will help ensure medical coverage for traumatic brain injuries (TBI) and also establish a statewide registry for related services within the Department of Health and Social Services.

Alaska DOC processes 38,000 bookings of over 22,000 unique individuals each year and has more than 5,600 inmates in custody on any given day. Over 42% of our population has a diagnosable mental health disorder and we typically have between 100 and 110 inmates on our caseload because of TBI.

Alaska DOC recognizes that there is a critical need to increase identification of and resources for people who have experienced traumatic brain injury. Release planning for this population has proven to be difficult as there currently are very few agencies and programs that serve people with TBI. In addition, access to those resources is often limited due to inadequate medical coverage.

We appreciate your work on behalf of this population. Please let us know if there is anything else we can do to further support you in your efforts.

Sincerely,



Laura M. Brooks, MS, LPA  
Director of Behavioral Health  
Alaska Department of Corrections



January 29, 2010

The Honorable Lesil McGuire  
Alaska State Capitol  
Room 125  
Juneau, Alaska 99801

Dear Senator McGuire,

Thank you for introducing Senate Bill 219, which establishes a traumatic or acquired brain injury program registry within the Department of Health and Human Services, and also relates to the medical assistance coverage for traumatic or acquired brain injury services.

At St. Elias Specialty Hospital, we treat and assist many patients who are affected by brain injury. Our patients' stories are personal to them and to us; but the outcomes of their injuries effect us all. Frequently, many patients who have suffered from a brain injury come to St. Elias on a ventilator and are unable to speak, eat, or walk. We have been fortunate to be able to watch many patients walk out of the hospital. Others have suffered injuries too significant and are not that lucky. We are very concerned about the resources available to our patients after they leave St. Elias.

We, at St. Elias, support SB219 because it would provide a mechanism for better tracking of the traumatic brain injury (TBI) patients in Alaska. We also feel that it would identify what services are lacking for patients post hospital discharge. This bill would create a more public awareness of the increasing numbers of Alaskans living with TBI, who may not be receiving the necessary help for their condition. Sadly, due to lack of rehabilitative services, many of our patients and families have been forced to leave the state for much needed long term rehabilitative services. We think Senate Bill 219 would combine all entities including profit, not for profit, military, and native to better serve all Alaskans. Possibly, the outcome would be an inpatient rehabilitation unit that would serve all Alaskans.

St. Elias Specialty Hospital is expanding its programs to better serve patients with traumatic and acquired brain injuries; however, we believe Senate Bill 219 could help us provide a better discharge plan for our patients with brain injury so they can continue their recovery and lead productive lives.

Senate Bill 219 would also help identify TBI patients who need early treatment. This in turn may reduce future medical and social costs and would help TBI patients integrate into the community positively as active and participating Alaskans.

Senator McGuire, thank you for your consideration and introduction of this bill. It is vital to the hospitals, our state, and most importantly, our patients.

Sincerely,

Sharon Kurz, PhD  
Chief Executive Officer  
St. Elias Specialty Hospital

Providence Health & Services Alaska  
Area Operations Administration  
3760 Piper Street, Suite 3013  
Anchorage, AK 99508  
t: 907.212.3694  
www.providence.org



March 9, 2010

The Honorable Lesil McGuire  
Alaska State Capitol, Room 125  
Juneau, Alaska 99801-1182

Dear Senator McGuire:

Thank you for introducing SB 219.

As the Area Operations Administrator for Providence Health & Services Alaska, I have seen both an increase in the need for services to brain-injured Alaskans and an increase in services available to them. However, as you know, much more needs to be done. Your bill will provide for that work to be accomplished.

Alaska remains a young state and sometimes the need for services has to reach a critical mass before we can afford to address those needs. Long time Alaskans will recall that back in the 1960s, Alaskans experiencing mental illness were sent out of state to a facility in Oregon. Eventually, services were established in Alaska.

I believe we have reached the critical mass needed to address brain injury in a comprehensive manner in Alaska. Too many Alaskans with brain injuries receive limited services, uncoordinated services or have to leave the state for services.

I support this bill and applaud your efforts to help Alaskans with brain injury.

Sincerely,

A handwritten signature in black ink that reads "Susan Humphrey-Barnett".

Susan Humphrey-Barnett  
Area Operations Administrator  
Alaska Health & Services Alaska

cc: Laurie Herman  
Jill Hodges

**ALASKA STATEWIDE INDEPENDENT LIVING  
COUNCIL, INC.**

February 1, 2010

The Honorable Lesil McGuire  
Alaska State Capitol, Room 125  
Juneau, Alaska 99801



1057 W. Fireweed Lane, Ste. 206  
Anchorage, AK 99503

Toll Free 1 888 294 7452  
Phone 907 263-2092, 2011  
Fax 907 263-2012

Dear Senator McGuire,

Thank you for introducing SB 219, the act which relates to medical assistance coverage for traumatic or acquired brain injury services and which will establish a traumatic or acquired brain injury program and registry within the Department of Health and Social Services.

The State Independent Living Council (SILC) is comprised of Alaskans, a majority of whom have disabilities, and who are appointed by the Governor to promote the philosophy of independent living, including a philosophy of consumer control, peer-support, self-help, self-determination, equal access, and individual and system advocacy in order to maximize opportunities for individuals with disabilities, and the integration and full inclusion of individuals with disabilities into the mainstream of society.

The program supports four Centers for Independent Living (CILs). These Centers provided a wide array of services in 2009 to 3,828 Alaskans with disabilities and seniors who seek to live independently in their communities. Many of those Alaskans have sustained traumatic or acquired brain injuries and are in desperate need for services to become available in Alaska that can be tailored to their individual circumstances.

The SILC is very supportive of SB 219, which will streamline services delivered by the State of Alaska by helping families with TBI better access services and supports. The bill directs the Department of Health and Social Services to assess both the needs of individuals with TBI and the state capacity for services based on data collected. This will ensure any planned services and supports are targeted to meet needs effectively and economically.

SB 219 facilitates and links services from hospital to home and community in order to ensure that individuals have resources necessary to live independently in their homes. It will allow for them to return to work, thus diverting them from more expensive alternatives.

SHB 219 will help people in the community access case management services, which will, in turn, promote better access to TBI services. Case managements helps to support families and individuals with TBI by bringing resources together and avoiding potential duplication of efforts across agencies.

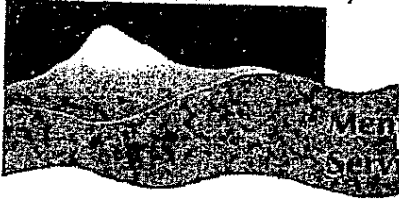
SB 219 provides many benefits to the State of Alaska. It positions the state to potentially access a federal funding stream for TBI services. The bill would give the Department of Health and Social Services the authority to access Medicaid funds for TBI, thus maximizing resources.

The Statewide Independent Living Council appreciates your ongoing support of this important legislation. Please let us know if there is anything we can do to promote swift passage of this bill.

Sincerely,

Andra Nations  
Executive Director

# Anchorage Community



Mental Health  
Services, Inc.

4020 Folker Street • Anchorage, Alaska 99508 • 907-563-1000 • (Fax) 907-563-2045 • e-mail: [acmhs@acmhs.com](mailto:acmhs@acmhs.com) • website: [www.acmhs.com](http://www.acmhs.com)

17 February 2010

The Honorable Lesil McGuire  
Alaska State Capitol, Room 125  
Juneau, Alaska 99801

Dear Senator Lesil McGuire:

First, thank you for your interest in traumatic or acquired brain injury. Second, thank you for supporting the development of specific services addressing traumatic or acquired brain injury.

Anchorage Community Mental Health Services serves a number of clients impacted by brain injury. Some have been impacted by stroke while others have injuries resulting from accidents. The long lasting impact of brain injury results in some of our clients having great difficulty in adapting to normal life. Issues include things like being able to maintain housing, being able to work and self care. Additional focus on developing community based brain injury rehabilitative services will be invaluable to this population and their families.

So, thank you for introducing Senate Bill 219. Let us know if we can be assistance in promoting passage.

Sincerely,

John Fugett, MA, LPC  
Director, Adult Services

Jerry A. Jenkins, M.Ed., MAC  
Executive Directors

Continued Care  
2735 Tudor Rd.  
562-7900

Senior Services  
Day Break  
9210 Jupiter Dr.  
346-2234

Downtown Annex  
610 E. Fifth Ave.  
274-0352

Family Services  
4045 Lake Otis Pkwy.  
561-0954

Adult Services  
4020 Folker Street  
563-1000

Emergency Services  
24 hrs  
563-3200



*Mat-Su Health Services, Inc.*

February 25, 2010

The Honorable Lesil McGuire  
120 4<sup>th</sup> St, State Capitol, Room 125  
Juneau, AK 99801

Dear Senator McGuire:

I am writing in support of Senate Bill 219, an act concerning traumatic or acquired brain injuries. As a health care professional who administers an agency that provides both primary health care and behavioral health care I and my Agency are well acquainted with the devastating consequences of even a mild brain injury can have on individuals and their families. The bill you have sponsored, if passed, will enable the State to take important, concrete steps that are necessary in creating evidence based, coordinated and effective services to this group of citizens in need. The creation of an operational definition, the development and tracking of important incident data, the promotion of waiver services and the building of case management capacity are all important first steps.

Sincerely,

Kevin Munson  
CEO

## Esther Cha

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**From:** Murphy, Sean [Sean.Murphy@asrcenergy.com]  
**Sent:** Wednesday, February 03, 2010 2:04 PM  
**To:** Esther Cha  
**Cc:** jill@alaskabraininjury.net  
**Subject:** SB 219  
**Attachments:** TBI Accident.pdf

Sean & Dee Murphy  
5745 Greece Dr.  
Anchorage, AK 99516  
Feb 3<sup>rd</sup>, 2010

The Honorable Lesil McGuire  
Alaska State Capitol, RM 125  
Juneau, Alaska, 99801

Dear Senator Lesil McGuire:

First, I would like to thank you for introducing SB 219: An Act establishing a traumatic or acquired brain injury program and registry within the Department of Health and Social Services; and relating to medical assistance coverage for traumatic or acquired brain injury services.

My name is Sean Murphy and I am recovering from a traumatic brain injury from a skiing accident two years ago at Whistler/Blackcomb B.C. I hit a tree at nearly 30 MPH head first, thankfully I was wearing a helmet or the recovery process could have been much worse. I was air lifted down the mountain to the clinic at W/B where they kept me on life support until the second air medivac was available to transport me to Vancouver General Hospital. Three days later I awoke from my coma and my wife realized she would have to raise another child (husband) since I could not talk, walk or even feed myself.

SB 219 gives the Department of Health and Social Services many specifics to help address issues related to TBI which are all necessary here in Alaska. However, the main reason for writing you today is not for me or the treatment and support from my injury; but the needed support for family members dealing with TBI patients. TBI patients often have emotional issues that impact the entire family. It was extremely difficult to obtain any information, a single agency to assist in identifying resources, support groups, etc. would have been most beneficial for families in this situation.

As I found out weeks or understood months later, was the amount of stress that my wife had to endure. From first, being out of the country, then in Seattle and then again in Anchorage my wife had to continually start the processes over again to get me needed treatment. Again, having case management services to assist would have been extremely helpful in finding a neurologist, physical therapist, and the resources needed to aide in the recovery process. While researching these types of injuries, my wife and I noticed that the majority of states have facilities to assist people in obtaining the information and contacts needed. We could not find this in the state of Alaska. With the many outdoor activities and amount of highway accidents in Alaska we were surprised to find that this was the case.

Sincerely,

Sean Murphy

My husband Sean and I spent a week in Whistler/Blackcomb, BC. Sean was skiing expert terrain all week. On the last day of the trip, he and his buddies stopped for a bowl of soup before heading home. After lunch, he got into his skis and picked a casual groomed ski trail to head down the mountain. He was the first one back in his skis as they started down the mountain. When his friends started down the trail, they saw him veer across the trail over an embankment into the tree line. To this day, having lunch is the last thing that he remembers. They both called down to see if he was ok, when he doesn't respond, one friend came down to check on him and found that he was not conscious. The second friend began stopping others for assistance. A doctor and nurse happened to ski near the accident and began CPR and a ski instructor stopped and contacted ski patrol. Ski patrol arrived within minutes and provided an open airway and artificial respiration while packaging Sean for transport to a helicopter arriving. We believe that due to preparation for the Olympics, the response time of the ski patrol and helicopter was extremely quick, within minutes, Sean was transported to the clinic at the base of the mountain, examined and prepped for another helicopter ride to Vancouver General Hospital.

Our friends and I packed and drove from Whistler to Vancouver only to discover that he had still not awaken and they might have to drill into his brain to release some of the pressure due to swelling caused from severe bruising and 8 sub dermal hematomas. The good news was that after a full body CAT scan to determine the extent of his injuries, other than the head injury, he had a broken finger. After three unconscious days in the ER Sean finally came out of a coma. The doctors asked if he knew what happened, he shook his head no, he asked if he knew who was next to him. All he could do was say wife, but that was more than enough considering we were told that his long term memory would probably be affected by the injury.

On the evening of the third day, Sean was transferred to the Neurological Intensive Care Unit. He was unable to speak coherently, sit up, walk, and other basic motor functions. The doctors informed me that the recovery process would more than likely take months and that we would need to stay in Vancouver until the pressure on his brain decreased considerably and he was able to walk with assistance. The Neurologist stated that if he hadn't been wearing a helmet he would not be here today. In fact, his helmet was used during several meetings to encourage the use of helmets with the staff at VGH.

Sean began the process of recovery, and I began the process of notifying employers and family of our situation. Luckily for me, two of the friends that were on vacation with us offered to stay in Vancouver for support. I was surprised to find out that Canada does not accept health insurance, so having to figure out how to pay for this care, and my stay in Vancouver and trying to keep our daughter from knowing how serious the injury was since she was alone in Anchorage was almost more than I could tolerate. To this day, I cannot thank our friends enough who stayed with us in Vancouver.

The days following consisted of me massaging his legs and arms, little stretches to keep him from stiffening up and numerous trips to the nurse's station trying to reach the Doctor for an update. I was told that he did not see patients during visiting hours because time was allotted for surgeries. The only care provide for the first two days in NICU were hourly vitals check by the nursing staff and my attempts to do stretches with him lying in bed. After 3 days in the NICU, and dozens of requests to see the doctor, he finally stopped in to provide an update. He stated that the bruising was improving, but had not decreased enough for air travel and that air travel could cause further damage to his brain. I asked about road travel so that we could get back to the US, he indicated that since he was barely able to feed himself, had not walked yet, and could not speak more than a word or two when responding to questions, that we needed to realize that long term hospital care and physical therapy was required. I asked when physical therapy would begin, and he indicated that the physical therapist would be by to see us that day.

I increased our efforts to get him to do more on his own. I asked that he feed himself; even though he wore more of the food then he ate. I got him to stand next to the bed with me and our friend on either side to see if he was able. He was not able to take a step or stand on his own, but it strengthened my resolve to get him walking again. Later that date, the PT examined Sean and gave us stretches that we could do to help him improve and that we could attempt to get him to stand periodically throughout the day. We followed the regiment for two days, than were given approval to see if he could walk. We began walking him to the restroom, which was only about 8-10 steps from the bed. The following day the Physical Therapist was surprised to see how much he had improved. Much less food on his clothes, able to speak short sentences and could walk with assistance to the restroom. She then gave us permission to walk the halls as long as our friend and I were with him at all times. We began this trek immediately after she left and continued every hour if he was awake. Day 8, he can walk two times around the NICU floor and we attempt the stairs without the PT's knowledge. He was able to take two steps. We continued to walk as often as possible so that he could build up his strength and improve his balance. The following day, I asked that he be examined again to see if the bleeding and swelling had gone down. It had, I then ask the PT if we can attempt the 5 steps so that we could travel to Washington by car. Sean climbed 5 stairs with Danny and me on either side. The PT consulted with the doctor and they gave us authorization to travel to Washington after resting at the hotel for 1-2 days to ensure that he is able to travel. I asked that they provide a CD of his cat scan and all medical records; they indicated that they would fax the reports to the doctor in Seattle and would provide the CD prior to checkout. So with a stop by accounting, I paid the bill by check and credit card. (I had contacted our credit card company earlier in the week and told them of the situation. They agreed to increase our limit enough to cover the hotel and hospital bill). Sean rested in the hotel and our friends from Seattle came to pick us up. I felt we were one step closer to getting home.

In Seattle, I made numerous calls to Neurologists, but none would take a new patient without a referral. After several calls to Vancouver General and little success in

getting help, our friend Jane said she had an appointment and we could go with her, so we did. We explained to her doctor why we were crashing Jane's appointment, and to our surprise, she examined Jane in 10 minutes and the remainder of the appointment was Sean's. She was astounded that this accident was less than two weeks prior and immediately contacted a Neurologist that she knew and had an appointment for Sean the following day. Again, we were told that it would be several weeks before we could travel and were surprised that we were given approval to leave Vancouver as there were still several areas still swollen and bleeding on the brain. Three times a week, Sean and I went to see the Neurologist. They worked motor skills and did brain teasers and each visit seemed to be better than the last. At the end of the third week, we were given the green light to travel home to Anchorage.

I thought the process would be much easier in Anchorage, only to find out we had to start the process all over again. Neurologists and Physical Therapists require a referral. We went to our family physician and were referred. My Dad agreed to come to Alaska to help care for Sean since he could not be left alone and I needed to get back to work since we had used all of our vacation time and all that could be done now FMLA, which is family medical leave without pay. Without both our incomes, this was not an option.

Sean could not be left alone, could not cook, could not take stairs on his own, etc. So I was so thankful that my Dad was with me to care for him because I needed to get back to work at least part time. As I finish this letter, I have a tough time keeping my composure, I reflect on the stress that I had to endure due to Sean's accident and the fact there wasn't someone I could talk to that understood what we were going through. The angry outburst from Sean which are typical of head injuries, the fact that he was basically having to develop mentally and physically, newborn through adult hood all over again.

After two years, there are still outburst, but they are less frequent, and his short term memory has been affected where he must keep more detailed notes. But on a positive note, the recovery was much quicker than anyone thought it would be and physically he is in the best shape of his life. He is running under 6 minute miles now and he continues to improve emotionally, mentally and physically.

**Esther Cha**

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**From:** The Children's Lunchbox [thechildrenslunchbox@alaska.net]  
**Sent:** Wednesday, February 17, 2010 8:48 AM  
**To:** Esther Cha  
**Cc:** 'Jill Hodges'; jennifer@alaskabraininjury.net  
**Subject:** SB219 - Letter from constituent  
**Attachments:** B Thompson TBI Advocacy Letter.doc

Thank you for accepting my letter in support of SB219. If you have any questions please feel free to call or email.

Sincerely,

**Becky**

Rebecca (Becky) Thompson  
2328 E. 20<sup>th</sup> Ave  
Anchorage, AK 99508  
(907) 230-6382

P.S. I do have permission to send this from my work email as The Children's Lunchbox a Program of Bean's Café is aware of the TBI issue as well.

Rebecca (Becky) A. Thompson  
2328 E. 20<sup>th</sup> Ave.  
Anchorage, AK 99508  
(907) 230-6382

February 16, 2010

The Honorable Lesil McGuire  
Alaska State Capitol, Rm 125  
Juneau, Alaska 99801

Dear Senator Lesil McGuire:

Thank you for introducing **Senate Bill 219: An Act establishing a traumatic or acquired brain injury program and registry within the Department of Health and Social Services; and relating to medical assistance coverage for traumatic or acquired brain injury services.**

Thank you for your interest in how Traumatic Brain Injuries affect our citizens and their families.

On March 31, 2005 I was rear-ended at a stop light. Unfortunately, my head and body was turned at such an angle to do an unusual amount of damage. My neck "popped", my cervical ligaments were damaged, etc., and I received what is thought to be a "shearing" Traumatic Brain Injury.

To keep a very long five years short; I was finally diagnosed in 2007 with the alar ligament issues, etc. and it was suggested I had a minor TBI and needed to be treated out of state. I did go out of state (California twice) and started being treated in Oak Park, IL in 2008 with continued success.

My injuries caused great suffering in my family. Being diagnosed so late, the cognitive issues such as short term memory loss, irrational irritability, loss of math skills, fatigue, etc. put a huge strain on our family. I truly believe that if the health professionals in our community were educated on TBI they would be able to better assist their patients.

Thank you again, Senator McGuire, for introducing this bill and your commitment to bringing more awareness to this topic.

Thank you,

***Rebecca A. Thompson***

Rebecca (Becky) A. Thompson

Christine A. DeCourtney  
6920 Gemini Dr.  
Anchorage AK, 99504  
February 15, 2010

The Honorable Lesil McGuire  
Alaska State Capitol, Rm 125  
Juneau, Alaska 99801

Dear Senator Lesil McGuire:

I am writing to request your support of Senate Bill 219: An Act establishing a traumatic or acquired brain injury program and registry within the Department of Health and Social Services; and relating to medical assistance coverage for traumatic or acquired brain injury services. I wish to speak from two views:

- 1) I have worked in the healthcare field ever since I graduated from university
- 2) I have suffered two Traumatic Brain Injuries (TBI) and major surgery for a brain tumor in the last five years

I have worked in healthcare for many years, including ten years at the Bristol Bay Area Health Corporation in Dillingham and the past seven years at the Alaska Native Tribal Health Consortium. As such, I strongly believe that not only are there many people living in remote communities who have suffered a brain injury with no treatment available, I also believe that there are many people who have physical, mental and emotional problems as a result of an undiagnosed brain injury. The Trauma Registry only counts those that are hospitalized. It is critical that the people of Alaska have better access to brain injury prevention, treatment and rehabilitation services.

I suffered head and severe facial injuries from a bicycle fall in 2004. Though I spent many hours in the Emergency Room having many tests and 50 facial stitches, I received no information about head injuries. Eight months later, I was at a stop sign in downtown Anchorage and was hit in the driver's side by a van that came around the corner. This time I did not experience visible injuries. However, I suffered neck injuries and another TBI. It is not healthy to have another TBI so soon after the first one. It is also "easier" to have an injury that people can "see."

In spite of the fact that I am gainfully employed and insured, I have spent a great deal of out-of-pocket funds to try to "get better." While my insurer was quite willing to pay for physician visits and medications, which did not help me a great deal, they were not willing to pay for other therapies that have helped me. When I had out-of-state major neurosurgery two years ago, once again therapy modalities that helped me return to work and function at the level I am expected to by my employer, were denied.

My injuries and experiences are minor compared to some of the people in Alaska who now face a lifetime of problems so different from those that they had pre-TBI. The people of Alaska need to have prevention, treatment and rehabilitation services that can help increase awareness of preventing TBI's; treatment provided regardless of location or insurance availability and rehabilitation services that incorporate all programs and services that give the patient the best quality of life possible.

I never expected to be in a position of fighting to explain my difficulties as a result of a TBI or trying to find care that helped me get better. After all, being now defined as "average" should be ok. Right?

On behalf of myself and all the patients, families and providers who work to prevent TBI's, provide treatment and care for patients, I urge you to support SB 219.

Respectfully,



Christine A. DeCourtney

## Esther Cha

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**From:** Jill Hodges [jill@alaskabraininjury.net]  
**Sent:** Wednesday, February 24, 2010 10:23 AM  
**To:** Esther Cha; Jeanne Ostnes  
**Subject:** FW: Fay's letter  
**Attachments:** Fay letter.docx

Jennifer in our office had been working with Fay to finalize this letter.

Five days after finalizing this letter, Fay fell down the stairs, suffering a severe brain injury. She is currently in the hospital suffering from severe cognitive symptoms. She had given us permission to send this letter out before the fall occurred.

Jennifer Charvet, CBIS  
Resource Navigator

Alaska Brain Injury Network, Inc.  
3745 Community Park Loop, Suite 140  
Anchorage, Alaska 99508

888-574-2824 or 907-274-2824  
[www.alaskabraininjury.net](http://www.alaskabraininjury.net)

GoodSearch for Alaska Brain Injury Network - Raise money for ABIN just by searching the Internet or shopping online with GoodSearch - [www.goodsearch.com](http://www.goodsearch.com) - powered by Yahoo!  
ABIN has now earned \$227.26 since December 2006!

February 11, 2010

To Whom It May Concern:

I worked for years as a Care Coordinator for people experiencing Alzheimer's and/or mental illness. As a professional in this field I helped many people find services and information. I didn't realize I'd be the one needing assistance so soon. For an unknown reason, I've lost my eyesight over the last couple of years. I'm in my 30's. While struggling to learn to live with a visual impairment, I lost my job. One of the dangers of living with a visual impairment that I had not anticipated was the numerous concussions I have experienced.



The most serious of these was when my weed-whacker fell on my head causing a mild brain injury. It took me at least five to six months to feel "normal" again after that. I believe many people experiencing visual impairments are suffering brain injuries at a rather high rate.

Just as it is important for those with Alzheimer's to have access to services and information through a Care Coordinator, it is also important for those experiencing brain injury to have assistance. Accessing services is very difficult when your brain isn't functioning at its' best. Each person who has experienced a brain injury should be linked to a care coordinator so that they have help accessing services. It's hard enough for me to find the help with a visual impairment, it is even harder when I've suffered yet another concussion and can't remember who to call or don't know what services will help.

It's imperative that people with brain injuries have a good advocate. It can be very hard to access services even when they are available. Often times a person with a brain injury has difficulty remembering things, making phone calls, knowing how to ask the right questions to get an appointment, etc. Having strong advocates such as Alaska Brain Injury Network and a Care Coordinator is necessary for a good recovery.

I encourage you to please support Senate Bill 219 presented by Senator McGuire and House Bill 328 presented by Representative Johnson. Having a brain injury program as they describe would benefit many Alaskans currently struggling on their own. There is also \$350,000 currently in the budget for brain injury. Please support the bill and leave the funding that is in the budget there. Thank you for your support. This is something that mattered to me as a provider and now it matters to me on a personal level.

Sincerely,

Fay Nakamura

2746 W 42nd Place Apt #1

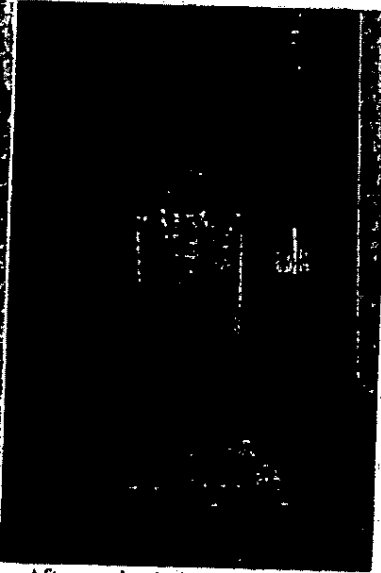
Anchorage, AK 99517

Note: I had assistance writing this letter.

To Whom It May Concern:



With my son - before the brain injury



After my brain injury

Apx 3years ago I was a Flight Attendant with Alaska Airlines. Now I dont swim, drive or do ANYTHING because overnight my life was CHANGED. Basically I had an ARYCHNOID CYCST which the Doctors watched, at Providence Hospital, since I was a teenager (although I was born with it) and suffered horrendous headaches. Noone ever told me that it could change my life so. In any case, I have two kids with Autism, 11 and 12 and a 15yr old with ADD so my life has been in shambles for quite sometime in any case. As for Providence, the commercials they put on TV are GREAT however noone ever tells you the BAD SIDE of things. I underwent surgery to no avail. There was NO PROBLEM until I came down with STAFF INFECTIONS that the doctors couldnt stop it. Needless to say, There was NOTHING in Alaska for me then and I was medivacked to Seattle after suffering Staff Infections but where the doctors only do ONE TYPE of surgery , basically up here it is OK if you have a broken arm or something but Brain Injury is nothing you want to MESS WITH. Needless to say I was put in OT, PT and SPEECH services and the only thing to come out of it all was that I had BRAIN INJURY! I couldnt, or still cannot, walk a straight line, I lost my job, what good is a F/A who cannot walk a straight line, I wear Prisms in my glasses now as well as DARK GLASSES, the sun hurts my eyes, I am in a Wheelchair and I was destined to live a life of NO DRIVING! Not even to the Grocery Store. Because I was married it was ASSUMED that my husband could work all day, do all the housework and watch the kids. I had three kids and he had Three kids and the BRADY BUNCH IT WASNT! In any case, my marriage has ended in divorce because of many different reasons however Brain Injury was NOT the least of the worries I had come to deal with! Only recently there is a hospital up here that deals with Brain Injury, at the Bases. It is HARD to find a doctor who knows ANYTHING about Brain Injury, much less a PCA (Personal Care Attendant) who knows anything about Brain Injury. I have had two PCA's quit on me and

am on my third, mainly because they are UNTRAINED in the needs of TBI. They were good as PCA's however NOT at Brain Injury and finding a doctor is a FIASCO because no doctors know about Brain Injury either. In any case, I was set to retire and "lost" my job and cannot get another one without alot of work and someone who knows about TBI. Brain Injury is EXPENSIVE to say the least and I am on Medicaid and Medicare due to all the tests I have to have done and all the medication I am on. For years I advocated for my kids with Autism however that was NOTHING COMPARED to what I go through now. I have managed to get around my house and take my own showers. Needless to say, even as a CONSUMER now there are certain things I will NOT, I am too proud, to let people do for me. Help me go to the bathroom is one of them but it is HARD and I rely on my BARS in the bathroom plus a toilet that is up a little higher. I am destined to be in a Wheelchair and flying, I am the Chair of the Governors Council now and need someone to go with me WHEREVER I GO! My life has CHANGED to say the least and I dont have the ability to be SELF SUFFICIENT in any case, I used to go to Prince Willian Sound Halibut fishing and owned a TimeShare in Puerto Vallarta where I cought a WORLD RENOWNED SailFish. THANK GOD FOR THOSE DAYS AND THOSE MEMORIES of which I have to look at pictures or have to be TOLD to remember, remember I have TBI so those dont come NATURALLY to me! Those times are all but over for me and even though I still love Fishing, I HATE THE WATER so fishing and I dont go together so well. In any case, I used to advocate for my kids and AUTISM, which I still do, but now I am a CONSUMER FOR BRAIN INJURY which has opened my eyes big time. I still go to Key Campaign and am on the BOD (Board of Directors) of the Key Coalition which deals with Legislatures on an ongoing basis and am a founding mother for LINKS in the Mat-Su. We are a Community PTI and work very closely with MATSU SCHOOL DISTRICT, and am past Chair of the EIC (Early Intervention Committee) of the Gov. Council, however that will not take away my problems and makes being involved very difficult for me. THANK GOD also for the Flight Attendants of Alaska Airlines because without them my kids wouldnt have had a Christmas! I can only say my life has taken a TURN and Brain Injury only takes a SECOND but can ruin your ENTIRE LIFE! This is something I will live with EVERY DAY and not something that will ever GO AWAY! In closing. I can say that life DOESNT END HERE! I have taken the "bull by the horns" so to speak and have become quite the advocate of Brain Injury on top of it all. I joke about Disabilities and it was my own mother who said she thinks I AM GETTING BETTER! When I asked WHY she said BECAUSE I CAN JOKE ABOUT IT NOW where before I could NOT.

Please oh please take this to heart. It can happen in an instant and take your entire life away from you. PLEASE CONSIDER what you can do to help not only people with BRAIN INJURY but to also get the word out that this EFFECTS THE REST OF YOUR LIFE! It is EXPENSIVE MONETARILY and HARD ON FAMILIES and ON THE CONSUMER AS WELL. Thank you for your time.

Donna Swihart, MAT-SU, ABIN ADVOCATE AND CONSUMER  
5450 N. Rhonda Drive  
Palmer, AK 99645

Dave Eubank  
9527 Victor Rd.  
Anchorage, AK 99515

Good afternoon:

My name is Dave Eubank and I approve this message. A few long years ago I sustained an acquired brain injury, not to be confused with traumatic; it was pretty traumatic to me but acquired? I didn't ask for any of this but it seems as though it was required because I see life through a different set of eyes and have been blessed with a different set of values. I, as well as a host of many others, have had to work twice as hard to get back half of what I lost but I appreciate life more than twice as much so in a sense, ... doesn't that make me twice the person I once was?



Just for starters I have an awful lot of admiration for the people who are in the health care industry for the support, care, and understanding they provide to others who are less fortunate than you. The T.B.I. Resource Navigator allows access to monitor a wealth of information for this silent minority. The DHSS provides additional funding for thankful services to a thankful people. I am not thankful; I am thankful, I am thankful I do not require such needful things but I know. I know exactly what it's like to be on the inside looking out and I know exactly what it's like to have the ability to absorb the incoming information but not having the capability to process it and I know exactly how frustrating that can be and for some people there is no way out and I know that too.

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You see, once upon a time, in a land far, far, away, I collapsed as the result of a life threatening, death defying, brain aneurysm; grade 5. You name it and I did not have it but in comparison to what I had lost, I have gained a whole lot more and what it was that I really lost, really was not even worth having and I am thankful for the things I have gained rather than being resentful over the things I have lost but it literally turned my life upside down yet here I am ... 10 years post, standing right side up and sitting right side down, still there are an awful lot of questions and *not* many answers; however:

**Would a T.B.I. Care Coordinator have been helpful in my own recovery?** Absolutely! We all have to crawl before we can walk and we seem to forget all about that but not me because in the bitter end of this past century I tried to walk before I could crawl and I fell flat on my face. But when I went down, I got up and when I got up, I woke up, and when I woke up, I got a grip and I can see much more clear this second time around but instead of taking my life, it gave me a life *however*; I may have gotten it a whole lot quicker with a T.B.I. Care Coordinator.

**Would the funding for T.B.I. Care Coordination and Case Management have been helpful in my situation?** Absolutely! I as well as a host of many others often felt like beating my head up against a brick wall but soon discovered that there was nobody home but suddenly on one bright, sunny, and cheerful summer day, a light bulb went off, BING!!! And as I wondered my way through this maze of uncertainty, I realized that I could not change people. I could not change anything about them. The only thing I could change was *myself* and when I changed myself? Poof!!! It was magic because I would change the perception of how others perceived me. A T.B.I. survivor is scarred for life and even though it may not be the kiss of death, there is a distinction and it is *not* a real good one but, ... *By choosing the path of least resistance and combining the elements of good with that of the bad, you rise above the distinguished height of an unjust society and you still embrace it* (Martin Luther King).....and yet it works.

**Do I have any regrets on how I've approached and sidestepped the obstacles that have obstructed my most difficult challenges?** Absolutely not! Very few of us get out of here alive without being rudely slammed down by some sort of adversity but there's an old saying that adversity has a peculiar way of introducing you to yourself. Welcome to my world; we all make choices in life but I really don't know anyone who chose to walk a path which has no end and for some people there is no end but for others who wish to boldly go where many have gone before, with careful consideration of care coordination and case management there is. You probably think it's pretty easy for me to discuss this stuff; it's not easy, ... it's not easy at all. That's it, my work is done here.

Thank you

# ALASKA STATE LEGISLATURE

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## SENATOR LESIL MCGUIRE

### Sponsor Statement CS for Senate Bill 219 (26-LS1312\E)

The CS for Senate Bill 219E establishes a traumatic or acquired brain injury program and registry in the Department of Health and Social Services. Currently, Alaska has no specific program specifically to deal with brain injury and yet Alaska has one of the highest rates in the nation. Annually, there are about 800 Alaskans hospitalized with a traumatic brain injury resulting from falls, car crashes, domestic violence, All Terrain Vehicle crashes, and snow-machine crashes, among others. Furthermore, an approximately equal number of Alaskans are suffering from acquired brain injuries resulting from stroke, aneurism, or tumors.

Alaska urban and rural residents, including military are being discharged to their homes with little understanding of brain injury or access to in-state rehabilitation, severely impacting their families. Limited education about the injury, learning to cope with a person who has changed, overwhelming stress from insurance, bureaucracy, and financial burdens and change in family roles may render families dysfunctional.

With appropriate and available care, rehabilitation, community and family support, even the individual who is most severely injured can live at home, return to school or work, or engage in meaningful and productive lives.

Funding a Traumatic or Acquired Brain Injury (T/ABI) Program gives authority to the Department of Health and Social Services to collect data on the injured, positioning the state to access Medicaid funds for T/ABI. Medicaid services for T/ABI will be matched 50% by federal funds. The bill allows for streamlining department services and activities that are unique to T/ABI. This would better assist families and individuals with T/ABI in knowing how to access services and supports.

Early treatment may reduce future medical and social costs. Without appropriate services, some individuals with T/ABI may pose a threat to themselves or others. Without assistance, individuals with TBI often end up homeless, in jail or in nursing homes. Service coordination, rehabilitation, and appropriate supports can help to minimize these risks.

### Acquired Brain Injury

Functional and cognitive deficits resulting from injuries to the main and associated structures that:

- 1) Are results from injury post partum
- 2) Are not a result of a congenital disorder
- 3) Are not a result of a deteriorating disorder related to age (i.e. dementia, picks, etc) a

And fall within in the broad categories:

- a. Hypoxic or Anoxic events
- b. Chemical induced except alcohol related
- c. Medical accidents (i.e. stroke, aneurysm)
- d. Viral, bacterial or parasitic attack
- e. Radiation poisoning
- f. Medication effects (prescribed)
- g. Idiopathic causes

The deficits must be long-standing, significantly below baseline, impact productivity in the three areas, school, work, relationship, and affect the life trajectory of the individual

Provided by bill sponsor.