Bill as Introduced

SB 182-FN-A – AS INTRODUCED

2001 SESSION

01-0592
01/09

SENATE BILL ***182-FN-A***

AN ACT establishing a brain and spinal cord injury trust fund and continually appropriating a special fund.

SPONSORS: Sen. Hollingworth, Dist. 23; Sen. Boyce, Dist 4; Sen. Johnson, Dist 3; Sen. McCarley, Dist 6; Rep. Emerton, Hills 7; Rep. Weyler, Rock 18; Rep. Boyce, Belk 5; Rep. Martel, Hills 45; Rep. Knowles, Straf 11

COMMITTEE: Executive Departments and Administration

ANALYSIS

This bill establishes a brain and spinal cord injury trust fund. The fund is to be capitalized by additional penalty assessments for certain offenses and receipts from payments for forfeited recognizances for non-driving offenses.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

SB 182-FN-A – AS INTRODUCED

01-0592
01/09

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand One

AN ACT establishing a brain and spinal cord injury trust fund and continually appropriating a special fund.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Advisory Council; Duties. RSA 137-K:2, IV(c) is repealed and reenacted to read as follows:

(c) Receive and review information from the brain and spinal cord injury registry, established in RSA 137-K:5; review the status of the brain and spinal cord injury trust fund, established in RSA 137-K:9; and recommend to the commissioner priorities and criteria for disbursement of any moneys in the brain and spinal cord injury trust fund consistent with the purposes of the fund, and of any moneys received under paragraph V.

2 New Section; New Hampshire Brain and Spinal Cord Injury Trust Fund Established. Amend RSA 137-K by inserting after section 8 the following new section:

137-K:9 New Hampshire Brain and Spinal Cord Injury Trust Fund Established. There is hereby established in the office of the state treasurer a fund to be known as the brain and spinal cord injury trust fund. Receipts from additional penalty assessments imposed under Title 21 as provided in RSA 188-F:31, I and IV, and receipts from payments for forfeited recognizances for non-driving offenses as provided in RSA 597:38-b, III, shall be deposited into the fund. The fund shall be expended by the commissioner, after consultation with and pursuant to the criteria and priorities established by the advisory council, to provide direct services on behalf of individuals and their families affected by brain or spinal cord injuries, including, but not limited to, community resource coordination, support of a statewide toll-free number for information and assistance, family support, advocacy and vocational support, to administer the brain and spinal cord injury registry, and to fund injury prevention efforts. The moneys in the fund shall be non-lapsing and shall be continually appropriated to the department for the purpose of the fund.

3 Penalty Assessment Increased; New Hampshire Brain and Spinal Cord Injury Trust Fund. Amend RSA 188-F:31, I to read as follows:

I. Every court shall levy a penalty assessment of $2 or [~~20~~] ***21*** percent, whichever is greater, on each fine or penalty imposed by the court for a criminal offense, including any fine or penalty for a violation of RSA title XXI or any municipal ordinance, except for a violation of a municipal ordinance relating to motor vehicles unlawfully left or parked. Such penalty assessment shall be divided into the following components, to be designated as follows: 15 percent for the police standards and training council training fund [~~and 5~~], ***4*** percent for the victims' assistance fund, ***and 2 percent for the New Hampshire brain and spinal cord injury trust fund.***

4 Brain and Spinal Cord Injury Fund Added. Amend RSA 188-F:31, IV to read as follows:

IV. The clerk of each court shall collect all penalty assessments and shall transmit the

amount collected under paragraph I designated for the police standards and training council training fund to the police standards and training council. The council shall pay over all moneys collected by it under this chapter to the state treasurer for deposit in the police standards and training council training fund. The clerk shall transmit the amount collected under paragraph I for the victims' assistance fund to the state treasurer to deposit in such fund. ***The clerk shall transmit the amount collected under paragraph I for the brain and spinal cord injury trust fund to the state treasurer to deposit in such fund.***

5 New Paragraph; Non-driving Offenses. Amend RSA 597:38-b by inserting after paragraph II the following new paragraph:

III. Whenever a party recognized to appear for any offense not involving driving makes default and the recognizance is declared forfeited, payment of the forfeited recognizance shall be paid to the state treasurer to deposit in the New Hampshire brain and spinal cord injury trust fund, established pursuant to RSA 137-K:9.

6 New Subparagraph; Special Fund. Amend RSA 6:12, I by inserting after subparagraph (dddd) the following new subparagraph:

(eeee) Moneys received under RSA 188-F:31, I and IV and RSA 597:38-b, III, which shall be credited to the New Hampshire brain and spinal cord injury trust fund, established in RSA 137-K:9.

7 Repeal. RSA 137-K:2, IV(e), relative to the feasibility of establishing a special fund, is repealed.

8 Effective Date. This act shall take effect January 1, 2002.

LBAO
01-0592
2/20/01

SB 182-FN-A - FISCAL NOTE

AN ACT establishing a brain and spinal cord injury trust fund and continually appropriating a special fund.

FISCAL IMPACT:

The Police Standards and Training Council indicated this bill will increase state restricted revenues and expenditures by $50,892 in FY 2002 and $101,794 each year thereafter. The Department of Safety stated this bill will increase state highway fund expenditures by $82,500 in FY 2002, and decrease state general fund unrestricted revenue by $213,000 and increase state restricted revenues and expenditures by $176,500 in FY 2002 and $353,000 each year thereafter. There will be no fiscal impact on county and local revenues or expenditures.

METHODOLOGY:

The Police Standards and Training Council assumed 1% of the penalty assessment would be $188,523 but indicated the full amount of the 1% increase in the penalty assessments would not be realized. The Police Standards and Training Council stated it expects it's training fund will lose some restricted revenue, the Victim's Assistance Fund will lose slightly more than the proposed 1% reduction, and the Brain and Spinal Cord Injury Trust Fund will receive less than the expected 2%. The Council stated these "diminishing returns" result from officers and judges becoming more reluctant to issue tickets or impose the full fines and increased difficulty collecting higher fines. The Council did not account for forfeited recognizance funds, as these funds do not effect the Council.

The Department of Safety assumed 1% of the penalty assessments would be $140,000 per year. In addition to $280,000 (2%) of these assessments, the Brain and Spinal Cord Injury Trust Fund would receive $213,000 of forfeited recognizance, which is currently deposited as general fund unrestricted revenue.

The Department of Health and Human Services indicated the bill could be administered by the Department without additional cost.

Range of Expected Annual Outcomes		**Explanation**:
Based on Agency Analyses:		
Brain & Spinal Injury Fund	$493,000 - $581,786	Forfeited Recognizance + 2% of penalty assessments
General Fund Revenue	($213,000)	Forfeited recognizance dedicated to the new fund
Highway Fund Expenditures	$82,500	Change motor vehicle violation complaint forms
Victims Assistance Fund	($140,000) to ($184,393)	Different agency assumptions
Police Standards & Training:		
Training Fund	$0 - ($61,949)	Different agency assumptions

SB 182-FN-A - AS AMENDED BY THE SENATE

5/9/01 1102s

2001 SESSION

01-0592

01/09

SENATE BILL ***182-FN-A***

AN ACT establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such fund.

SPONSORS: Sen. Hollingworth, Dist. 23; Sen. Boyce, Dist 4; Sen. Johnson, Dist 3; Sen. McCarley, Dist 6; Rep. Emerton, Hills 7; Rep. Weyler, Rock 18; Rep. Boyce, Belk 5; Rep. Martel, Hills 45; Rep. Knowles, Straf 11

COMMITTEE: Executive Departments and Administration

AMENDED ANALYSIS

This bill establishes a brain and spinal cord injury trust fund. The fund is to be capitalized by moneys from the victims' assistance fund in excess of $750,000 and from payments for forfeited recognizances for non-driving offenses.

Explanation: Matter added to current law appears in ***bold italics.***

Matter removed from current law appears [~~in brackets and struckthrough.~~]

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

5/9/01 1102s

01-0592

01/09

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand One

AN ACT establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such fund.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Advisory Council; Duties. RSA 137-K:2, IV(c) is repealed and reenacted to read as follows:

(c) Receive and review information from the brain and spinal cord injury registry, established in RSA 137-K:5; review the status of the brain and spinal cord injury trust fund, established in RSA 137-K:9; and recommend to the commissioner priorities and criteria for disbursement of any moneys in the brain and spinal cord injury trust fund consistent with the purposes of the fund, and of any moneys received under paragraph V.

2 New Section; New Hampshire Brain and Spinal Cord Injury Trust Fund Established. Amend RSA 137-K by inserting after section 8 the following new section:

137-K:9 New Hampshire Brain and Spinal Cord Injury Trust Fund Established. There is hereby established in the office of the state treasurer a fund to be known as the brain and spinal cord injury trust fund. Receipts from RSA 6:12, I(aa) in excess of $750,000 and receipts from payments for forfeited recognizances for non-driving offenses as provided in RSA 597:38-b, II shall be deposited into the fund. The fund shall be expended by the commissioner, after consultation with and pursuant to the criteria and priorities established by the advisory council, to provide direct services on behalf of individuals and their families affected by brain or spinal cord injuries, including, but not limited to, community resource coordination, support of a statewide toll-free number for information and assistance, family support, advocacy and vocational support, to administer the brain and spinal cord injury registry, and to fund injury prevention efforts. The moneys in the fund shall be non-lapsing and shall be continually appropriated to the department for the purpose of the fund.

3 Moneys Credited to the Brain and Spinal Cord Injury Trust Fund. Amend RSA 6:12, I(aa) to read as follows:

(aa) The assessments collected under RSA 188-F:31 and 651:63, V and the surcharges on state commissary purchases under RSA 622:7-b designated for the victims' assistance fund which shall be credited to the victims' assistance fund until that fund exceeds $750,000, at which time moneys in excess of $750,000 shall be credited to the [~~general fund~~] ***New Hampshire brain and spinal cord injury trust trust fund established in RSA 137-K:9***.

4 New Paragraph; Non-driving Offenses. Amend RSA 597:38-b by inserting after paragraph II the following new paragraph:

III. Whenever a party recognized to appear for any offense not involving driving makes default and the recognizance is declared forfeited, payment of the forfeited recognizance shall be paid to the state treasurer to deposit in the New Hampshire brain and spinal cord injury trust fund, established pursuant to RSA 137-K:9.

5 New Subparagraph; Special Fund. Amend RSA 6:12, I by inserting after subparagraph (dddd) the following new subparagraph:

(eeee) Moneys received under RSA 597:38-b, III, which shall be credited to the New Hampshire brain and spinal cord injury trust fund, established in RSA 137-K:9.

6 Repeal. RSA 137-K:2, IV(e), relative to the feasibility of establishing a special fund, is repealed.

7 Effective Date. This act shall take effect January 1, 2002.

LBAO

01-0592

2/20/01

SB 182-FN-A - FISCAL NOTE

AN ACT establishing a brain and spinal cord injury trust fund and continually appropriating a special fund.

FISCAL IMPACT:

The Police Standards and Training Council indicated this bill will increase state restricted revenues and expenditures by $50,892 in FY 2002 and $101,794 each year thereafter. The Department of Safety stated this bill will increase state highway fund expenditures by $82,500 in FY 2002, and decrease state general fund unrestricted revenue by $213,000 and increase state restricted revenues and expenditures by $176,500 in FY 2002 and $353,000 each year thereafter. There will be no fiscal impact on county and local revenues or expenditures.

METHODOLOGY:

The Police Standards and Training Council assumed 1% of the penalty assessment would be $188,523 but indicated the full amount of the 1% increase in the penalty assessments would not be realized. The Police Standards and Training Council stated it expects it's training fund will lose some restricted revenue, the Victim's Assistance Fund will lose slightly more than the proposed 1% reduction, and the Brain and Spinal Cord Injury Trust Fund will receive less than the expected 2%. The Council stated these "diminishing returns" result from officers and judges becoming more reluctant to issue tickets or impose the full fines and increased difficulty collecting higher fines. The Council did not account for forfeited recognizance funds, as these funds do not effect the Council.

The Department of Safety assumed 1% of the penalty assessments would be $140,000 per year. In addition to $280,000 (2%) of these assessments, the Brain and Spinal Cord Injury Trust Fund would receive $213,000 of forfeited recognizance, which is currently deposited as general fund unrestricted revenue.

The Department of Health and Human Services indicated the bill could be administered by the Department without additional cost.

Range of Expected Annual Outcomes Explanation:

Based on Agency Analyses:

Brain & Spinal Injury Fund $493,000 - $581,786 Forfeited Recognizance + 2% of penalty assessments

General Fund Revenue ($213,000) Forfeited recognizance dedicated to the new fund

Highway Fund Expenditures $82,500 Change motor vehicle violation complaint forms

Victims Assistance Fund ($140,000) to ($184,393) Different agency assumptions

Police Standards & Training:

Training Fund $0 - ($61,949) Different agency assumptions

LBAO
01-0592
Amended 6/13/01

SB 182 FISCAL NOTE

AN ACT establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such fund.

FISCAL IMPACT:

The Department of Safety indicated this bill, as amended by the Senate, will have an indeterminable impact on state revenues and expenditures. The Administrative Office of the Courts stated this bill will reduce unrestricted general fund revenue and increase state restricted revenue and expenditures by $182,000 in FY 2002 and in each year thereafter. The Department of Justice indicated that this bill would reduce unrestricted state revenue by $200,000 in FY 2002 and each year thereafter. There will be no fiscal impact on county and local revenues or expenditures.

METHODOLOGY:

The Department of Safety estimated forfeited recognizance from non-driving offenses to be about $213,000 per year. This money which currently is deposited in the general fund would be paid to the New Hampshire Brain and Spinal Injury Trust Fund, a non-lapsing, continually appropriated special fund.

The Administrative Office of the Courts expects the forfeited recognizance amount to be $182,000 per year.

The Department of Health and Human Services indicated that this bill could be administered by the Department without additional cost.

The Department of Justice administers the Victim's Assistance Fund and expects the excess revenue above $750,000 will be about $200,000 per year. This money currently lapses to the general fund but will accrue to the New Hampshire Brain and Spinal Injury Trust Fund if this bill is enacted.

Summary of department analyses:	FY 2002	FY 2003	FY 2004	FY 2005
Forfeited recognizance (non-driving) (average of $182,000 & $213,000)	$ 98,500	$197,000	$197,000	$197,000
Penalty Assessments, restitution and Commissary surcharge in excess of $750,000	200,000	200,000	200,000	200,000

Total for NH Brain and Spinal Injury Trust Fund NH	$298,500	$397,000	$397,000	$397,000
General Funds	($298,500)	($397,000)	($397,000)	($397,000)

Amendments

House Finance
December 3, 2001
2001-2011h
01/09

Amendment to SB 182-FN-A

Amend the title of the bill by replacing it with the following:

An act establishing a brain injury program and making an appropriation therefor.

Amend the bill by replacing all after the enacting clause with the following:

1 New Subparagraph; Added Duty; Advisory Council; Brain Injury Program. Amend RSA 137-K:2, IV by inserting after subparagraph (e) the following new subparagraph:

(f) Review the status of the brain injury program, established under RSA 137-K:9, and recommend to the commissioner priorities and criteria for disbursement of appropriations available to the program.

2 Rulemaking Added; Brain Injury Program. Amend RSA 137-K:3, VIII to read as follows:

VIII. ***Eligibility criteria and objectives for the brain injury program, established under RSA 137-K:9.***

IX. Any other matter necessary for the administration of this chapter.

3 New Section; Brain Injury Program. Amend RSA 137-K by inserting after section 8 the following new section:

137-K:9 Brain Injury Program Established. There shall be established in the department a brain injury program to provide direct services on behalf of individuals and their families affected by brain injuries, including, but not limited to, community resource coordination, support of a statewide toll-free number for information and assistance, family support, advocacy and vocational support; to administer the brain and spinal cord injury registry; and to fund the injury prevention effort.

4 Supplemental Appropriation; New PAU; Brain Injury Program. Amend 2001, 130:1 by inserting after PAU 05, 01, 13, 01 the following new PAU:

		FISCAL YEAR 2002
05 HEALTH AND SOCIAL SERVICES		
01 DEPT OF HEALTH & HUMAN SVCS		
13 DIV OF DEVELOPMENTAL SERVICES		
10 NH BRAIN INJURY PROGRAM		
90 PROGRAM EXPENDITURES	G	400,000
TOTAL		400,000

ESTIMATED SOURCE OF FUNDS FOR
NH BRAIN INJURY PROGRAM
00 FEDERAL FUNDS 200,000
GENERAL FUND 200,000

5 Totals Adjustment. The legislative budget assistant shall have the authority to adjust budget totals as necessitated by section 4 of this act.

6 Effective Date. This act shall take effect upon its passage.

2001-2011h

AMENDED ANALYSIS

This bill establishes the brain injury program and inserts a new PAU into the operating budget for the program.

Committee Minutes

ESTABLISHMENT OF SUBCOMMITTEE

BILL NO. ~~SB~~ HB 182 FN-A DATE 5-15-01

Title

Composition of Subcommittee:

Chairman Manning

Members Dalrymple

Selden

Beerbaum

Abbott

Distribution: House Clerk

MINUTES
HOUSE COMMITTEE ON FINANCE
DIVISION III - WORK & EXECUTIVE SESSION

DATE: November 13, 2001.

Division Members Present: Reps. Emerton, LaRose, Rodeschin, Rogers Johnson and M. Smith.

Rep. Emerton, chairman, called the work session to order at 10:48 a.m.

****SB 182-FN-A, (2nd New Title) establishing a brain injury program and making an appropriation therefor.**

Newton Kershaw, Jr. (130 Steinmetz Drive, Manchester 603-625-9287), Brain Injury Association: daughter injured in 1982. **Rep. Smith:** why should we set up a trust fund versus having the funding coming from the budget so that it is reviewed every two years? *when it has been put in the budget, it has been taken out in the final phase.*

John Stephen, Assistant Commissioner of Safety: supportive of bill.

Lori Longway (408 Porter Street, Manchester 603-641-3325): supports.

John Richards (6 Harvey Road, Deerfield 603-463-7130): supports.

Steve Wade (107 North State Street, Concord 603-225-8400, Executive Director of the Brain Injury Association: supports.

Rep. Laurie Boyce (Belknap #5): supports.

Dr. Tina Trudel (69 Hometown Road, Farmington 03835 800-473-4221, Chairwoman of the New Hampshire Brain and Spinal Cord Injury Advisory Council: supports.

Michelle Mayo (252 Dennett Street, Portsmouth 603-433-0012): supports.

No other bills before the Committee, Rep. Emerton adjourned the work session at 11:30 a.m.

Respectfully submitted:

Richard J. LaRose
Clerk for Division III

Senate Bill 182 SB 182

Signed Petition for Brain and Spinal Cord Injury Trust Fund ~~LSR 0592~~

SB 182

The undersigned signatures supports ~~LSR 0592~~, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address	Date
Claire M. Holland	21 Church Hill Rd. Durham	3/11/01
Linda Cook PhD	35 Second St Dover	3/14/01
Kelly Dowd	136 Second Crown Pt Rd	3/14/01
Edie Madagan	32 Sumac Lane Durham, NH	3/15/01
William A Bonin	107 Dover Rd Durham NH	4/1/01
~~H A Gile~~	Sagamore Ave Portsmouth NH	4/4/01
Mark Valente	35 Nichols Ave #2, Newmarket NH	4/4/01
Robert Boutin	140 COURT St #102 Portsmouth NH	4-4-01
Karen Holt	213 Rt. 236 Berwick ME.	4/4/01
Bill Rogers	3 Dustin Homestead Rochester, NH	4/4/01
Ellen L Tolin	20 Chestnut St Exeter NH	4/5/01
Richard J Tolin	29 Stevens Hollow Newmarket	4
Russ Charron	38 Maplecrest Newmarket	4/4
Sheryl McGuire	11 Brookfield Rochester	4-5
Jillian Charron	38 Maplecrest Dr. Newmarket N	4/4
STEVE NEWMAN	75 EDGEWOOD LANE	4-6
Michelle A M LESSARD	4 Big Rock Lane Barrington NH	4-6
Deborah S. Bonin	21 Bow Lake Estates Rd Strafford NH	4/

Signed Petition for Brain and Spinal Cord Injury Trust Fund-LSR 0592

The undersigned signatures supports LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address	Date
Susan L McCluskey	28 Pinkerton St Derry, NH	3/14/01
[illegible]	100 Eg. Road, Derry, NH.	3/15/01
[illegible]	2 Happy Ave Derry NH	3/15/01
[illegible]	100 English Rd Derry NH	3/15/01
John P. Healy	3 Sawyer ct. Derry NH	3/15/01
Kathy Brady	35 Crystal Ave Derry NH	3/15/01
[illegible]	139 Hampstead Rd Derry, NH	3-15-01
Kelly Odell	56 Tsienneto Road, Derry NH	3-15-01
Marie [illegible]	7 Gordon Rd. Derry, NH 03038	
Nancy E Williams	22 sycamore St. Hudson NH 03051	3/
Beth Farley	34 Crystal Ave. PMB#103 Derry 03038	3/
Kathy Salzer	12 Pingree Hill Derry N.H. 0303	
Carlene Gallagher	3 Brook St. Derry N.H. 03038	3-16-0
[illegible]	34 Crystal Ave #114 Derry N.H 03038.	
D. Johnson	23 Linden Dr Derry N.H 03038	
[illegible]	15 Apple Blossom Drive, Derry NH 0305	
[illegible]	7 MYRA Ave Derry NH 0303	

Signed Petition for Brain and Spinal Cord Injury Trust Fund-LSR 0592

The undersigned signatures supports LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address	Date
Rita Lavigne	567 Union St Manchester NH	3/14/01
Christie Lavigne	1985 Kenneth Lavigne 1998	3/14/01
567 Union St Manchester	55 Amory St Manchester NH	3/14/01
Douglas C Fox	39 MERRILL RD CANDIA N.H. 03034	14/03/01
Hazel Wescott	53 Melford Farm Hopkinton N.H. 03245	
Judy B. Lepa	87 Flanders Rd. Warner, N.H. 0282	
Damaris Lynch	22 Quarry Way Manchester NH 0310	
Marlene Rudette	42 Donovan St Merrimack, NH 030	
Joan Josselin	165 Youville St. Manchester NH 03102	
Donna Lamos	22 Sullivan St Manchester	
Stormie Walterly	184 Garden Dr Manchester NH	03/92
Chris L. Duguay	122 McGregor St Manchester, N.H.	
Susan Haley	122 McGREGOR CITY	
Pam Carter	122 McGREGOR CITY	
Arlene Francis	55 AVERY APT 403 MANCHESTER	
Melissa Vaz	Keene State College Keene, NH	
Julie Saucier	Rye, NH.	

Signed Petition for Brain and Spinal Cord Injury Trust Fund-LSR 0592

The undersigned signatures supports LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families effected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address	Date
Mary Giraldi	7 Deacon Rd Bedford	
Ann Simard	31 Church St. Goffstown NH	3/1/01
[illegible]	40 Brookvale Manchester, N. H	
[illegible]	15 BROOK ST MAN. N. H.	
Ismael D Hawvin		
Ed Wagelin g	46 Gilford St Mer. N. H.	
Yvon Ribaud	15 TAVISTOCK DR. BEDFORD N 03	
Pauline M. Boudreau	165 Vinton St. Manchester NH 031	
Karen Mc Elwain	23 Independence Dr Merrimack NH 030 030	
Mildred Mc Elwain	23 Independence Dr. Merrimack, NH	
Michele A Hanson	7 Paradise DRive Raymond NH 03077	
Pauline T Boudreau	225 S. Wilson St Manchester NH 03103	
Albert J. Boudreau	95 Gray St Manchester NH 03103	
Paul GIRALDI	36 Cedar Hill Rd Bed 031	
Anna Giraldi	36 Cedar Hill Rd 03110 Be NH	
JOHN GIRALDI	7 DEACON Rd 03110 Bedford NH	
Ellen M. Edgerly	32 Adams Avenue Rochester, NH	

Signed Petition for Brain and Spinal Cord Injury Trust Fund-LSR 0592

The undersigned signatures supports LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address	Date
Michael Pierni	4 Montgomery Farm Rd Derry NH 03038	3/21
Michele Corl	22 Rocky Range Rd Sandown NH 038	3/1
[illegible]	8 Linda Dr Derry NH	
[illegible]	16 Maple St Derry NH 03038	
Ed Broderick	6 MADDEN RD Derry NH 03038	
Joe Karas	17 BOWERS RD. DERRY-NH 03038	
P. Mcinnes	16 Spollett Dr Derry N H. 03038	3
Mrs. Saxton	97 Kilrea Rd Derry NH 03038	
[illegible]	30 STONEGATE LN DERRY NH 03038	3-2
Carol Lamoureux	9 Westview Dr Exch. NH 038	
Donna Tegart	30 Stonegate Lane Derry NH 03038	3/21
[illegible] Cuser Mugrain	23 Morrison Lane Sandown, N.H. 03823	
Betty Rock	4 MT Washington Derry NH 03038	
Colin Mc	5 Thames Rd Derry, NH 03038	4/4/
Albert Munroe	70 Hall Rd. Londonderry N.H. 03053-5	
Sarah Brooks	16 Tebbetts Rd Rochester NH 03867	
Lindsey Twitchell	161 Autumn St Ext Rochester NH 0386	
Kathryn Bernier	29 Adams Ave Rochester NH 03867	

SB182

Signed Petition for Brain and Spinal Cord Injury Trust Fund-~~LSR 0592~~

The undersigned signatures supports LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address
Julia Freeman-Woolpert	765 Hardy Rd, Pembroke
Janice Bagley	8 Penwood Dr. #4, Penacook, NH
Ron Thibault	20 Summer St. Laconia N.H.
Robert Landry	23 Park St. Northfield
Heidi Reinhold	236 Bog Rd Concord NH
Kris Bregler	171 Dartmouth St manchester
Melissa Frias	293 Heights Ave Laconia NH
Peggy Sue Sleeper	7 Sargent Pl. #15 Gilford NH
Jeanne Curran	34 Well House Rd, Contoocook NH
Lenard Lindsey	28 N. Pembroke Rd, Epsom, NH
Alita Paul	4 Jennifer Drive, Concord NH
Renee Reagan	81 Freeman Hall Rd Nottingham NH
Ida Parisi	251 N Village Rd. Loudon, NH.
Carolyn O'Brien	5 Grey Circle. Derry NH 03038
Kimberly Carpenter	39 Flat Rock Bridge Rd. Rochester, NH 03867
Jocelyn Thorn	HC 74 Box 589 Strafford NH 03884
	5 Isabelle Ln, Rochester

Signed Petition for Brain and Spinal Cord Injury Trust Fund-LSR 0592

The undersigned signatures supports LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address
[illegible]	[illegible]
Jean Benoit	1 Thompson ST Concord N.H.
[illegible]	45 REYNWOOD LN WEARE, N.H. 0324
[illegible]	37 Pipeline Drive Hollis, NH 03
[illegible]	HC 74 Box 721 Stafford, NH. 03584
B. Desjardins	289 Pleasant St, Concord NH 03301
[illegible]	41 Church St. Pembroke, NH 0275
[illegible]	73 Pinecrest Dr Bristol, NH 0284
Joyce Kendall	1 Thompson St Concord, N.H.
Virginia Saunders	1 Thompson st. concord n.H
Carol Philbrook	98 Lords Mill Rd Epsom NH 032
Carolyn Miller	1 Thompson St. 805 Concord, N.H.
Elizabeth Jelley	1 Thompson St, apt 602 Concord,
[illegible]	1 Thompson St #11 Concord, NH 03301
[illegible]	1 Thompson St Concord, NH 03301-37
Nicole Edgerly	32 Adams Avenue, Rochester NH 0386
Brian Johnson	23 Second ST. Somersworth, NH 038

SB 182

Signed Petition for Brain and Spinal Cord Injury Trust Fund-~~LSR 0592~~

The undersigned signatures supports LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address	Date
Patricia Small	457 12 + 12 A Surry	3-22-01
William J Cornwell Jr.	15 River St Keene NH	3-22-01
Cynthia Eden	390 Pond Brook West Chesterfield NH	3
Rebecca Rabidoux	3 Lovell Drive, Gilsum NH	3-22-01
[illegible]	18 Nadeau Dr. Swanzey NH	3-22-01
Sharon Warren	49 Laura Ln. Keene, NH 03431	
Linda Timmerman	264-C Flat Rock Mill Rd. E. Swanzey, NH 034	
Linda Cutts	94 Oak Circle Winchester NH	3-23
Laurie D Henry	118 Old Walpole Rd Keene NH 03431	3/26
Laurie Smith	54 DOLMAN POND Rd Nelson 03	
[illegible]	27 Drew Ave Keene	
Sharon V Moretti	25 Pinetree Circle, Spofford	
Mary Hunter	83 Darling Rd, Keene 03431	
Lucinda A Lowell	162 Kennedy Dr. Keene 0343	
Lyane Young	P.O. Box 611 W Swanzey NH. 03469	
[illegible]	444 South Rd Sullivan NH 03445	
Adrienne Noel	143 Bowden Hill Rd. Hillsboro, NH 032	
Denise LaBrake	19 Converse Rd. Gilsum N.H.	
~~Erin~~ Erin Clark	31 Pickering Hill Rd Gilsum NH 03448	

over

SB180

Signed Petition for Brain and Spinal Cord Injury Trust Fund-~~LSR 0592~~

The undersigned signatures supports LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address	Date
Peter Wilson	Richmond, NH	3/21/01
Dirk Kelder	Peterborough, NH	3/21/01
[illegible]	Keene NH	3/21/01
Dorothy Helton	Keene, N.H.	3-21-01
Michelle Ricco	Bennington NH	3/21/01
[illegible]	Keene N.H	3/22/01
Rebecca Wilson	1465 Hooksett Rd. #176 Hooksett NH 03106	4/4/01
Paula Royce	1465 Hooksett Rd #176 Hooksett, NH 03106	4/4/01
[illegible]	695 Old Homestead Hwy East Swanzey, NH 03446	4-5-01
Douglas M Brown	46 Main St Keene, NH. 03431	4-5-01
[illegible]	P.O. Box 513. Fitzwilliam N.H 03447	4-5-01
[illegible]	143 Monument Rd Richmond NH 03470	4.5.01
[illegible]	155 Forestview Dr. Spofford, NH 03462	4/5/01
Richard Redmond	Upper Jaffrey Rd Dublin N.H	4-5-01
Lillian M. Royce	215 S. Parish Road Winchester, NH 03470	4-5-01
Cindy Mekrdrakis	P.O. Box 513 W. Swanzey	4-5-01
[illegible]	Box 87 W Swanzey NH 03469	4-5-01
Kathleen Stratton	305 Old Homestead Hwy Richmond, NH 03470	4/5/01
Diane Hitchcock	100 Woodland Ave Keene, NH 03431	4/5/01

SB182

PETITION FOR BRAIN AND SPINAL CORD INJURY TRUST FUND - ~~LSR 0592~~

The undersigned signatures support LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address	Date
1. Jan Bailey	10 South Light Hill Rd. Antrim, NH 03440	3/8/01
2. Jarrod C Young	7 Sunset Lane, Hancock NH 03449	3/8/01
3. Jeffrey C. Forman	One Verney Drive, Greenfield, NH 03047	3/8/01
4. Lydia Stone	P.O. Box 217 Greenville N.H. 03048	3/8/01
5. Stephanie	1 Reynolds Drive Peterborough, NH 03458	3/8/01
6. Haydie M. Lee	PO Box 1749 Keeseborough NH 03244	
7. Sybil McLeod	310 Riverbend Rd. Greenfield NH 03047	3.8.01
8. Jaime Kaye	43 Leverett St Keene NH 03431	3/8/01
9. Kim L Cone	6814 Mason Rd Merrimack NH 03055	3/8/01
10. Heather Hansen	6 Wildcat Falls Rd Merrimack NH 03045	3-8-01
11. Norman Libby	Crotched mountain Rehab / Vernon	
12. Scott Sargent	PO Box 286 GREENFIELD, NH 03047	3/8/01
13. Pamela S. Wilson	HCR 33 Nelson Rd Nelson NH 03457	3/8/01
14. Kristen Traffie	187 Fox Farm Rd New Ipswich NH 03071	3/8/01
15. Roc Dessureault	10 Meadow Ln, Amherst NH 03031	3/8/01
16. Kelly Fletcher	1 Verney Dr. Greenfield, NH 03047	3/8/01
17. Rhonda Barkley	240 Middle Hancock Rd Peterborough NH	3/8/01
18. Melissa Yai	1 Verney Dr. Greenfield, NH 03047	3/8/01
19. Lynn Chamberlin	56 Colburn Rd Milford, NH 03055	3/8/01
20. Tracy Goodspeed	145 Brookway Rd., Hopkinton, NH 03229	3/8/01
21. Jackie Robinson CRC	24 Turner Hill RD Antrim NH 03440	3/8
22. Gilbert Bucelle	567 Sagamore Ave. Ext. 5 Portsmouth, NH 03801	03/09/2001
23. Jane Wheeler	PO Box 498 Sutton NH 03273	3/9/01
24. Paul T Shea	191 Summit St. Franklin, NH 03235	3/9/01
25. Esther R Sanborn	45 N Reading St Manchester NH 03104	3/9/01

SB182

PETITION FOR BRAIN AND SPINAL CORD INJURY TRUST FUND - ~~LSR 0592~~

The undersigned signatures support LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address	Date
1.	131 Dray Hill Rd Rindge NH	3/8/01
2.	PO Box 343 Jaffrey NH	3/8/01
3.	952 D Shoreline Dr Raymondville NH	3/8/01
4.	161 Boutwell St., Manchester, NH	3/8/01
5.	Box 429, Hillsboro, NH	3/8/01
6.	878 Russell Station Rd. Francestown	3/8/01
7.	290 Mountain Rd. Greenfield, N.H.	03-08-01
8.	P.O. Box 596 Rindge NH 03461	03-08-01
9.	1 Jersey Drive Greenfield	03-08-01
10.	207 North Rd Hillsboro NH 03244	3/5/01
11.	553 WEST Main ST. Hillsboro N.H. 03244	03/08/01
12.	244 Normand Rd. Goffstown NH 03045	03/08/01
13.	24 Zephyr Lake Road, Greenfield NH 03047	3/8/01
14.	108 Greenwood Ave Keene, NH 03431	
15.	27 C.S. Winchester St Swanzey NH 03446	3/8/01
16.	350 Monadnock Hwy. Swanzey	3/8/01
17.	Crotched Mt Greenfield NH	
18.	55 SAND HILL RD, PETERBOROUGH, NH 03458	3/8/01
19.	215 Campbell Hill Rd Francestown NH	3/8/01
20.	48 Meetinghouse Rd, Greenfield, NH 03047	
21.	74 Mussey Hill Rd Greenfield NH	3/8/01
22.	1 Waverly Dr Greenfield NH	3/8/01
23.	110 N Shore Rd Derry NH 03038	3-8-01
24.	20 Old Sharon Rd Peterb. NH	3/8/01
25.	9 Green Rd Goffstown, NH	3/8/01

SB182

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The undersigned signatures supports LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address
Daisy Kahlan	16 Groton Dr, Concord, NH 03301
Marilyn Sorenty	71 Auburn St., Concord 03301
Tylaine Guarriello	191 Scenic Rd. Gilford NH 03249
Dawn Ezner Pinn.	P.O. Box 1660 Hillsborough NH 03244
Nina Mecken	PO Box 1285, Ashland, NH 03217
Carolyn Stutz	PO Box 4 Center Harbor NH 03226
William R.C. Mabe Jr.	15 Wyman St Unit 11 Concord, N.H. 03301
Erica Johnson	28 Blackbird Dr Bedford, NH. 031
Brenda Todd	13 Walnut St Rochester NH 03868
Stephanie Shaw	15 Birchwood Ave, Rochester NH 03867
Kristen Bellen	34 Front Street E. Rochester 03868
Ivy Daigle	4 Walnut St. Roch NH 03867
Stacy Akerman	17 Highland ave, Roch.
Carol J. McCarthy	30 Cocheco Ave, E. Roch. NH 03867
Patricia Nickerson	18 Walnut St. Rochester, NH 03867
Jeri O'Brien	RR1 Box 389K Farmington NH 03835
Dori Blanch	176 Longshores Dr. Barrington, NH 03825

SB 182

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The undersigned signatures supports LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address	Date
Richard J. [illegible]	26 Riverhill Ave Penacook NH	3/8/01
Diane S. Hildebrand	26 Riverhill Ave Penacook NH	3/8/01
Deirdre D. Clark	29 Stiles Farm Rd. Wilton NH 03086	
Marilyn Doyle	68 Sutton Rd. Newbury NH	
Jennifer Andrews	94 Rt 106 N. Loudon, N.H. 03307	3/8/01
Joanne M. Devine Joanne Devine	48 Donovan Rd-PO Box 697 Hillsboro NH 03244	
Linda M. Brown	107 Dover Rd., Durham, NH 03824	
Sara Edgerly	32 Adams Ave Rochester NH 03867	
Carolyn Campbell	Violet Ct. Rochester NH 03867	
Lucinda Roy	Strawberry Lane Rochester NH	
Royal L. Edgerly	32 ADAMS AVE Roch. N.H. 03867	
Penny L. Avery	P.O. Box 353 Gilsum, NH	3/26/01
J.C. Russell	893 Old Walpole Rd Surry NH 03431	
Carol Simonds	306 Matthews Rd Swanzey, NH 03446	

SB 182

Signed Petition for Brain and Spinal Cord Injury Trust Fund-LSR 0592

The undersigned signatures supports LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address	Date
Fred Carelli	415 Cartier st. Manchester NH,	02-24-01
[illegible]	67 Pondview Dr, Merrimack 03054-4158	02-26-01
[illegible]	441 Kimball St #8 Mnch.	02-26-01
[illegible]	P.O. Box 3066 Peterborough, NH 03458	03/05/01
[illegible]	RR 2 Box 81C, Peterboro NH	03/07/01

PETITION FOR BRAIN AND SPINAL CORD INJURY TRUST FUND - LSR 0592

The undersigned signatures support LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

	Name	Address	Date
1.	[illegible]	180 Steinmetz Dr, Manchester	3/9/01
2.	Darren [illegible]	1-28 Scituate Pl, Merrimack	3/9/01
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Senate Bill 182 SB 182

Signed Petition for Brain and Spinal Cord Injury Trust Fund-~~LSR 0592~~
SB 182

The undersigned signatures supports ~~LSR 0592~~, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address	Date
Steve Mallory	5 Lois Ave Derry NH	
Russell D. Moore	1 Exeter St. Apt. 2, Newmarket NH. 03857	
Rosemary Cunneen	39 Blackberry Hill Rd. Berwick Me. 0390	
Lee Ann Mooers-Downing	262 Country Brook Est. Rochester NH 03839	04-06-01
Tina Laquin	6 Anna Circle Derry NH 03038	4/6/01
K.P. Major	Hillsborough. N.H. 03458	
Donna Bucknell	27 Chappel St. Dover	
Suzanne Griffin	777 Middle Rd Unit 5 Portsmouth N.H.	4/6/01
Jean-Ann Comier	68 Royal Crest Rochester NH	4-
Jeff Pelkey (Jeff Lachance)	59 Hutchins In. Gonic NH	4-6-(

BRAIN AND SPINAL CORD INJURY TRUST FUND

2001 REPORT REGARDING LEGISLATIVE ACTIVITIES

This report is being provided for inclusion with the report to the Governor and Legislature by the New Hampshire Brain and Spinal Cord Injury Advisory Council for the year 2001.

The Advisory Council supports the creation of a Brain and Spinal Cord Injury Trust Fund.

In the 1999-2000 legislative session, a trust fund bill which would have established both a trust fund and a registry for brain and spinal cord injuries was ultimately amended to provide only for an act establishing a registry. That bill passed and created RSA 137-K:5, providing for such a registry. No funding source for the registry was identified nor was any money appropriated for the bill as enacted.

Notwithstanding that no money was appropriated, the Department of Health and Human Services has provided $50,000 toward the funding of the registry at this time. The establishment of a passive registry is underway at this time, pursuant to a contractual collaboration between the Department of Health and Human Services and the Brain Injury Association of New Hampshire.

The most recent version of the trust fund bill is an amendment to Senate Bill 182-FN-A (hereafter referred to as "SB 182"). The lead sponsor of SB 182 is Senator Beverly Hollingworth. Co-sponsors of SB 182 include: Senator Caroline McCarley, Senator Carl Johnson, Senator Robert Boyce, Representative Andre Martel, Representative Larry Emerton, Representative Kenneth Weyler, Representative William Knowles, and Representative Laurie Boyce. SB 182 is essentially similar to previous trust fund proposals, which have differed only with respect to the method of funding.

The method of funding in the present version of SB 182 is the result of cooperation and suggestions by John Stephen at the Department of Safety, and of negotiation by Senator Hollingworth with the Victims' Assistance Fund. As amended, SB 182 passed the Senate. SB 182 now contains two methods of funding: (1) Receipts from payments for forfeited recognizances for non-driving offenses, and (2) Monies received by the Victims' Assistance Fund in excess of $750,000 each year. The non-driving forfeited recognizances has been included with the support of the Department of Safety. It is believed that this source will generate approximately $200,000 per year. The excess over $750,000 in the Victims' Assistance Fund is a funding stream which was negotiated by Senator Hollingworth, and, based on a previous surplus, is expected to generate approximately $200,000 per year.

The most significant source of funding for the Victims' Assistance Fund is its entitlement to five percent of the so-called penalty assessment, which is levied by the New Hampshire courts in connection with criminal offenses. Fifteen percent of the penalty assessment is designated for the Police Standards and Training Council Training Fund, and is the primary source of funding

for that agency. Previous efforts have focused on obtaining a portion of the penalty assessment for the Brain and Spinal Cord Injury Trust Fund. Police Standards and Training has resisted any suggestion that would increase the total penalty assessment to more than twenty percent. The present version of SB 182 has the support of the Police Standards and Training Council, the Department of Safety, and the Victims' Assistance Fund.

SB 182 passed the Senate and was sent to the House in April of 2001.

SB 182 has been heard before the Health, Human Services and Elderly Affairs Committee of the House and received unanimous approval from that committee. The bill was retained when the session ended in Spring of 2001. As a retained bill, it is anticipated that it will be heard before the House Finance Committee, possibly in November, 2001. There is optimism that the bill may pass at this time in its present version.

Attached hereto is a copy of SB 182 in its present version.

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SB 360 HEAD INJURY STUDY COMMITTEE

FINDINGS

1. NO PUBLIC POLICY EXISTS FOR SERVING TRAUMATICALLY BRAIN INJURED (TBI) INDIVIDUALS.

Improvements in medical technology and treatment have resulted in a population of survivors of head injury that did not exist 20 years ago. The lack of a historical base both in terms of longevity and numbers has resulted in a lag by the head injury movement when compared to other disability groups. This has placed stakeholders in a weaker position than other disability groups in political bargaining and competition for scarce resources. Critical to establishment of public policy is public acceptance of TBI as a serious social problem as worthy of public initiatives as other disabilities.

2. THERE IS A LACK OF FUNDING OR FLEXIBILITY IN THE USE OF AVAILABLE FUNDING TO ADEQUATELY MEET THE NEEDS OF BRAIN INJURED PERSONS.

It is difficult to embrace economic concern or support for an issue which has not been publicly acknowledged. While the cost of caring for and rehabilitating persons with disabilities can be high, taking the path of least resistance or doing nothing is costlier in terms of the lost value of human lives and the high cost of inappropriate institutional placements. Efforts to increase flexibility include approval by the Health Care Finance Administration (HCFA) of a community-based care waiver for persons with Acquired Brain Injury.

3. EXISTING SERVICES ARE FRAGMENTED WITH NO OVERALL COORDIANATION.

There is no one place where consumers and families can access services and have their needs addressed. The most common scenario consists of families on a merry-go-round searching for help to no avail. The Division of Mental Health and Developmental Services has assumed leadership to fill these gaps through their area agency system which provides services primarily to individuals with developmental disabilities.

4. NO ONE AGENCY HAS BEEN CHARGED WITH THE RESPONSIBILITY OF ORGANIZING THE DELIVERY OF SERVICES.

The lack of organized efforts results in ambiguity, confusion, cost inefficiency, and ineffective planning in regard to how specific problems might be resolved. Charging a state agency with the responsibility of organizing the delivery of services to the TBI is essential. Absent a clear mandate or statutory authority, the Division of Mental Health and Developmental Services has assumed the leadership in providing community services and support families and survivors.

5. THERE IS A LACK OF SERVICES FOR PERSONS WITH TBI AND THER FAMILIES SUBSEQUENT TO THE ACUTE PHASE OF TREATMENT.

Community-based services and supports for persons requiring long-term care have largely been unavailable due to lack of planning, policy development and financial flexibility. Initial steps have been taken to provide Medicaid reimbursable community-based services.

Brain and Spinal Cord Injury Trust Fund

Draft Budget – Revenues and Expenses

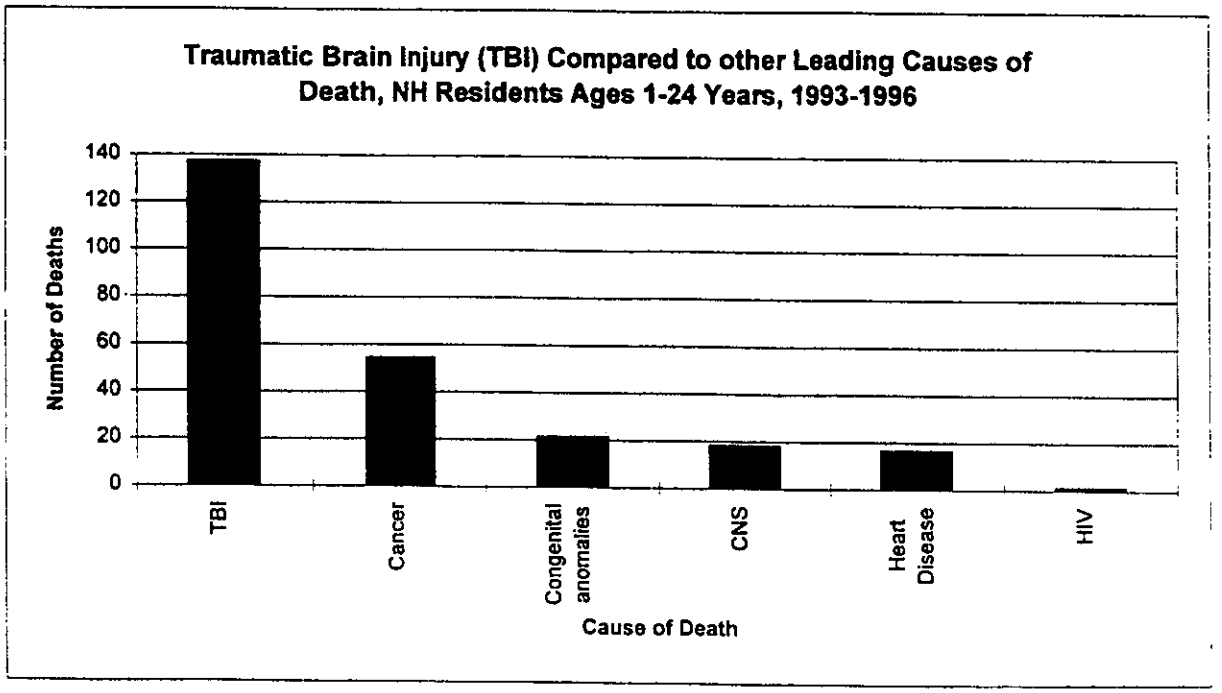
Revenues

• Trust Fund		$350,000
• Federal and other sources (leverage matching funds and other funds now available)		$350,000
	Total	$700,000

Expenses

• Coordinate and access existing community based services (new services – case management, resource coordination and advocacy)		$310,000
• Brain and spinal cord injury registry and hospital outreach to the families of those newly injured		$50,000
• New community based family support services-		$340,000
-respite care	-financial assistance	
-home modification	-adaptive technology	
-parent to parent peer support	-day support program	
-family help line	-support groups	
	Total	$700,000

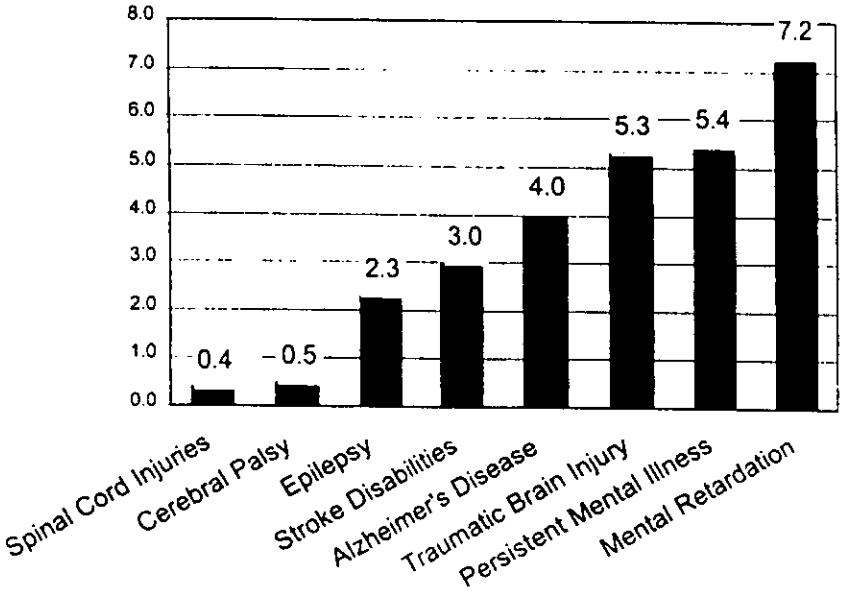
Traumatic Brain Injury is the Leading Cause of Death for NH Residents Ages 1-24



Data Source: NHDHHS, BVRHS

Prevalence of Brain Injury Compared to Other Health Issues

(In millions of persons)



Source: Centers for Disease Control, American Cancer Society, National Multiple Sclerosis Society

Dedicated Trust Funds for Persons with Brain and/or Spinal Cord Injuries

STATE and YEAR OF INCEPTION	SOURCES	FUNDS COLLECTED	SERVICES PROVIDED	CONTACT
ALABAMA 1993	$100 Fine on DUI convictions	$1.6 M Annually	Community based services including: · Pre-vocational · Housing · Respite · Resource coordination · Recreation services	Administered by: Division of Rehabilitation Services, with oversight by the Impaired Drivers Trust Fund Advisory Board. Department of Rehabilitation Services P.O. Box 19888 Birmingham, AL 35219 (205) 290-4408
ARIZONA 1992	The original legislation instated a $2 fee on speeding, but the system has now moved to a uniform system of surcharges.	$1.5 M Annually	Provides: · Rehabilitation services · Research · Education · Prevention	Administered by: Crystal Snyder Executive Director Governor's Council on Spinal and Head Injuries 10640 N. 28th Dr., Suite B-102 Phoenix, AZ 85029 (602) 863-0484
CALIFORNIA 1986	$2 Surcharge on 1st offense seatbelt violations $5 surcharge on second offense	$500 K Annually	Provides funding for four pilot programs to demonstrate effectiveness of a coordinated, continuum of care approach to meet the need of adults with brain injuries.	Administered by: Marita McElwain, Program Manager Department of Mental Health 1600 9th Street, Room 250 Sacramento, CA 95814 (916)-654-3168
FLORIDA 1988	8.2 % on all civil traffic related penalties $60 fine for DUI / BUI $1 on every temporary vehicle license tag	$13 M Annually	· Regeneration research · Rehabilitation · Transitional living · Case management	Administered by: Tom Delilla, Administrator Brain and Spinal Cord Injury Program 2002 Old St. Augustine Rd., Bldg. A Tallahassee, FL 32399 Phone: (904) 488-8064
GEORGIA 1998	The fund adds 10% on to each DUI issued	Projected to be $2 million dollars per year at full capacity.	Not yet determined.	The legislation gives power to the Brain and Spinal Cord Trust Fund Authority, which is to be

				appointed by the Governor. The fund is administered by: Department of Human Resources State of Georgia 2 Peachtree Street Atlanta, GA 30303
KENTUCKY **1998**	This fund places fines on selected moving violations and drunk driving	Not yet available.	Case management, Community Residential Services, Respite, Day Programs, Companion Services, Psychological Services, Prevocational Services, Supported Living and Therapies.	The bill established a Kentucky Traumatic Brain Injury Trust Fund Board to administer the fund. The legislation outlines who is to be appointed.
LOUISIANA 1993	$5 fee on reckless driving $15 DUI	$1.5 M Annually	To address gaps in services for persons with brain and spinal cord injuries	Administered by: Don Tubb, Program Manager THI/SCI Trust Fund 8225 Florida Blvd. Baton Rouge, LA 70806 (225) 925-3502
MISSISSIPPI 1996	$4 on moving violations $25 DUI surcharge	$2 M Annually	· Durable medical · Respite · Emergency care · Transitional assistance · Prevention · Education · Transitional living	Administered by: Department of Rehabilitation Services PO Box 1698 Jackson, MS 39215-1698
NEW MEXICO 1996	$5 fee on a state issued citations	$ 1.4 M Annually	Gap and Interim services as needed including: · Durable Medical · Emergency housing · Medications · Therapies · Respite · Transportation · Respite	Administered by: New Mexico Department of Health Long Term Services Division Hard Runnels Bldg. PO Box 26110 110 St. Francis Drive Santa Fe, NM 87502-6110 Phone: (505) 827-2499

Fill in *ONLY* if *SPEAKING* on Bill

Bill # 182 Date 11-13-01

Committee _____

I support the bill ✓

I oppose the bill _____

I have written testimony ✓

(Number of copies) _____

Time needed to speak: _____

Name Lori Longway

Address 408 Porter St.
Manchester N.H.

Phone 6413325

Representing _____

Fill in *ONLY* if *SPEAKING* on Bill

Bill # SB 182 Date 11/13/01

Committee Div III, Finance

I support the bill X

I oppose the bill _____

I have written testimony _____

(Number of copies) _____

Time needed to speak: 10 mins.

Name Newton Kershaw Jr

Address 130 Steinmetz Dr.
Manchester NH

Phone 603-625-9287

Representing Brain Injury Assn

Fill in *ONLY* if *SPEAKING* on Bill

Bill # SB182 Date 11/13/01

Committee _____

I support the bill ✓

I oppose the bill _____

I have written testimony _____

(Number of copies) _____

Time needed to speak: 5-10 min.

Name John Richards

Address 16 Harvey Rd.
Deerfield, NH

Phone 463-7130

Representing myself

Fill in *ONLY* if *SPEAKING* on Bill

Bill # 182 Date 11-12-01

Committee Finance

I support the bill ✓

I oppose the bill _____

I have written testimony _____

(Number of copies) _____

Time needed to speak: 5 min

Name Steve Wade

Address 107 N State Concord

Phone 225-8900

Representing Exec Director
Brain Injury Association

Fill in *ONLY* if *SPEAKING* on Bill

Bill # SB182 Date 11/13

Committee Finance

I support the bill ✓

I oppose the bill ____

I have written testimony ____

(Number of copies) ____

Time needed to speak: 2 min

Name Rep Laurie Boyce

Address ____

____

Phone ____

Representing BIANH

Fill in *ONLY* if *SPEAKING* on Bill

Bill # SB 182 Date 11/13/01

Committee Finance

I support the bill ✓

I oppose the bill ____

I have written testimony ____

(Number of copies) ____

Time needed to speak: 5 min.

Name Dr. Tina M. Trudel

Address 69 Hornetown Rd.

Farmington, NH 03835

Phone 800-473-4221

Representing NH Brain & Spinal Cord Injury Advisory Council - Chair.

Fill in *ONLY* if *SPEAKING* on Bill

Bill # 182 Date 11/13/01

Committee Finance

I support the bill ✓

I oppose the bill ____

I have written testimony ____

(Number of copies) ____

Time needed to speak: 5 min

Name Michelle Moyo

Address 252 Dennett St

Ports., NH

Phone 433-0012

Representing self

11/13/01 S 182

Public Hearing:

Meeting called to order by Chairman Emerton @ 10:48 A.M.

Members present: Emerton, Brodeur, Smith, Johnson, LaBrie.

Newton Kershaw: Daughter injured 1982 Board member & Brain injury Board.

Smith: Question why should we set up a trust fund versus having the funding coming from the budget so that it is reviewed every two years.

Kershaw: When it has been put in the budget it has been taken out in the final budget.

John Stevens Dept of ~~Safety~~ safety: Supportive of bill going.

MINUTES
HOUSE COMMITTEE ON FINANCE
DIVISION III - WORK & EXECUTIVE SESSION

DATE: November 28, 2001.

Division Members Present: Reps. Emerton, Wendelboe, LaRose, Rodeschin, Rogers Johnson, M. Smith and Kurk.

Rep. Emerton, chairman, called the work session to order at 10:00 a.m.

****SB 182-FN-A, (2nd New Title) establishing a brain injury program and making an appropriation therefor.**

This meeting was opened and conducted as a public hearing in the beginning to permit additional testimony and information to be provided from the public on the program.

Sen. Caroline McCarley (District #6): supports bill. provided letter from John Stephen, Assistant Commissioner of Safety (see **ATTACHMENT #1**). **Rep. Kurk:** how much money needed? *do not have the information at this time. insurance has a couple of people who need services for the rest of their lives. victims' assistance fund reaped $150,000 last year and expects to be about $400,000 this year.*

Newton Kershaw, Jr. (130 Steinmetz Drive, Manchester 603-625-9287), Brain Injury Association: supports bill. increasing population. health insurance does not cover. if lower support, will become insolvent. help families stay together. may be able to leverage state money for federal dollars.

Sen. Robert Boyce (District #4): supports bill.

Ellen Edgerly (32 Adams Avenue, Rochester), Brain Injury Survivors and Families: supports bill.

Deirdre Clark (29 Stiles Farm Road, Wilton 603-654-2283): son has brain injury. supports bill. provided written testimony (see **ATTACHMENT #2**).

Rep. Kenneth Weyler (Rockingham #18): supports bill.

Sen. Beverly Hollingworth (District #23): supports bill.

Major Keith Lohndrin (17 Institute Drive, Concord 603-271-2133), New Hampshire Police Standards & Training Council: supports bill.

Steve Wade (107 North State Street, Concord 603-225-8400), Executive Director of the Brain Injury Association: supports bill.

Dr. Tina Trudel (69 Hometown Road, Farmington 03835 603-859-7737), Chairwoman for the New Hampshire Brain and Spinal Cord Injury Advisory Council: supports bill.

Rep. William Knowles (Strafford #11): opposes bill.

The following individuals presented cards and/or testimony, but did not speak:

Lori Longway (408 Porter Street, Manchester 603-641-3325): supports bill.

John Richards (16 Harvey Road, Deerfield 603-463-7130): supports bill.

Rep. Laurie Boyce (Belknap #5): supports bill.

Fred Carelli (415 Cartier Street 603-644-0240), Brain Injury Association: supports bill.

John Capuco (105 Pleasant Street, Concord 603-271-5034), Administrator of Brain Injury Services – Division of Developmental Services – Department of Health and Human Services: provided written testimony (see **ATTACHMENT #3**).

Sandra Mahoney (Portsmouth): supports bill. provided written testimony (see **ATTACHMENT #4** – booklet).

No one else wishing to testify for or against the bill, the division moved to work and executive session.

Rep. Kurk: sympathetic to purpose – where do we get the money, and how much do we put in? *set up a Program Appropriation Unit (PAU) in the budget for $200,000 for July 1, 2003.* **Rep. Wendelboe:** compromise is a good idea. will a permanent PAU be created? **Rep. Smith:** anticipate start date for July 1, 2002 – eliminate dedicated funds – reserve a line in the budget.

General Discussion: Mark Thompson estimate $250,000 - $400,000 issue. nothing in excess of the $250,000 was included in budget revenue estimates. non-lapsing footnote. no line about rule-making authority. proposal would change that and make the Department of Health and Human Services (DHHS) defend the appropriation from year to year if no rule-making authority. will replace whole bill. ask LBA to draft the bill without a trust fund and effective upon passage. $200,000 for the remainder of the biennium. will begin this afternoon – Brain and Spinal Cord Injury Program. define eligibility, budget and use of funds. request assistance from Sue Fox and John Capuco at DHHS. craft a program with rule-making, $200,000 non-lapsing for the biennium, effective upon passage. create an advisory council with powers to advise only, no veto authority. consensus reached on compromise proposal.

No other bills before the Committee, Rep. Emerton adjourned the work session at 12:42 p.m.

Respectfully submitted:

Richard J. LaRose
Clerk for Division III

(1)

State of New Hampshire

DEPARTMENT OF SAFETY
JAMES H. HAYES BLDG. 10 HAZEN DR.
CONCORD, N.H. 03305
603/271-2559

RICHARD M. FLYNN
COMMISSIONER OF SAFETY

JOHN A. STEPHEN
ASSISTANT COMMISSIONER

November 27, 2001

The Honorable
Senator Caroline McCarley
PO Box #131
Rochester, NH 03866-0131

Dear Senator McCarley:

You have asked me to forward you the Department of Safety's position with regard to SB 182. As you are aware, SB 182 establishes a Brain and Spinal Cord Injury Trust Fund. A significant number of brain and spinal cord injuries occur as a consequence of motor vehicle crashes. Thus, it should come as no surprise that the Department of Safety shares a common vision with the drafters and supporters of this bill. There is a need to assist those individuals and their families affected by brain or spinal cord injuries, as well as establishing a mechanism to support on-going injury prevention efforts. The efforts of the Brain Injury Association of New Hampshire have served to create a better future through brain injury prevention, research, education and advocacy. The establishment and funding of a State Brain and Spinal Cord Injury Trust Fund would certainly further the necessary components of treatment, rehabilitation, and prevention.

I have had the opportunity to meet with representatives of the Brain Injury Association of New Hampshire and, in particular, was consulted about the funding of the Trust Fund. The Department supports the intent of SB 182. With regard to the funding options listed in the current version of SB 182, the Department is supportive of the Trust Fund receiving funding from receipts from payments of forfeited recognizances for non-driving offenses. This would amount to a projected $213,000.00 per year.

Respectfully submitted,

John A. Stephen

John A. Stephen, Esquire
Assistant Commissioner

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Good Morning Chairman Emmerton and other members of the Division III House Finance Committee. Thank you for letting me speak before this morning.

My name is Deirdre Clark and I am speaking on behalf of my son Jim, my daughter Robin and her husband Kevin and other members of the disability community.

November 11th has always been a special day of remembrance for me. Besides taking time to honor those who lost their lives or participated in the defense of their country, mother nature decided it was time for me to deliver my first child.(Robin)

This past November 11th was the worst and the best celebration of her birth. At approximately 3:30 PM, my daughter and new son-in-law were involved in a head-on collision.(Toyota vs. Suburban). The bottom line is: all five(5) people survived the accident; the broken bones will heal and everything else can be replaced. To my knowledge, there were no brain or spinal cord injuries incurred. Air bags and seatbelts worked properly, in time and saved lives.

I have testified before on behalf of my other child, Jim, a 30 year old, who was severely injured almost 7 years ago in another motor vehicle accident. He suffered a traumatic brain injury and is a quadriplegic.

At least I am not coming to you for your support of the Brain and Spinal Cord Trust Fund on behalf of BOTH my children, though I have met other families who are in that exact situation and have no help. They are aging parents with 30 and 40 year old children that they are struggling to care for at home without knowing where to get help and services.

For a brain injured person, Jim's brain is the part that works. He breathes on his own(unlike Christopher Reeves) and his sense of humor is what gets us and his care givers at Crotched Mountain through the day. He has NO friends who are still willing to visit. Their attitude is- this could happen to them and they do not want to face that possibility.

Why am I here today and what is this bill all about ?
It is because- if this bill had been in place 7 years ago and these services were available, we would have been able to access information and assistance sooner and more efficiently, as to how to navigate the multitude of state and federal agencies (SSI, SSDI), health and medical systems (private insurance and Medicaid), family support networks(that we are not alone in this dark morass) and community service coordination. Not many people can get through this on their own.

It took 2+ years to get Jim back to New Hampshire.
It was 5 years before he was registered with an Area Agency.
He has been on the ABD waiver; he was taken off the ABD waiver. Currently, he is on the ABD Waiver wait list, waiting for community-based services. These were all procedures that were never explained to the family and legal guardian.

Advocacy: The fact that I am here today, I think speaks to my commitment, to see that ALL members of the disability community receive their Just human rights and patient rights. For the past several years, I have been to Capitol Hill, to talk to our Congressmen on behalf of the brain injured community. Because these people have become disabled, it does not mean that their rights should be taken away.

Vocational support ?
For Jim, this is probably not a realistic goal. At the time of his accident, he was a major at UNH, studying mechanical engineering , with a further goal of a Masters in Ocean Engineering. But for many others, this is a major concern. Most disabled people want to return to work, regain their self-esteem; take pride in their contributions to society, as long as they can work in an appropriate setting suited towards their capabilities.

My son-in-law, Kevin also has a brain injury from a XC skiing accident. He is a high functioning electrical engineer, but with some discernable deficits. He is eager to return to the defense work force, once some shattered bones heal.

Why do we need a statewide registry ?
Look at the numbers. The annual occurrence of TBI (1,500,000 per year) is more than breast cancer, HIV/AIDS, spinal cord injuries and multiple sclerosis COMBINED. With the aging of the baby boomer generation, there will be a greater incidence of TBI or ABI(acquired brain injury), most particularly falls amongst the elderly.

The current data is only collected from hospital discharge and ER reports. A great number of the falls and mild TBIs (sports accidents, shaken babies) are seen in the doctor's office and never get into the statistical data stream. We need to go out and collect 'forgotten', 'unrecorded' cases and see that they get the care they need before, down the road, they become problems in schools, delinquents, homeless, or unemployable. My son-in-law Kevin's brain injury is not statistically recorded. He did not go to a hospital at the time of the accident. He was treated by a private physician.

What has happened to the concept of:

"An ounce of prevention, is worth a pound of cure." ? This brings us to the need for funding on injury prevention. EDUCATION and PREVENTION are the**ONLY** cure. Children at all ages- especially 1-24 year olds; the public; parents: teachers; doctors; nurses; athletic coaches and trainers need to be educated and in some cases RE-educated about the WHAT, WHY , HOW and CONSEQUENCES of TBI.

I shall close by asking the committee to carefully review this bill proposal, the benefits gained by the people involved and the State Of New Hampshire.

Deirdre H. Clark, RN
(Mrs. Grenville Clark III)

(3)

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF FAMILY SERVICES

DEVELOPMENTAL SERVICES

105 PLEASANT STREET, CONCORD, NH 03301
603-271-5034 TDD Access: 1-800-735-2964

Donald L. Shumway
Commissioner

Susan W. Fox
Director

November 28, 2001

Hon. Lawrence Emerton, Chair
Division 3, Finance Committee
Legislative Office Building
Concord, NH 03301

Dear Representative Emerton:

I would like to thank you for the opportunity to speak before this committee concerning Senate Bill 182. My name is John Capuco, Psy.D. and I am the Administrator of Brain Injury Services for the Division of Developmental Services, Department of Health and Human Services. In this capacity I have administrative responsibility for the Division's services for individuals with Acquired Brain Disorders (ABD).

As a neuropsychologist, I have seen first hand the disruption that brain and spinal cord injuries can cause to individuals and their families. I understand well the importance of this bill and the positive effects that it will have for individuals with brain and spinal cord injuries. Nationally, there are an estimated 1.5 million incidents of Traumatic Brain Injury (TBI) every year, with an estimated 5.3 million individuals living with disability from TBI. Consistent with the national statistics, in 1998 almost 4,000 New Hampshire citizens were hospitalized with a diagnosis of TBI. Traumatic brain injury remains the leading cause of death and disability in children, teens and young adults, with more than 2600 young people hospitalized in New Hampshire in 1998. While these numbers speak to the high incidence of TBI, they in fact, are an underestimation, with many brain injuries going undiagnosed or unreported.

Today, I am here to speak to you not as a neuropsychologist, but as the Administrator of Brain Injury Services for the Division of Developmental Services. In this capacity, I want to convey to you the importance of this trust fund for individuals with ABD and spinal cord injuries and inform you that the Division of Developmental Services (DDS) and the Department of Health and Human Services (DHHS) fully support Senate Bill 182. Administration of these funds will be through DDS and, as the administrator of ABD services, I will have responsibility for the oversight of the trust fund finances. DDS will work closely with community based service and advocacy organizations; such as the Brain Injury Association of New Hampshire (BIANH), the Brain and Spinal Cord Injury Advisory Council and local Area Agencies, in the administration of the funds derived from this bill. It is important to stress that funds obtained from this trust fund will be kept separate from other DDS and DHHS budgets and that the administration of this

program will not result in increased staff at DDS or DHHS, nor will any money from the trust fund be used to offset administrative costs at DDS or DHHS. It is the goal of DDS to maximize these funds in order to provide services to individuals with TBI and spinal cord injuries. It is our intention to maximize, where possible, these funds by utilizing matching dollars through Medicaid and other grants.

Thank you for your time and effort on this important matter.

Sincerely,

John T. Capuco, Psy.D.
Administrator, Brain Injury Services
Division of Developmental Services
Department of Health and Human Services

#4

We advocate because we believe.
We believe because we know there is a better "right" way.
We Persevere because it's all we know.
-unknown

Survivor and Family Written Testimony in Support of Senate Bill 182, Establishing a Brain and Spinal Cord Injury Trust Fund and Appropriating Certain Moneys to Such Fund

BEFORE YOUR DAY BEGINS IN THE MORNING....

The alarm shrieks and you hit the floor and hop into the shower to get ready for your day. Water splashes you as you mentally organize your day's activities and towel off. Brush those pearly white teeth; grab your coffee, a bagel and your newspaper. Jump in the car, saying to yourself, "wow...I'm running late.... I've got to get this routine under a half hour."

BEFORE OUR DAY BEGINS IN THE MORNING.....

The alarm shrieks. Steve reaches for his arm splint that goes from his armpit to fingertips on his affected side, which used to be his dominant side before the accident. The splint is worn to allow him to extend his arm and fingers for a length of time in order that the tone in his arm does not worsen. The term tone confused me at first, because who doesn't want to "tone-up" or be in shape. However if you have too much tone, your extremities tighten up so much, even a trained physical therapist can not extend your arm out. Thus, you have limited, or no use of your arm. If Steve undoes the six straps of the splint alone, it takes him about 10 minutes, 2 minutes if I do it for him. If our poodle gets in on the action, it could take much longer. Steve says, "I'm gonna hop in the shower." Some days I have to ask him to repeat that

statement several times before I understand it, and I'm his wife! His brain injury not only put him in a wheelchair, but also changed how he communicates in this world forever. He pulls himself to an upright position in 5-6 shuffling motions in order to prepare to get out of bed. He transfers to his manual wheelchair by pulling his entire body weight up with his right hand on the wheelchair handle. Sometimes he makes the transfer the first time, but it usually takes three to four attempts. The first or second attempt usually lands his buttocks directly on his tire. Ouch...especially if there is a rash present from sitting in the wheelchair too long the day before. Another 10 minutes is spent positioning himself in his chair, putting the side rail back on after the transfer. From the time we hear the "Morning Waking Crew" on WOKQ wake us up, till the time Steve makes it to the bathroom, which is directly off the bedroom, 45-minutes has passed.

By now he has asked what day it is, what his appointments or schedule is for the day. He's not asked this just once, but from 3-10 times because his short-term memory is gone. Transferring from his chair to his shower chair takes another 15-minutes. Taking a shower another 25 minutes. Toweling of 15 more. Dressing is done very strategically and the routine takes 30-minutes. For kicks,try putting

your sock on your left foot (which is total dead weight) using one hand while sitting in a chair. Not quite as easy as it sounds. Steve's clothes are chosen not to make a fashion statement, as he would like, but for functionality. Shoes must have Velcro straps. Imagine being an independent adult and not being able to tie your own shoes!

Steve sits down to a prepared breakfast and it takes him between 1 hour and 90-minutes to eat a meal consisting of coffee, yogurt, fruit, eggs and toast...if there are no distractions. If the phone rings or someone comes to the door, breakfast can literally run in to dinnertime. When he is finished, he brushes his teeth, which takes a minimum of 20-minutes.

Morning meds are taken and closely monitored to prevent grand mal seizures. A nurse comes once a week to draw his Dilantin levels because if it is off, he is likely to have a seizure. A seizure for Steve means a 6-8 week recovery time because his brain function does not return to baseline in the typical 24-hour period.

Put the urinal and meds in the backpack, check the pouch for money and ID, take the coffee cup with a lid and straw and tuck between the chair rail and the cushion...meet the driver in the lobby and get in line for your turn on the lift....kiss your wife goodbye, tell her

you love her so and in just under 3-hours you are ready for your day to begin.

Testimony Provide by

Sandra Tobin Mahoney

(Mrs. Steven Mahoney)

of

Portsmouth, NH

Carefully consider the Brain Injury Trust Fund bill....

Thank you for the opportunity to present this testimony.





Bill and Sandy Bonin + Family

Dear Ellen, November 19, 2001

Thank you for this opportunity of helping to bring SB182 to a successful closure hopefully very soon following this hearing on November 28, 2001. Since I cannot have this occasion to speak last, I will at the very least be brief.

My brain was injured in 1996: two weeks of intensive care; two months at a rehabilitation hospital; two weeks of hospitalization following a seizure while home on a day pass from hospital rehab; three months of day rehabilitation; reentry into the community with three months as a volunteer at a Primary School; immediately followed by 1 1/2 school-years at another Primary School; and volunteering three days each week between the primary schools on a School Bus Book Mobile.

Prior to my own brain injury after retirement, I had worked five years as a Special Education Aid. Never had I ever worked so much for so little (money) and so completely enjoyed my work

It was then and there that I discovered my avocation, namely helping those people among us who need so much assistance.

I was during those five years most fortunate to have the continuous good care and gracious concern of my wife and children that I returned to helping those among us that also require so much help, namely those with Brain Injuries often with accompanying physical deficits. The incidental help is also very good for me. Call it enlightened self interest.

In all candor and humility I take this occasion to thank my new and old friends at The Seacoast Support Group, Steppingstones, BIANH, Betty's Dream, the neuropsychologists, neurologists, other MDs, therapists, attorneys and the many good people that drive me about as needed. We brain injured, that is we "specials" much like my so called "normals" need loving companionship. On going care and concern helps us get through the maze which is brain injury. SB182 is of the essence.

I appreciate that the needs for public and private moneys often exceeds its availability.
Best wishes in your demanding work.
Thank you
God bless each of us, one and all.

Sincerely, Bill Bonin Bill

PS & NB "Nobody realizes that some people expend tremendous energy merely to be normal." Albert Camus
As for me, my processing time is long and my memory is short.

GOOD MORNING
MEMBERS OF THE COMMITTEE

MY NAME IS LORI AND I AM A BRAIN INJURY SURVIVOR. I HAD A BRAIN ANURYSM IN MARCH OF 2000.I STOPPED TO GET MY MORNING PAPER, AND AS I LEFT THE STORE, I GOT THIS VIOLENT HEADACHE. I MADE IT TO MY TRUCK, AND THEN SLUMPED OVER THE WHEEL. CUSTOMERS SAW THAT I WAS THERE FOR SOME TIME AND TOLD THE CLERK. HE CAME OUT TO TALK TO ME AND NOTICED THAT I WAS HAVING SOME KIND OF SEIZURE.

HE CALLED 911. I REMEMBER TALKING TO THE POLICE. HE ASKED ME IF I WAS OK, AND I TOLD HIM NO, I WAS VERY DIZZY, DISORIENTED, AND DIDN'T FEEL WELL. HE WOULDN'T LET ME DRIVE AROUND THE CORNER TO MY FRIENDS HOUSE. IF HE HAD, I WOULD HAVE DIED ON THE COUCH. I THANK THAT MAN IN THE STORE FOR SAVING MY LIFE, HE'LL ALWAYS BE MY HERO*

THEY GOT ME TO THE HOSPITAL AND OPERATED ON ME FOR 4 HRS. IT WAS DETERMINED THAT I HAD AN ANURYSM DEEP BEHIND MY RIGHT EYE. THEY HAD TO SHAVE PART OF MY HEADANDTHEY CUT ME FROM MY FOREHEAD TO MY EAR.

THEY ALSO HAD TO REMOVE A TINY CENTIMETER OF MY BRAIN.

THAT TINY BIT IS PART OF MY MEMORY. NOW MY SKULL IS HELD TOGETHER WITH CLIPS AND 4 PLATES AND 8 SCREWS. WHEN I FINALLY GOT OUT OF ICU AND IN MY ROOM, THEY TOOK THE MIRRORS AWAY. WHEN I FINALLY DID LOOK AT MYSELF, I GOT QUITE A SCARE. WHERE MY HAIR USED TO BE, WERE BIG BLACK STAPLES. GOING HOME WAS SCARY, I DIDN'T KNOW HOW TO DO

ANYTHING, AND I COULDN'T REMEMBER ANYTHING. I HAD TO GO TO REAHB. AND I COULDN'T DRIVE. I HAD SUCH WONDERFUL PEOPLE HELPING ME TO GET MY LIFE TOGETHER AGAIN. I HAD TO LEARN HOW TO WALK AGAIN AND TO ORGANIZE THINGS, AND TO COOK AND WORK ON MY MEMORY,WHICH TO THIS DAY IS STILL NOT VERY GOOD. I STILL GET HEADACHES, AND I ALWAYS WILL. IF I DON'T WRITE DOWN WHAT I DID DURING THE DAY, I WON'T REMEMBER THE NEXT DAY.I CAN'T REMEMBER WHAT I READ, AND THAT BOTHERS ME, BECAUSE I LOVE TO READ. I LOVE TO CROCHET, BUT MY LEFT HAND DOESN'T WORK AS WELL AS THE RIGHT. ALSO THERE IS DEPRESSION TO DEAL WITH. ITS BEEN QUITE AN EMOTIONAL ROLLERCOASTER SINCE THE ACCIDENT, SOME DAYS ARE HARDER THAN OTHERS, BUT I WON'T GIVE UP, I'LL KEEP TRYING TO GET BETTER. TRUST ME WHEN I TELL YOU THAT NONE OF YOU WOULD WANT TO BE ANYONE OF US. ITS HARD TO MAKE PEOPLE UNDERSTAND WHAT WE GO THROUGH EVERY DAY.I CAME HERE TODAY TO SUPPORT THIS BILL AND HOPE THE COMMITTEE WILL TOO. WE NEED YOUR HELP AND UNDERSTANDING. WE NEED YOU TO PASS THIS BILL.

THANK YOU

LORI LONGWAY

WITH CLIPS AND 4 PLATES AND 8 SCREWS.

November 27, 2001

Honorable House Finance Committee Members:

"The day has come to recognize us as your peers and equals and this ideal union shall result in the highest development of mankind"

I strongly advocate for the passage of SB 182 – The Brain and Spinal Cord Injury Trust Fund Bill that is presented now before the House Finance Committee. We are all courageous and strong and our voices will never stop advocating until this bill passes.

Eleanor Morelli - Survivor
188 Madison Street
Portsmouth, New Hampshire

November 17, 2001

Honorable House Finance Committee Members:

This is a statement RE: SB 182 on the brain and spinal cord injury trust fund:

My husband was an employee of the state of NH and was on the way to work, when his car skidded on the ice and crashed into a pickup. He sustained a brain injury which has changed our lives. We are one of the fortunate couples, inspite of these radical changes.

As I reflect back on the past six years, I can't imagine how some people are able to go on facing financial hardship on top of all the other problems that suddenly loom large into your life. We are fortunate to have excellent health insurance which has continued with his retirement. Since my husband was at retirement age at the time of the accident, he also gets his pension, so we have an income in addition to Social Security. Without this, we would have had to sell our home to buy the medications and medical care that he needs.

Before the accident he took no prescription medications, now he takes thirteen presciption medications every day with an average cost of $250/week or $1098/mo. We pay the first $500 and the insurance company pays the remainder which has totaled $11,384.28 so far this year. This does not include over the counter medications or other medical supplies that are also needed. I have not added up the physician bills for this year alone, but he sees a primary care physician 3 times/year, a psychiatrist every 6 weeks for severe depression, a pulmonary specialist at least 4 times and a pain specialist 4-6 times a year to treat the chronic pain that he suffers. In addition to that he has had Physical Therapy 3-4 times since his initial hospitalization in the rehab center six years ago, Occupational Therapy, and Speech Therapy. I have no idea the cost of his initial hospitalization in the acute care center or the rehab hospital as I never received a bill for this. Since I have medical training, as a spousal caretaker I can help keep him from needing other health care providers at this time. I have no idea what the future holds, however.

I know there are many others who are battling the same problems that we are, who are less fortunate financially. They are unemployed, or under employed – considering their position prior to their injury. Not only does health insurance come with jobs, so does retirement benefits. What will they do then? Major trauma such as brain and spinal cord injury leave a person changed in ways that you can't even imagine, unless you have lived with a person who has suffered this cruel predicament. Life changes in a few short minutes!

Please support this bill SB182 to help those in dire need of the basics of life. Thank you for the oppportunity to share with you.

Esther R. Sanborn, RN

Spousal Caretaker

November 28, 2001

Dear Committee Members,

I have had many of the same problems as the other surivors and family members have told you about. But specifically I have had problems with folks not understanding what brain injury is. This has become very obviouse in my experience job hunting. I am finding that possible employers look at me as if I am retarded most of the time. You might as well throw my masters degree out the window the way I have been treated!! I see that training in this area is necessary for professionals as well as the public, as many of my friends don't understand what brain injury is and don't know how to treat me. I have also found in areas where I do volunteer work that folks are scared of brain injury folks and they some times try to run away from me.

I also am surprised and upset at learning that insurance companies are now cutting back on the amount of help patients can get. Brain injured survivors at rehab. hospitals are being kicked out by the insurance companies and put in nursing homes. Now the nursing homes may be able to do some care but the survivor will not get the kind of help (s)he needs which is available at a rehab. hospital! This can make the difference between one day being able to be a part of the working world or spending the rest of life being cared for in a nursing home. Not to mention what it does to a survivors self-esteem! Think about it - which one would you want if you or someone you love had to face that. It looks to me like funds are needed to assist in this area too.

And finally, I am always so surprised to learn of areas of assistance that other surivors don't know about. Whether this comes down to case managers or what I don't know. But survivors all should know of some of the basics like: how to apply for SSDI, handicapped signs for cars, the perspectives network card, etc. I think that a trust fund would help increase the ability to get this information out.

I believe that developing a trust fund for brain and spinal injury survivors will help in those areas. Thank You.

Sincerely,

Sue Hale-deSeve

Dear Members of Division III House Finance Committee

I would like to register my support of SB-182, a bill to establish a brain and spinal cord injury trust fund. There is an immense need for a project such as this. I am a survivor of brain injury, so that is all I can talk about here. I believe that spinal cord injuries have just as much need but brain injury is what I am familiar with.

Brain injury is more widespread than you are aware of. There is more incidence of brain injury in motor vehicle accidents and in teenage sports and roughhousing than you are aware of. The occurrence of brain injury is more prevalent than most other conditions. Most other conditions have a national charity providing funding for survivors of it, but brain injury has none.

Unfortunately, too, many of the effects of brain injury requiring supportive assistance are not covered by medical insurance. The effects of brain injury are not physical injury as we know it but cognitive injury causing physical deficits that need aids to ease passage through a day.

Devices that may be needed that are not covered by medical insurance may be of varied nature depending on the deficits caused by the brain injury. I will only speak of my own situation. I have many of the shared symptoms of slower cognitive processing and the like, but what is significant and noticeable is visual problems. I have double vision, midline shift and field loss that are a permanent fixture in my life now. I am receiving SSDI, and therefore Medicare through it. Medicare does not cover any visual care as they don't consider it a "medical" condition.

Now, let me say here that the establishment of this fund should have no effect on my personal situation. Through private insurance, which I had through the COBRA plan, and personal assets, I was able to tend to my own needs. What this fund is needed for is those survivors of this injury who would have no access to help without it.

I was at my mother's in NC for the first three years of recovery. I was going to a Behavioral Optometrist who worked with me and my condition, eventually prescribing prisms for the double vision and midline shift (vertical and yoke prisms) and a Gottlieb Visual Field Awareness button for the field loss. I went for visual therapy weekly for about a year and a half. Visual therapy helps with tracking, pursuits, saccades, many of the visual skills we learned as infants, but now have to relearn. I could not read before the therapy as I lost my place all the time and was unable to track from the end of one line to the beginning of the next. Most private insurance companies do not cover this either, but somehow we persuaded my insurance company to.

Visual therapy itself is expensive as it is a long term project, not just one or two visits. I know from personal experience how rewarding the improvements can be. I also know that many survivors who could use this therapy never get it because of a lack of funds. I would like to see them be able to get it.

The prisms in my lenses are costly also. I would like to see this be something made available to them through this fund.

The very most expensive device I have for my condition is a Gottlieb Visual Field Awareness button. This is a button put into the lens of your glasses that can extend your visual field by about 30° by glancing in it. It is not to be looked through, but provide the awareness that there is something there that you should turn your head to look at. The button itself runs somewhere in the neighborhood of $1500, so each new pair of glasses for me runs about $1800.

I am fortunate to be able to do this. I may resent having to pay for the privilege of acquiring such an injury in such a way, an accident where the driver of the other car was found guilty on all counts of reckless driving, driving to endanger, and vehicular homicide, but at least I **can** pay for the medical devices I need. And, yes, I do consider them medical devices even if Medicare does not.

However, many survivors of this injury are not able to provide for the therapies they need, the devices they need, the care they need, without help. I would like to see SB-182 established in such a way that they could find support for their needs.

Many survivors of brain injury lose everything, their houses, their jobs, any chance of future income. Relationships suffer because of the difficult cognitive functioning and the memory loss that almost all survivors have to some extent. The devices to act as substitutes for working cognitive memory is another area I would like to see them be able to provide for. Please help them find what support they can to provide for themselves as well as they can. Thank you for your consideration of this matter.

Sincerely,

Kate A. Doyle
355 Reservoir Dr.
Weare, NH 03281
(603) 529-1451







Jeannine, Joshua and Jeremy Leclerc

November 17, 2001

Jeannine Leclerc
20 Knight Street
Keene, NH 03431

To whom it may concern,

I am writing to encourage you to support the Senate bill 182-FN-A. This bill will establish a brain and spinal cord injury trust fund and appropriate money for the fund. This funding is essential to people living with traumatic brain injury.

I became involved with brain injury in 1999. On February 6, my two sons and I were hit, head on, by and eighteen passenger van. My youngest son, Jeremy suffered a grade three concussion. Jeremy spent eleven days in the hospital and returned home to begin months of recovery. He spent several weeks at home, began home tutoring and eventually was able to return to school a half an hour at a time. He still has residual effects from his head injury.

On May 9, my oldest son Joshua, suffered a traumatic brain injury after the breaks failed on a three wheeler he was riding at a friends home. Joshua spent three weeks in ICU, and remarkably recovered enough to be discharged to Farnum Rehabilitation Center here in Keene. He spent three weeks there and returned home to continue outpatient therapy. Joshua now has difficulty with verbal retrieval due to his head injury.

Although my children's experiences were traumatic we've come to realize they are fortunate. We have met many families and people who have had traumatic head injuries due to a variety of causes and circumstances. These people and their families continue to need extensive care and support. I urge you to make this possible by supporting Senate Bill 182-FN-A.

If you have any questions or concerns please do not hesitate to call me at my home (603-352-1705) or work Surry Elementary (603-352-2669) or my email jleclerc@top.monad.net. I thank you for your time and support for traumatic brain injury people and their families.

Sincerely,

Jeannine Leclerc

Jeannine Leclerc
Co-chair Monadnock Brain Injury Steering Committee

Dear Legislators:

I am writing to beg you to vote for Bill 182 to establish a brain and spinal cord injury trust fund. This is a much needed fund as I know first-hand from seeing the difficulties and frustrations which my brother faces every day. At the age of 44, my brother, Gary Brodeur, suffered a cerebral hemorrhage which caused extensive brain injury. At first, the doctors did not believe he would live, but he pulled through, against all odds and has made remarkable progress.

Gary is lucky. He can eat, unlike many brain injury survivors who have to live the rest of their lives eating through a permanent feeding tube. He can walk a few feet with the help of a quad cane, unlike many survivors who are wheelchair bound for life. He even rides around the rehab center in a special tricycle, which has improved his strength by leaps and bounds. But unfortunately, there are many things that Gary will never be able to do again. An avid skier and runner, Gary will only be able to do those activities in his dreams, where he is still "whole." Gary cannot talk, he can just make sounds. His only form of communication is a Dynavox, which is a computer device. Although it is a wonderful device, it can never replace the ability to converse freely. Gary is limited to expressing himself by what is programmed into the device. Can you imagine how frustrating it must be to know that you can only say what has been programmed for you to say? Sometimes I wonder why he doesn't just give up. I don't know if I would have the same strength to fight every day as he does.

But fight he does! Although Gary has no real financial resources, he spends what little money he makes through voc work, which he does 11 hours a week at $2 to $4/HR, to sponsor 2 children in impoverished countries. He does this through an organization called Compassion International. At $28 each per month, that doesn't leave much left over for Gary, but he is committed to helping people.

In a way, Gary was lucky that he didn't have a lot of money at the time of his injury, because he would have lost it all anyway. Because he was near broke, Medicaid took care of him. I have heard so many heart-breaking stories about people who lose their life savings because of a brain injury in the family. Just a few weeks in the hospital can wipe out every penny saved by hard working families. This is so unfair!

That's why we need to pass this bill. We need to help people who find themselves struggling with an injury such as Gary's. People with brain injuries are capable of leading productive and happy lives, but they need a lot of emotional and financial support. It's hard enough living with a brain injury, let's not make it more difficult by taking away funding to help these courageous people who are struggling just to survive. Please do the right thing and help pass SB 182. We are counting on you!

Sincerely,

Brenda J. Nunes
12 St. Mary Dr.
Hudson, NH 03051
603-595-0768



Nathan Beland
Tammy Richardson
47 Ring Road
Chichester, NH 03234
603-435-5418

RE: SB182-FN-A, establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such a fund

My name is Tammy Richardson and I am the parent of Nathan Beland, my 18-year-old Traumatic Brain Injured son, and am here to testify in support of the bill before you today.

I feel that funding is imperative to people and their families for this much needed bill. I have spent 4 years FIGHTING with school districts and others for services that my son is entitled to under Federal and State laws for Special Education. This has been a total nightmare. I shudder to think what things will be like for him when he reaches the age of 21, when services end, and there is nothing out there for him any longer. I wish not to continue on this path both for his sake or mine.

Your support is GREATLY needed regarding this bill. Families as well as Traumatic and Acquired brain injured individuals NEED for this bill to pass. Money is needed to come from somewhere to help them and the people who care for them.

3 ½ years ago when I wanted to bring my son home from rehabilitation rather than committing him to an institution, I was told by the grand old State of New Hampshire,

NOPE, CAN'T help you. My son could not qualify for services UNTIL he was in the State of New Hampshire, and his residence needed modifications in order for him to even enter his residence. Not one person from Health and Human Services gave me a lead on where I could turn for help in finding funding so I could build a ramp for my son to even enter his own home. I had to solicit building companies, social clubs and whomever else I could think of to help. Thank goodness the 2001 Transition Fund was there, through the New Hampshire Brain Injury Association. They helped me so I could get my son home. It sure would have been nice if there WERE funds within the Health and Human Service Division to help others just beginning their TBI journey. That is just ONE small example of how funds from this trust fund bill could help others. It could help with community awareness; as well as designing programs that are geared towards brain injured individuals. Right now there is little to NO programs out there that will let TBIers in, and if they do, they are not trained to deal with the complex array of disabilities that come along with a brain injury.

Your support is desperately needed to keep this going to help the community.
Let your vote be in favor please!

Thank you,

Tammy L. Richardson

Good evening:

My name is Barbara and I am a survivor, a well seasoned survivor I might add. I am not a speaker and feel like I am sitting here naked with you all staring at me. Please do not judge me should I start crying. My crying is only one part of my injury and I have trouble controlling it at times. I did not volunteer to speak tonight, I was asked to tell my story and only because Michelle promised to finish for me should I fail, I agreed. But fifteen minutes! Seems like forever to me but I hope not for you.

On September 12, 1996 I began my 'change of life'. I skipped over having a 'mid life and went right into the 'change' with a little help from an old Nissan truck.

It was a beautiful Fall day, a Thursday and the time was 3:10 in the afternoon. A bright sunny day with a tinge of color beginning to show on a few trees

I was on my way home feeling good. I had unexpectedly met my grand daughter at the store. I like nice surprise. All was well in my world. As I pulled up to the stop sign less than a mile from my home I clearly remember my thoughts and was thinking of what I had to do for the rest of the day. I was involved in a prison ministry and due in Manchester at 5:30 to bring a family in for an inmate visit at the prison. I would leave my place at five, leave them off at the prison and go on to my prayer meeting until nine when I would leave to get them from the prison and return them to Manchester. As I crossed thru the intersection I was thinking about what to get to eat on the run for supper at McDonalds. Then I remembered my church was planning a move day for our pastor who lived on a side street and made a mental not to check it out as I heard they were a lot of fun.

This schedule was the start of many that never got completed. Instead of having to decide my supper choice I feasted on a tasteless hospital IV. Instead of driving to Manchester I got ride in an ambulance to the hospital and as the family in Manchester waiting, I sat in a chair making small talk while a doctor put two hundred stitches on the left side of my face. The prayer meeting went on without me but rather than being a part of prayer, I was the main topic. I recall asking the doctor who was shaving my hair and stitching my face if it was going to take much longer. He laughed and asked why, did I have a 'hot date' I told him no, but had to be in

Manchester by 5:30. That was my last memory for twelve days. I was in intensive care and poked, prodded, x-rayed, questioned, drilled, given pills to pop, fed and positioned. I was told my pretty little burgundy Hyundi had been beaten up by a mean old blue Nissan truck. It didn't stand a chance to survive. But I had and every bone, muscle, tendon and joint in my body told me I was alive. For years I tried to recall what happened that beautiful September day...to no avail. Now I ask myself why I even would want to know. It wouldn't change anything. But it did change a lot of things in my life.

A CT scan showed a very clear outline of a white area in my front frontal lobe. I usually don't take good pictures but this one came out perfect. After ruling out a heart attack, stroke or seizure I was sent home to recover from the accident damage and told I had to return to have the brain tumor removed soon. I left for home with my leg in a brace as there was a bone chip there somewhere which prevented me from putting weight on it. My glasses were broken from hitting the windshield, my teeth were broken, my right wrist was in a cast to the elbow and every rib was either broken, cracked or bruised. But I returned home and told to rest up so I could have surgery. I joked with my friends who had once called me spacy.....I was. I live alone and was scared, hurt and sore, very sore. I opened up my futon for a bed. Big mistake. I any one here has ever broken a rib then they know the pain of just taking a deep breath, let alone try to maneuver a massive body from the middle of a futon, you know the four hours of torture I endured trying to get out to go to the bathroom the first time. After four hours of moving an inch at a time I managed to get to the bathroom. At that time I knew I had a very strong bladder.

On November 15 I had my second surgery remove tumor removed. I was admitted on a Friday and sent home on the following Monday. And I felt great! Not so much as even a headache. it wasn't the largest tumor around, nothing to brag about, only a 3x4x5 begin brain tumor. I didn't lose any weight from having it removed and the biopsy showed in non-cancerous. Everyone seemed relieved. Not once had I thought it might be cancerous which just proves that God does indeed watch out for babies and fools.

Shortly after the first surgery I noticed drainage from my scalp. A visit to the doctor confirmed I had an abbess stitch and my scalp had to be removed. There went my hot New Year's

plans. Previously I had worked part time for H & R Block and they had already called and registered me for training to begin on January 6, 1997. They knew I had had my tumor removed and since that one was only a three day trip, I saw no need to interfere with my going to the training on the sixth. My surgery was scheduled for Jan. 2nd and I assured them I'd be at the training on the sixth. I never made the training sessions, I slept in at the Concord Hospital. When I woke up I went to answer the phone but couldn't talk, move my left arm or pick up the phone. My eye was drooped almost closed and nothing worked on my left side, not even my big mouth. I woke up again in a Rehab bed sobbing out of control, not knowing where I was, how I got there, what had happened to me or even the date or year. The large calendar on the wall was showing it was January 8 but no year. No one wished me a Happy New Year either! Good thing!

Rehab was worse than the hospital. No one turned me in bed. I had to get into a wheelchair and maneuver my way to the bathroom and to the dining area. I was told to get up, get dressed and get a grip on life. I hated being there. I know they were only doing their job but I swear they enjoyed seeing the pain, awkwardness and inabilities I faced. They pushed me into doing things on my own that I just couldn't do and I was very angry at them for the way they insisted I keep on trying to do more each day. I swear they enjoyed seeing me struggle to make it to my wheelchair, bang into walls as I tried to maneuver it with one hand. I really felt they laughed at me when I dropped items, attempted to make words come out right, talk coherently or communicate without resorting to tears. They didn't care that I cried so much. My daughter came in and I blasted my anger out at her. She didn't care either. I realized how wrong I was the first time I got from my bed to the wheelchair without falling and was able to make it to the bathroom....in time, how I soon was given a walker to push, then a three prong walker, then two and finally a cane. I soon could make my bed, roll over in bed without sickening pain in my chest. But my biggest thrill was the day I ate a sandwich in the dinning room and got more in me than on me. I went on to learn how to get in and out of a bathtub, set a timer, exercise my arms and legs and felt like a genius the day I was able to ask if I had any mail without crying.
Only then did I realize how good these guys were. And I felt a glitter of hope stirring deep inside.

I try to take one day at a time and be thankful I'm alive, then I fall into the pit of pity and have my own pity party asking why me? I go from feeling good and fortunate to wanting out of

this insane world even now,. and especially when my days start off bad.

If I see someone in a wheelchair, I often think how easier it would be if I had lost a limb or had battle scars that people could see as verification that indeed I had survived some kind of accident. For a while I did limp because of the bone fragment but that has cleared up and turned into arthritis When I was bald, had my arm in a cast, leg in a brace and I used a cane for support I was not asked the questions I am now. My disability showed. My tears seemed normal I guess. Now I have no visible limp most of the time, my hair has grown back, my leg is no longer in a cast, nor is my arm and I can walk without a cane. I'm normal....whatever 'normal is in their eyes so why aren't I working. I have had people actually tell me I should go into acting as I would win an Oscar for being able to cry on demand so easily. I have just about given up trying to explain to anyone anymore that my crying is not under my control it just happens. I personally think my transmitter is broken for it seems I no longer process what I hear before I react. I know I am now paranoid, thinking what will be said will be upsetting to hear.

I no longer plan my life as I used to. When I have good days, and I do, I value them like jewels. And it's then that I plan ahead as far as I can, marking my wall 'appointment' calendar, working on my budget for months ahead, writing out my checks. There are a few advantages to being on a fixed income.

Then on some days I completely avoid people knowing they don't want to understand, can't understand or simply don't have the time in their lives to understand.

I know some people avoid me simply because I make them uncomfortable. They can't understand why I start crying for no apparent reason or jump into a completely separate topic of discussion in the middle of our talking. They take it personally at times just as I do. We both feel awkward. They may want to help me but at a loss as how to do it. I carry a paper I was given in Rehab that states I have a brain injury and have what they called uncontrolled crying. It does not say I have a disease anyone can catch. Sometimes it helps, sometimes it doesn't. I know my crying at not being able to explain myself got me faster, more compassionate service at several stores and banks.

I really miss my mind. I know that's been said many times as a joke but it's no joke to me when I realize how much I've forgotten. When I go to work on the computer and have no

memory of ever working on it before, it hurts. Prior to my accident I was very active and fairly content with my life. I was active in my church family, enjoyed helping in the food pantry, delivering food, meeting people, operating the prison fellowship angel tree program, doing a prison ministry, counselling inmates, transporting families for inmate visits, typing a 200 page songbook for the chapel, and teaching a sign language course. I enjoyed volunteering as an English tutor at Second Start, caring for my elderly lady, typing poetry, essays and working on my novel, taking a writer's course by mail and then attending a writing course at UNH in Manchester where I got the idea to start a support group locally, and still going strong I might add. I attended a business school and took up transcription of legal/medial depositions and loved it. I read at least two books a week, several magazines and felt I could carry on an intelligent conversation about most of what was happening in the country. I went to yard sales and gathered baby clothes for the Pregnancy Center, taught friends how to use their computers, how to set up their budgets and set and reached a goal of crocheting over 200 pair of children's mittens for charity for five years. I used to crochet little girl bed dolls, Indian outfits, baby outfits and afghans which I sold at consignment shops. I attended ceramics and got many comments on my work. And, I have taken college courses since 1962 to earn the one thing in life I wanted - a simple paper with Associate's Degree on it. At the time of my accident I needed only 8 more credits. I was so close.

Things change. Sometimes for the better, sometimes not. My faith has grown as my ability to run my life my own way has been denied. I have not been to church for years as my crying makes me too self conscious. As soon as I enter the church the tears flow. When the service starts I'm usually tired from crying and fall asleep. It takes me an hour to get ready and there and I usually sit near the front so as not to get distracted. I cannot believe the pastor enjoys looking down from the pulpit watching me cry and then fall asleep a few moments later anymore than I enjoy knowing I did. After when people come up to me and tell me how good I look and ask about my working yet, I end up crying all over again. I want to scream at them that my scars are healed, my brain is not. Every Sunday I promise to go 'next week' and don't. It's easier to just stay at home in my safe little haven, alone and where I can be myself. I do listen to the Christian radio station in the car and on weekends watch the Christian programs on television.

Then there are days I do nothing but my ads, take my meds and feed my dog. The rest of the day is spent poking, searching or roaming thru my rooms as I try to get organized. I am always setting things down without thinking even though I try to discipline myself to put things back where they belong. But I don't succeed and end up walking from room to room trying to spot some item I need. My coffee cup is a good example of confusion, my playing hide and seek and how I work on feeling inadequate. I make coffee and refrigerate it. Then it only has to be micked to heat up. I turn the microwave on and may go into the other room for something to put on. When the timer goes off I'm busy with some papers I finally found...so papers in hand I go to the microwave to get my coffee. It's not there. Thus starts my game of finding the coffee. I return to the room I was in and try to think as I scan all the surfaces. Not there. I check the living room, see my yarn on the couch, sit down and wind it in a ball, then remember I want my coffee so start roaming again. It's not on the table, the counter or the stove. So I decide to have a coke instead, giving in easy this time. As I open the refrig to grab a coke, there sits my coffee cup. I only thought I had taken it out and put it in to warm out. I got off easy this time. Several times it takes almost all day before I find it.

Other times I may be in my office sorting out papers and suddenly realize that the pile I've been tossing out is the pile I needed to save. My mind had shifted gears on me again, so I then sort thru the trash to make sure nothing is thrown out. I transpose figures and many times reach several wrong numbers. I go into the bathroom and see a book or pencil that goes elsewhere. Off I trot only to spot something on the washer. So I start a wash which means going thru the rooms again looking for items dropped in the wrong places.

I got new glasses only last year and yet find there are times my eyes blur up and sting and smart for no apparent reason. My hearing is now super sensitive to noise. A door slamming seems like a gun going off. The TV commercials are twice as loud as the actual show. People talking sounds like they are yelling. I get headaches easily and almost daily. I have given my headaches titles like; the ice cream headache where I get shooting pain from the front of my scalp to my right ear. The kind you get when you take too big a chunk of cold ice cream. This puts me to bed where I find relief lying on my back and putting pressure with my hands on my head. Then there is the good old fashion tension headache, caused by almost anything at any time for any

reason. I obsess, think, worry, and easily get a headache. This comes if pressure of any kind is in my life....an appointment to keep, a call to make, someone is coming over, need to do a report like this, what will I wear, what will people think of me, will I be able to control my crying, will I make sense talking, can I stay focused, will I understand, will I drop something or fall asleep. Laying down and having soft music in the background helps. My sponge headache scars me at times. I recognize it now as simply needed more sleep. I sit on the bed and my head doesn't hurt, it just feels like a sponge soaking up the words I'm thinking. The words are all jumbled and make no sense at all. If I can go back to bed and sleep another hour or two it's gone when I get up. The last one I labeled my Time Bomb headache as it just feels like a power gun going off shooting information into my head from all angles. I feel like I'm going to explode and start to feel jittery inside. Usually for this headache I take medication, to calm the body down as well as the mind.

I miss not having the energy to enjoy the life I'm in. I feel like mold on an old tree waiting for someone to scrape me off. I get angry and hurt when people tell me how they wish they could just lay down and take a nap whenever they want to. I want to scream at them that I wished I didn't have to! Then I realize they are not aware and chalk it up to ignorance. I have only one person to account to and it sure ain't them! But it has made me aware of that saying about 'walk a mile in my shoes' or something like that, before you cast judgment on your brother.

I once had many friends and considered myself an asset to society and fun to be with. Now I prefer to be alone and not have to struggle to carry on a conversation or strain to think what words being said really mean. I don't want others judging me, I do enough of that on my own. I know I do what I can, when I can and by avoiding people I avoid their sometimes unfair judgment. So when people see me working with my flowers in the yard I still smile at them and then turn away so we don't talk. I'm just so sick of hearing how well I look and when I intend to get a job.

I have a job! It's called surviving one day at a time. When people I know are driving off to work, I'm probably still sleeping trying to get enough energy to just get up. While they stop for coffee, I'm no doubt still looking for the cup I set down yesterday. And while they gossip and play catchup at the cooler at work, I probably am reading over the tiny 3M notes stuck on the wall as I try to figure them out. When they sit and eat lunch I'm probably wondering if I have

already eaten or not. And when they return home after a long day of work I'm probably still looking for my morning coffee, making notes or puttering around trying to put things in order. I ask you. Which day would you prefer to have.

My parents are both deceased. I live alone in a 25 year old mobile home and drive an 11 year old Oldsmobile. At the moment I have no gas stove as the one I had was the original and not working right. Yet, I'm glad I'm alive. Especially as I look out now and see the virgin white snow iced over and shining like a piece of jewelry in the sun. I have three brothers and a half sister. My sister tells everyone she wants nothing to do with me as I upset her with something I did or said. I've called her and asked her to call me. I apologized for what? My younger brother lives in New Hampshire but had diabetes complications and is now legally blind. He refuses to have contact with any family members for the past ten years. An older brother is serving time in a Texas prison for murder. He has severe PTSD as a result of serving his countty in Vietnam four years. I write him when I can and he writes me asking me to check into all kinds of things for him. I want to help him but his last letter still sits on my desk, unanswered from October 2000 simply because I can't make sense in what it is he wants me to do. My mind is too cluttered at this time. Meanwhile he's sitting around daily looking for a reply and I feel guilty, real guilty about it. My oldest brother is my only ally in this field of recovery. He tries to understand but wouldn't you know, he lives 8 hours away in Jersey!

I've been back to the state Prison one time since my accident and that was to apologizer to the chaplin for getting involved in an incident that happened as I was about to under go my third surgery. I made a stupid mistake, one I never would think to make now, and it has turned into an international investigation with the FBI now in control. My life has been threatened and I face testifying at a parole hearing in the near future simply to keep him behind b bars longer. i am not afraid of dying from this death threat but I am more leery now, stay in at night and carry an alarm. I am very jumpy and having a big mouth poodle that barks at every car going by has not exactly helped my nerves.

I no longer remember any of my sign language or shorthand skills. The computer is a one eyed monster that I approach with caution. When you hear you can't hurt or do damage to a computer, don't believe them! You can!

My relationship with my elderly friend is now only a happy memory.

The boxes of my writings sit in a corner of the office and only remind me of what I used to do. I have no time or energy to work on them anymore. Typing takes too much energy and I don't even remember how to save the information to disc at this time.

Spending any longer than ten minutes n the computer has become too much My eyes blur, my head pounds and my entire body aches with fatigue. Where I once read two books a week, I am proud to say I have now read my fourth book in four years! Just don't ask me the titles, the author or what they're about.

I filed for bankruptcy in 1997 because of this 'life change', not by choice. I recently taught myself all over how to crochet.....only the granny square stitch but it's a start. I feel a tinge of hope stirring way down deep.

I used to think of myself as an intelligent person, not stupid, not super smart, just an average person. I'm not that person anymore. I now think in terms of being a seasoned survivor. I say seasoned for I have survived many obstacles in life from incest, attempted suicides, 2 abusive marriages, drug dependency, emotional and physical abuse, lose of a child and the taking of a life myself.

I really don't mind calling myself a seasoned survivor. I feel my life has made me to be more compassionate, more sympathic, less judgemental and more caring and that is not all bad. Finding some good from my life has been good for me. But I do still miss my mind a lot.

I try to live life the best I can and enjoy it when I can. When I have a good day, and I do, I focus on enjoying what I do, like working with my flowers. I work until I have to stop knowing it may be a week, two days or a month until I have another good day. Yet people who see me out working don't realize I'm pushing too hard and no doubt will spend the next two days in bed simply because I'm overdoing, When they comment on my flowers and smile and say it must be nice to have the time to plant flowers I feel rage inside building and want to scream at them that I used to work an eight hour day and still have pretty flowers. But I don't. I just leave and avoid them next time I see them around.

No one knows what tomorrow will bring. That saying ' let it go, do it tomorrow may be true for some people but I don't count on tomorrow anymore. Today is all I have.

As far as my speaking here tonight I want to state again that it was not my choice to - speak. I did not speak for sympathy, pity or judgement. I wish only to use my experience and knowledge to try to make a small difference in the establishment of new, stiffer laws so that more research can be done so that people with a brain injury can be accepted, understood and treated with respect. I want to insight shed to society in the understanding of how we live with this demon we call a brain injury.

I'd like to see deeper investigations done when accidents occur as I still have many unanswered questions regarding my own accident. This was declared a no fault accident yet I got sued for $60,000. My insurance went from $500 a year to a 3 pointer where I had to pay over $1,500 a year for three years. I had a spotless record until then. The driver of the truck was on a pain killer for minor surgery. No one ever asked what the medicine was, when he had taken it or how much was in his system. A drug is a drug and I'm under the impression that any drug usually starts taking effect within twenty minutes. He has driven in from Pembroke to return a video and was on his way home. The street of the accident was less than half a mile long. The speed limit 30 mph. I had just crossed the street, he was approaching a stop sign. He stated he has swerved into my lane to avoid a car backing out from a driveway on his side of the road yet with less than 20 homes on this street, no house checks were ever done. I am really trying to dismiss this and let go of it but it's hard. I still thank God for allowing it to happen though for my brain tumor was an unknown accident ready to happen. When would it have been discovered if not in this accident? And I need to add that adding insult to injury, the license I had on me was never returned and it was the only license with a decent picture of me ever taken.

There are many people who never get to tell their stories and are much worse than mine. I see these people as survivors. Webster's dictionary defines the word survivor as 'to remain alive - to exist - to outlive - to outlast' No one here requested this title but each life has faced an obstacle yet are choosing to use it as a stepping stone rather give up and retreat.

Yes, we are survivors. We remained alive. We exist. We only ask now for your help in passing laws hat will help us that you help us overcome and outlast. Thank you again for your time



Graduation Day
June 15, 2001
Nicole and Sara Edgerly

Ellen M. Edgerly
32 Adams Avenue
Rochester, New Hampshire 03867
November 28, 2001

Testimony In Support of SB 182, establishing a brain and spinal cord injury trust fund and continually appropriating certain moneys to such fund.

Thank you Honorable Finance Committee Members for the opportunity to present testimony in favor of SB182.

My name is Ellen Edgerly and I reside in Rochester with my husband and three of my four children. I work as the Community Organizer for the Brain Injury Association of New Hampshire and have the opportunity to listen to survivors and families discuss the challenges and barriers that are experienced on a daily basis in their communities.

I also have personal experience as to the challenges that families experience as my 21-year-old daughter Sara received a brain injury as a result of a near drowning accident ten years ago.

Traumatic Brain Injury can strike anyone – infant, youth, young adult or elderly persons – often without warning, and often with significant and lifelong consequences. Traumatic brain injury affects the whole family and often results in huge medical and rehabilitation expenses over a lifetime.

Advances in medical technology and improvements in regional trauma services have increased the number of survivors of TBI, producing the social consequences and medical challenges of a daily growing pool of people with disabilities on the road to recovery.

As the discussion of the means of funding has already been addressed, I will only state that the funding of the penalty assessment makes sense in that:

As the number of healthcare dollars shrink, voters are finding it more and more agreeable to tie the payment of the needed services to the people who have the potential to be part of the problem.

In the past year, our Legislative Network of 500 individuals including survivors, families, and professionals have held eight Brain Injury Legislative Coffees with their legislators in their communities. This Trust Fund Bill was discussed in great detail and was supported as worthwhile legislation by all.

Survivors often experience short term memory loss, long-term memory loss, slowed ability to process information and trouble concentrating or paying attention for periods of time. These consequences of brain injury result in individuals needing short term case management in their community and for families of survivors in need of family support. Survivors are lacking the assistance to access services that may already exist in their community.

SB182 would offer this support.

Families that are providing long term care for their loved ones need to have a respite to prevent "caregiver burnout".

SB 182 would offer this support.

Survivors experience numerous medical costs that are not covered. An example would be a "Gottlieb Button" for a vision problem. Survivors often experience vision problems as a result of a brain injury, visual therapy and/or visual glasses are usually not a medical service that is funded.

SB 182 would offer this support.

Survivors and families experience gaps in services if in fact that they are receiving services.

SB 182 would offer this support for some of those services.

Throughout our country thirteen states currently have trust funds set up to help individuals with brain injuries and their families. Trust Funds have funded between $500,000 to $13,000,000 of unmet services that have included but not limited to research, housing, education, case management and respite. I attach a summary of the Brain and/or Spinal Cord Injuries Trust Funds that exist throughout our country for your review.

I also attached a sourced sheet of a comparison of Traumatic Brain Injury and leading injuries or diseases for your review. There are currently 5.3 million Americans living with a disability as a result of TBI. 80,000 people annually experience the onset of long-term disabilities following TBI.

I ask that you support this worthwhile legislation. Thank you.

Ellen M. Edgerly

Dedicated Trust Funds for Persons with Brain and/or Spinal Cord Injuries

STATE and YEAR OF INCEPTION	SOURCES	FUNDS COLLECTED	SERVICES PROVIDED	CONTACT
ALABAMA 1993	$100 Fine on DUI convictions	$1.6 M Annually	Community based services including: · Pre-vocational · Housing · Respite · Resource coordination · Recreation services	Administered by: Division of Rehabilitation Services, with oversight by the Impaired Drivers Trust Fund Advisory Board. Department of Rehabilitation Services P.O. Box 19888 Birmingham, AL 35219 (205) 290-4408
ARIZONA 1992	The original legislation instated a $2 fee on speeding, but the system has now moved to a uniform system of surcharges.	$1.5 M Annually	Provides: · Rehabilitation services · Research · Education · Prevention	Administered by: Crystal Snyder Executive Director Governor's Council on Spinal and Head Injuries 10640 N. 28th Dr., Suite B-102 Phoenix, AZ 85029 (602) 863-0484
CALIFORNIA 1986	$2 Surcharge on 1st offense seatbelt violations $5 surcharge on second offense	$500 K Annually	Provides funding for four pilot programs to demonstrate effectiveness of a coordinated, continuum of care approach to meet the need of adults with brain injuries.	Administered by: Marita McElwain, Program Manager Department of Mental Health 1600 9th Street, Room 250 Sacramento, CA 95814 (916)-654-3168
FLORIDA 1988	8.2 % on all civil traffic related penalties $60 fine for DUI / BUI $1 on every temporary vehicle license tag	$13 M Annually	· Regeneration research · Rehabilitation · Transitional living · Case management	Administered by: Tom Delilla, Administrator Brain and Spinal Cord Injury Program 2002 Old St. Augustine Rd., Bldg. A Tallahassee, FL 32399 Phone: (904) 488-8064
GEORGIA 1998	The fund adds 10% on to each DUI issued	Projected to be $2 million dollars per year at full capacity.	Not yet determined.	The legislation gives power to the Brain and Spinal Cord Trust Fund Authority, which is to be

				appointed by the Governor. The fund is administered by: Department of Human Resources State of Georgia 2 Peachtree Street Atlanta, GA 30303
KENTUCKY **1998**	This fund places fines on selected moving violations and drunk driving	Not yet available.	Case management, Community Residential Services, Respite, Day Programs, Companion Services, Psychological Services, Prevocational Services, Supported Living and Therapies.	The bill established a Kentucky Traumatic Brain Injury Trust Fund Board to administer the fund. The legislation outlines who is to be appointed.
LOUISIANA 1993	$5 fee on reckless driving $15 DUI	$1.5 M Annually	To address gaps in services for persons with brain and spinal cord injuries	Administered by: Don Tubb, Program Manager THI/SCI Trust Fund 8225 Florida Blvd. Baton Rouge, LA 70806 (225) 925-3502
MISSISSIPPI 1996	$4 on moving violations $25 DUI surcharge	$2 M Annually	· Durable medical · Respite · Emergency care · Transitional assistance · Prevention · Education · Transitional living	Administered by: Department of Rehabilitation Services PO Box 1698 Jackson, MS 39215-1698
NEW MEXICO 1996	$5 fee on a state issued citations	$ 1.4 M Annually	Gap and Interim services as needed including: · Durable Medical · Emergency housing · Medications · Therapies · Respite · Transportation · Respite	Administered by: New Mexico Department of Health Long Term Services Division Hard Runnels Bldg. PO Box 26110 110 St. Francis Drive Santa Fe, NM 87502-6110 Phone: (505) 827-2499

TENNESSEE 1993	Additional fine for DUI	$500K-$800K	Establishes a registry and develops a state plan for a comprehensive system of services.	Administered by: Jean Doster TBI Program Director Dept of Health Phone: (615)741-1230
TEXAS 1989	$25 fine on DUI $5 fine on moving violations	$10 M Annually	· Equipment · Post acute rehab · Case management	Administered by: Mel Fajikus, Program Specialist Texas Rehab Commission 4900 W. Lama Blvd. Austin, TX 78751-2399 (512) 424-4133
WEST VIRGINIA 1998	Annual appropriation made by the Legislature	Not yet collected.	· Rehabilitative therapies · Case Management · Attendant care · Home Modifications · Equipment · Family supports	Administered by: Division of Rehabilitation Services

Massachusetts
1991

$125 assessment on convictions for DWI: Liquor, DWI: Drugs and Driving to Endanger

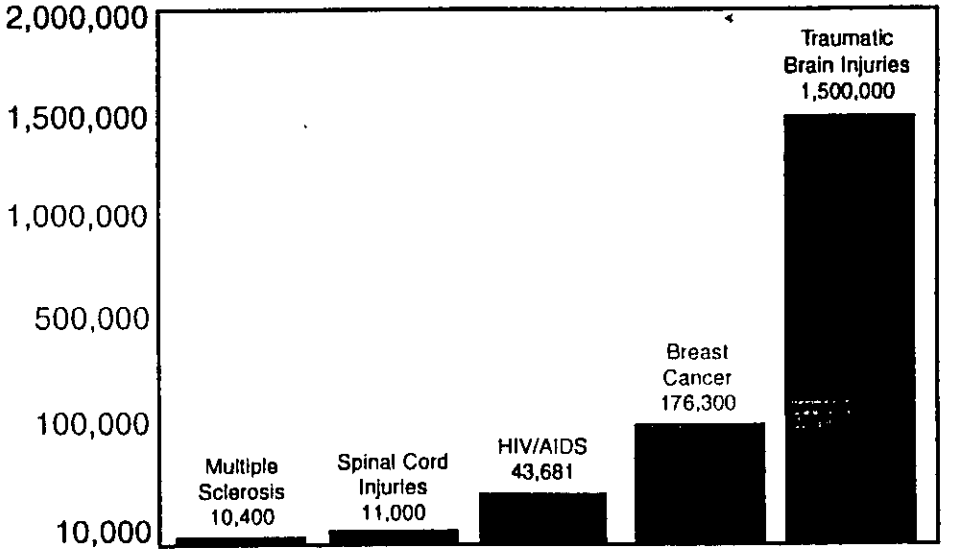
Respite Care
Family Assistance Services
Psychotherapy Groups
Cognitive Training
Information and referral
Prevention and awareness

Administer
MA Rehabil
Commissio

Brain Injury Association

TBI Versus ...

A Comparison of Traumatic Brain Injury and Leading Injuries or Diseases



Comparison of Annual Occurances

On an annual basis in the United States:

- 1.5 million people will sustain a TBI annually.[1]
- 50,000 people will die annually as a result of TBI.[1]
- 80,000 people annually experience the onset of long-term disabilities following TBI.[1]
- There are currently 5.3 million Americans living with a disability as a result of a TBI.[1]

Breast Cancer

On an annual basis in the United States:

- In 1999 there were 175,000 new instances of breast cancer in women and 1,300 new instances in men.[4]
- In 1999, 43,300 women and 400 men died from breast cancer.[4]

Creating a better future through brain injury prevention, research, education and advocacy

105 North Alfred Street • Alexandria, VA 22314 • (703) 236-6000

Family Helpline: 1-800-444-6443 • www.biausa.org

Spinal Cord Injury

On an annual basis in the United States:

- Nearly 11,000 people sustain a traumatic spinal cord injury.[5]
- More than 190,000 people in the U.S. live with paralysis caused by spinal cord injury.[5]
- 85 percent of all spinal cord injury patients who survive 24 hours after their injury are still living ten years after the incident.[5]

HIV/AIDS

On an annual basis in the United States:

- The following number of people died from an AIDS-related illness:[2]

  1999 - 16,273 1998 - 17,930 1997 - 21,923 1996 - 37,787

  1995 - 50,610 1994 - 49,869 1993 - 45,381

- The following number of people were diagnosed with HIV/AIDS:[3]

  1996 - 60,618 1997 - 49,704 1998 - 43,681

Mulitple Sclerosis

On an annual basis in the United States:

- It is estimated that 10,400 people are diagnosed with MS on a yearly basis, broken down to 200 new instances per week.[6]

For further information contact:
Brain Injury Association
105 North Alfred Street
Alexandria, VA 22314
(703) 236-6000 Fax (703) 236-6001
www.biausa.org

Sources:

1. Centers for Disease Control. "Traumatic Brain Injury in the United States: A Report to Congress." www: Centers for Disease Control. (January 16, 2001) http: www.cdc.gov/ncipc/pub-res/tbicongress.htm.
2. Centers for Disease Control. "CDC Division of HIV/AIDS Prevention." WWW: Centers for Disease Control. (January 16, 2001) http:www.cdc.gov/hiv/stats/hasr1201/table26.htm#fig26
3. Centers for Disease Control. "HIV/AIDS Surveillance Report, U.S. HIV and AIDS cases reported through December 1999, Year-End edition, Vol. 11, No. 2 (Estimated Adult/Adolescence AIDS Incidence by year of Diagnosis)." WWW: Centers for Disease Control. (January 16, 2001) http: www.cdc.gov/hiv/stats/hasr1102.pdf
4. American Cancer Society. "Cancer Facts and Figures 1999, Selected Cancers." WWW: American Cancer Society. (January 16, 2001) http:www.cancer.org/statistics/cff99/selectedcancers.html
5. Centers for Disease Control. "SafeUSA - What you should know about Spinal Cord Injury." WWW: Centers for Disease Control. (January 16, 2001) http: www.cdc.gov/safeusa/home/sci.htm
6. National Multiple Sclerosis Society. "MS, The Diease." WWW: National Multiple Sclerosis Society. (January 16, 2001) http://63.141.175.23/MS%20the%20Disease.asp

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # SB 182 Date 11/28/01

Committee

** Please Print All Information **

Name	Address	Phone	Representing	(check one) Pro	Con
Ellen Edgerly	32 Adams Ave, Rochester		*BIA	✓	
Fred Cakell	415 Cartier St, Manchester		BIA	✓	
Newton Kershaw	130 Steinmetz, Manchester		BIA	X	
Bill Milne Jr.	15 Wyman St Unit 11		BIA	X✓X	
Rep Laurie Boyce	Alton NH RI	875-7371	BIANH	✓	
Pat La Plante	Thornton NH		BIA	✓	
Deirdre Clark	19 Stiles Farm Rd. W. Nwdl/H	654-2283	BIA	✓	
Ken Nielsen	105 Pleasant St Concord NH		DHHS	✓	
Steven Wade	109 N. State St, Concord NH		Brain Injury Assn	✓	
* (BIA = Brain Injury Association)					
Bev Hollingworth				✓	
Albert Ouellette,	2 Bluffs Drive, Pembroke, NH			✓	
Julia Freeman-Woolpert	765 Hardy Rd. Pembroke			✓	
Michelle Mayo	252 Dennett St, Portsmouth		Brain Injury survivor	✓	

Fill in *ONLY* if *SPEAKING* on Bill

Bill # SB182 Date 11-28-01

Committee Finance

I support the bill ✓

I oppose the bill ____

I have written testimony ✓

(Number of copies) 2

(Left)

Time needed to speak: 3-4 min.

Name Lori Longaway

Address 408 Pine St.
Manchester N.H.

Phone 641 3325

Representing ____

Fill in *ONLY* if *SPEAKING* on Bill

Bill # 182 Date 11/28/01

Committee Finance

I support the bill ✓

I oppose the bill ____

I have written testimony ✓ last

(Number of copies) ____

(Left)

Time needed to speak: ✓

Name John Richards

Address 16 Harvey Rd.
Deerfield, NH

Phone 463-7130 03037

Representing ____

Fill in *ONLY* if *SPEAKING* on Bill

Bill # SB182 Date 11-28-01

Committee Finance

I support the bill ✓

I oppose the bill ____

I have written testimony ____

(Number of copies) ____

Time needed to speak: 2 min

Name Sen Lou Boyce

Address ____

Phone ____

Representing Dist 4

Fill in *ONLY* if *SPEAKING* on Bill

Bill # 182 Date 11/28

Committee Finance

I support the bill ✓

I oppose the bill ____

I have written testimony Sent

(Number of copies) ____

Did Not Speak

Time needed to speak: 5 min

Rep

Name Laurie Boyce

Address Alton Mtn Rd.
Belknap 5

Phone 875-7371

Representing BIANH

Fill in *ONLY* if *SPEAKING* on Bill

Bill # SB 182 Date 11/28/01

Committee _____

I support the bill ✓

I oppose the bill _____

I have written testimony _____

(Number of copies) _____

Time needed to speak: 3 Min

Name Ellen M. Edgerly

Address 32 Adams Ave
Rochester

Phone Brain injured

Representing Survivors
and Families

Fill in *ONLY* if *SPEAKING* on Bill

Bill # SB 182 Date 11/28/01

Committee Div III Finance

I support the bill X

I oppose the bill _____

I have written testimony Spoke

(Number of copies) Did Not

Time needed to speak: 5 mins

Name Fred Carelli

Address 415 Cartier st.

Phone 644-0240

Representing B.I.A.

Fill in *ONLY* if *SPEAKING* on Bill

Bill # SB 182 Date 11/28/01

Committee Finance Comm.

I support the bill ✓

I oppose the bill _____

I have written testimony ✓

(Number of copies) _____

Time needed to speak: ✓ 10 mins.

Name Deirdre Clark

Address 19 Stokes Farm Rd.
Wilton, NH

Phone 654-7283

Representing Son - BI Injured

Fill in *ONLY* if *SPEAKING* on Bill

Bill # HB 182 Date 11/28/01

Committee Finance III

I support the bill ✓

I oppose the bill _____

I have written testimony _____

(Number of copies) _____

Time needed to speak: 1 min

Name Rep. K. Weeglet

Address Finance

Phone _____

Representing _____

Fill in *ONLY* if *SPEAKING* on Bill

Bill # SB182 Date 11/29/2001

Committee _____

I support the bill ✓

I oppose the bill _____

I have written testimony _____

(Number of copies) _____

Time needed to speak: 3 min

Name Sen Bev Hollingsworth

Address _____

_____

Phone _____

Representing Dis 23

Fill in *ONLY* if *SPEAKING* on Bill

Bill # SB 182 Date 11/28

Committee Div 3 House Finance

I support the bill X

I oppose the bill _____

I have written testimony _____

(Number of copies) _____

Time needed to speak: 2 Minutes

Name Major Keith Lohndorf

Address 17 Institute DR

Concord

Phone 271-2133

Representing Police Standards & Training Council

Fill in *ONLY* if *SPEAKING* on Bill

Bill # SB 182 Date 11/28/01

Committee Div. III – Finance

I support the bill X ✓

I oppose the bill _____

I have written testimony _____

(Number of copies) _____

Time needed to speak: 10 mins.

Name Newton Kershaw Jr.

Address 130 Steinmetz Dr.

Manchester NH

Phone 603-625-9287

Representing Brain Injury Assn.

Fill in *ONLY* if *SPEAKING* on Bill

Bill # SB 182 Date 11-28-01

Committee Finance

I support the bill ✓

I oppose the bill _____

I have written testimony ✓

(Number of copies) _____

Time needed to speak: 5 minutes

Name Steve Wade

Address 107 N State

Concord NH 03301

Phone 225-8400

Representing Brain Injury Assn.

Executive Director

Fill in *ONLY* if *SPEAKING* on Bill

Bill # 182-FN-A Date 11/29/01

Committee _____

I support the bill ✓

I oppose the bill _____

I have written testimony _____

(Number of copies) _____

Time needed to speak: < 5'

Name Dr. Tina M. Trudel

Address 69 Horneton Rd.
Farmington, NH 03835

Phone (603) 659-7737

Representing Chairperson, NH Brain + Spinal Cord Injury Advisory Council

Fill in *ONLY* if *SPEAKING* on Bill

Bill # SB182-FN-A Date 11-25-01

Committee FINANCE

I support the bill _____

I oppose the bill ✓

I have written testimony _____

(Number of copies) _____

Time needed to speak: 5 MIN

Name REP John KNOWLES

Address 12 WELLINGTON AVE
DOVER

Phone 742 5681

Representing STORE #11

Fill in *ONLY* if *SPEAKING* on Bill

Bill # SB182 Date _____

Committee Finance Div III

I support the bill _____

I oppose the bill _____

I have written testimony _____

(Number of copies) _____

Time needed to speak: 2 minutes

Name Caroline McCarley

Address SDC

Phone _____

Representing _____

5182

10/28/01

Gritton, Kerr, Oglesby, Smith, Lehman, Lawrence, Wheeldon

Senator McCorkle: Explanation of Bill.

Kerr: Can amendments be made?

McCorkle: Yes at time the original Bill is passed.

Oglesby: Can we get people and service from the rest of Illinois.

Pitts: Questions Could legal services be open subject to limitations.

Mr. Kerr:

Question:
With counties pitch and [illegible]
Grants subject rule
If Cook subject will become model
Pitch fork they to settle

Many counties at times use a one [illegible]

11/28/01 — SB 182

Executive session

Emerton — Kurk
Rodeschin — Larose
Smith
Rogers Johnson
Wendelboe

12/3 10:00 am Fin Comm
12/12 10:00 am House

Kurk – sympath. w. purpose – ? – where do we get the money and how much do we put in?

- 200 000
- 200 000
- set up a PAU in the budget – 200,000 ea
- July 1, 2003 –

?

Wendelboe – compromise is a good idea

Create a PAU – will be a permanent PAU – ?

Program Appropriations Unit –

Exec. Session –

Smith Anticipated start date – 7/1/02 –

NK – eliminate the dedicated funds – reserve a line in the budget –

Mark Thompson estimate –
250,000 +
→ 400,000 issue – ✓

✓ Nothing in excess of the 750K was included in budget revenue estimates –

Non-Lapsing footnote –
No line about rule-making authority –
NK proposal would change that –
and make the HHS defend the appropriation from year to year –
If no rulemaking authority

Will replace the whole bill –

Ask Mike to draft the bill – not a trust fund –
effective upon passage –
200,000 for the remainder of the biennium

Mike will work on it this afternoon —

Brain and Spinal Cord Injury Program —

define Eligibility /

define the Budget / use of funds

Get Sue Fox on board —
John Capuco —

craft a program
brain & sc. inj's

Rule-making

200,000 non-lapsing for the biennium
eff. on passage —

Advisory Council: advisory only —
not a veto —

LL

Consensus

MINUTES
HOUSE FINANCE COMMITTEE
EXECUTIVE SESSION – December 3, 2001
Room 210-211, Legislative Office Building

Rep. Neal Kurk, chairman of the committee, opened the executive session at 10:00 a.m.

Members present: Chm. Kurk, Reps. Weyler, Rogers Johnson, Thulander, Stone, LaRose, Anderson, Wendelboe, Hager, Mercer, Emerton, Wheeler, Rodeschin, Wallner, Smith, Moore, Foster, Dwyer, Blanchard, Mitchell.

****HB 353-FN-A, relative to diversified agricultural development, and making an appropriation therefor.**

AMENDMENT #1921 was adopted. Rep. Wheeler moved, seconded by Rep. Mitchell, to report HB 353-FN-A OUGHT TO PASS AS AMENDED. Motion carried on a 20-0 ROLL CALL VOTE. Consent Calendar

****HB 560-FN-A, establishing a contributory judicial retirement plan.**

Very complex bill. Subcommittee chair, Rep. Wheeler, would like to have additional meetings. One is scheduled for December 6, 2001. There have been meetings all summer and fall. Discussion as to when the full committee could meet.

****SB 16-FN-A, relative to state financial aid for state fairs, and making an appropriation therefor.**

Rep. Mitchell moved, and motion was seconded to report SB 16-FN-A REFER FOR INTERIM STUDY. Motion carried on a 20-0 ROLL CALL VOTE. Consent Calendar

****SB 67-FN, relative to costs of locating and apprehending persons improperly at large for driving related offenses.**

Rep. Stone moved, seconded by Rep. Blanchard, to report SB 67-FN INEXPEDIENT TO LEGISLATE. Motion carried on a 20-0 ROLL CALL VOTE. Consent Calendar

****SB 72-FN, relative to payment of medical benefits costs for goup II members of the retirement system.**

Rep. Blanchard moved, seconded by Rep. Anderson, to report SB 72-FN INEXPEDIENT TO LEGISLATE. Motion carried on a 20-0 ROLL CALL VOTE. Consent Calendar

****SB 115-FN, granting a cost of living adjustment to certain retired group II firefighters.**

Rep. Stone asked to skip over.

****SB125-FN, relative to election of optional allowances by retirement system members granted disability retirement and relative to an exception to the 120-day requirement for payment of compensation.**

Rep. Mitchell moved, seconded by Rep. Wheeler to report SB 125-FN INEXPEDIENT TO LEGISLATE. Motion carried on a 20-0 ROLL CALL VOTE. Consent Calendar

****SB 133-FN-A, relative to Skyhaven airport and making an appropriation therefor.**

Did not get assigned to Division II. Must be dealt with later.

****SB 189-FN-A, establishing a gasoline remediation and elimination of ethers fund.**
Subject was dealt with in another bill. HB 758 was amended and has passed. Rep. Stone moved, seconded by Rep. Blanchard to report SB 189-FN-A INEXPEDIENT TO LEGISLATE. Motion carried on a 20-0 ROLL CALL VOTE. Consent Calendar

****HB 298-FN-L, (New Title) relative to charter schools and establishing a charter school revolving fund.**
AMENDMENT #1247 was adopted, but a minor change had to be made from "DIVISION II" to "FINANCE", thus changing the amendment number to #2016. Rep. Weyler moved, seconded by Rep. Thulander to report HB 298-FN-L OUGHT TO PASS AS AMENDED. Motion carried on a 11-9 ROLL CALL VOTE. Regular Calendar

****HB 515-FN-L, establishing parental choice scholarships.**
There was no agreement on amendments. Rep. Weyler moved, seconded by Rep. Thulander, to report HB 515-FN-L OUGHT TO PASS. Vote was 10-10. Rep. Weyler moved, seconded by Rep. Thulander to report HB 515-FN-L REFER FOR INTERIM STUDY. Motion carried on a 12-8 ROLL CALL VOTE. Regular Calendar

****HB 629-FN-A, relative to equipment upgrades, improvements, or purchases at the regional vocational education centers and making an appropriation therefor.**
Rep. Dwyer moved, seconded by Rep. Thulander, to report HB 629-FN-A INEXPEDIENT TO LEGISLATE. Motion carried on a 19-0 ROLL CALL VOTE. Consent Calendar

****HB 656-FN-L, relative to the formula for distributing school building aid grants.**
Policy implications from performance audit. Rep. Hager moved, seconded by Rep. Foster, to report HB 656-FN-L REFER FOR INTERIM STUDY. Motion carried on a 20-0 ROLL CALL VOTE. Regular Calendar

****SB 36-FN-A, making an appropriation to the postsecondary education commission for the purpose of tuition incentive grants.**
Rep. Weyler moved, seconded by Rep. Foster, to report SB 36-FN-A INEXPEDIENT TO LEGISLATE. Motion carried on a 20-0 ROLL CALL VOTE. Consent Calendar

****SB 110-FN-A, extending the kindergarten construction program.**
Rep. Weyler moved, seconded by Rep. Foster, to report SB 36-FN-A INEXPEDIENT TO LEGISLATE. Motion carried on a 20-0 ROLL CALL VOTE. Consent Calendar

The chairman recessed the executive session for fifteen minutes, then reconvened.

****HB 691-FN-A, relative to Area Health Education Centers in New Hampshire and making an appropriation therefor.**
Rep. Emerton moved, seconded by Rep. Rogers Johnson to report HB 691-FN-A INEXPEDIENT TO LEGISLATE. Motion carried on a 19-0 ROLL CALL VOTE. Consent Calendar

****SB 182-FN-A, (New Title) establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such fund.**

AMENDMENT #2011 changes funding sources starting on passage. AMENDMENT #2011 was adopted unanimously. Rep. Wendelboe moved, seconded by Rep. Moore to report SB 182-FN-A OUGHT TO PASS AS AMENDED. Motion carried on a 20-0 ROLL CALL VOTE. Consent Calendar

****HB 757, (New Title) establishing an early literacy and reading improvement initiative.**

Rep. Wheeler moved, seconded by Rep. Foster to report HB 757 OUGHT TO PASS AS AMENDED. AMENDMENT #1928 was adopted. Motion carried on a 20-0 ROLL CALL VOTE. Regular Calendar

****CACR 7, relating to the state's responsibility to provide to all citizens the opportunity for a public education. Providing that the general court shall have the exclusive authority to determine the content, extent, and funding of a public education and that the state may fulfill its responsibility to provide to all citizens the opportunity for a public education.**

Rep. Wendelboe moved, seconded by Rep. Weyler to report CACR 7 OUGHT TO PASS AS AMENDED. AMENDMENT #1909 was discussed regarding strict scrutiny vs. rational basis. AMENDMENT #1909 was adopted. Motion carried on a 20-0 ROLL CALL VOTE. A minority report of INEXPEDIENT TO LEGISLATE was offered by Rep. Smith.

****CACR 15, relating to a balanced budget. Providing that: the governor shall not propose, nor shall the general court approve, an operating budget in which expenditures exceed estimated revenue.**

Rep. Stone moved, seconded by Rep. Smith to report CACR 15 INEXPEDIENT TO LEGISLATE. Motion carried on a 15-4 ROLL CALL VOTE. Regular Calendar

****CACR 17, relating to restricting the use of a statewide property tax and all funds deposited into the education trust fund to education funding. Providing that all revenues resulting from a statewide property tax and all funds deposited into the education trust fund shall be used exclusively for elementary and secondary education.**

Rep. Stone moved, seconded by Rep. Smith to report CACR 17 INEXPEDIENT TO LEGISLATE. Motion carried on a 18-1 ROLL CALL VOTE. Regular Calendar

****CACR 20, relating to a personal income tax. Providing that any personal income tax enacted by the general court shall be dedicated exclusively for the purposes of public education.**

Rep. Weyler moved, seconded by Rep. Stone to report CACR 20 INEXPEDIENT TO LEGISLATE. Motion carried on a 19-0 ROLL CALL VOTE. Regular Calendar

****CACR 22, relating to moneys generated by a uniform statewide property tax established in law by the general court for the purpose of providing state aid for public elementary and secondary education. Providing that all moneys generated by a uniform statewide property tax established in law by the general court for the purpose of providing state aid for public elementary and secondary education shall, after deducting the necessary costs of administration and collection of such moneys, be appropriated and used exclusively for the purpose of state aid to education and shall not be transferred or diverted to any other purpose.**

Rep. Stone moved, seconded by Rep. Smith to report CACR 22 INEXPEDIENT TO LEGISLATE. Motion carried on a 18-1 ROLL CALL VOTE. Regular Calendar

****CACR 23, relating to restricting the use of moneys collected from a sales tax. Providing that all moneys collected from any sales tax established in law by the general court shall, after deducting the necessary costs for administration and collection of such moneys, be appropriated and used exclusively for the purpose of state aid to public elementary and secondary education and shall not be transferred or diverted to any other purpose.**

Rep. Weyler moved, seconded by Rep. Stone, to report CACR 23 INEXPEDIENT TO LEGISLATE. Motion carried on a 18-0 ROLL CALL VOTE. Regular Calendar

****SB 135-FN-L, relative to kindergarten funding.**

Rep. Foster moved, seconded by Rep. Stone to report SB 135-FN-L INEXPEDIENT TO LEGISLATE. Motion carried on a 19-0 ROLL CALL VOTE. Consent Calendar

****SB 115-FN, granting a cost of living adjustment to certain retired group II firefighters.**

Rep. Blanchard moved, seconded by Rep. Mitchell to report SB 115-FN OUGHT TO PASS. Discussion followed. 5% if retired before July 1, 1994 - priority by all firefighters. $62 million in special fund. This proposal uses $41 million. Motion carried on a 17-1 ROLL CALL VOTE. Consent Calendar

There will be a short meeting on December 12, 2001. The chairman adjourned the executive session at 1:30 p.m.

Respectfully submitted,

Rep. Kenneth L. Weyler
ACTING CLERK

Speakers

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # SB182-FN-A Date 5-15-01

Committee HHS

**** Please Print All Information ****

Name	Address	Phone	Representing	(check one) Pro	Con
Rep. Wm Knowles	Strafford	742 5681		✓	
SUSAN COVEY	31 COTTAGE St	749 4986		✓	
Rep Laurie Boyce	Belknap #5			✓	
Rep Ken Weyler				✓	
Linda Stein	3 Pine Knoll	Atkinson	362-9930 self	✓	
Charlotte Chamberlain	96 Chesham Rd.	Hancock 03450	827-3735 Self	✓	
~~Rep Lang~~					
Marilyn Priest				✓	
John Capano DDS	105 Flood Road	Nashua NH		✓	
Ellen Edgerly,	32 Adams Ave,	Rochester		✓	
Submitted pink card, but didn't speak:					
William Bonin, 107 Dover Rd., Durham, NH 868-2892				X	

SB 182-FN-A PINK CARDS:

IN SUPPORT:

Sen. Beverly Hollingworth (Sponsor), District #23
Sen. Robert Boyce (Co-sponsor), District #4
Rep. Larry Emerton (Co-sponsor)
Rep. Laurie Boyce, Alton Mountain Rd., representing BIANH
Fred Corelli, 415 Cartier St., Manchester, NH
Steven Wade, Concord, NH 225-8400 representing Brain Injury Association NH
John Richards, 17 Harvey Rd., Deerfield, NH
Newton Kershaw, Jr., 130 Steinmetz Dr., Manchester, NH 625-9287 representing Advisory Council Brain Injury Association
Ellen Edgerly, 32 Adams Ave., Rochester, NH representing survivors, families, professionals and Brain Injury Association of NH
John Capuco, 105 Pleasant St., Concord, NH representing the Dept. of Health and Human Services
William Bonin, 107 Dover Rd., Durham, NH

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON SB 182-FN-A

BILL TITLE: (New Title) establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such fund.

DATE: May 15, 2001

LOB ROOM: 205 **Time Public Hearing Called to Order:** 11:35 a.m.

Time Adjourned: 12:43 p.m.

(please circle if present)

Committee Members: Reps. Batula, Martel, Chabot, Manning, Case, P. Katsakiores, Feuerstein, Pilliod, Dalrymple, Wendelboe, Ruffner, Millham, MacKay, Emerson, Burnham, C. Kane, French, Seldin, Micklon, Harris and Sokol.

Bill Sponsors: Sens. Hollingworth, Boyce, Johnson and McCarley and Reps. Emerton, Weyler, Boyce, Martel and Knowles

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

SEN. BEVERLY HOLLINGWORTH (Sponsor): I support this bill. There has been agreement on the funding source. The fund will provide services for persons with brain injury and their families.

SEN. ROBERT BOYCE (Co-sponsor): I support this bill. In this year, there is a consensus on the funding.

REP. GLORIA SELDIN: If the funds taken in were not enough, what services would be covered?

SEN. BOYCE: Respite and incidental things would be covered, but not rehab or any extensive services.

REP. LARRY EMERTON (Co-sponsor): I support this bill. This bill has some attractive methods of financing. The funding mechanism is innovative and has the approval of everyone.

REP. LAURIE BOYCE: I support this bill. She then gave her personal situation, in regards to brain injury.

MR. FRED CORELLI: I support this bill. He gave his insights on being brain injured and also its affects on families of the brain injured.

*MR. STEVEN WADE (Brain Injury Association-NH): I support this bill. This bill focuses on respite and other services that are available when someone leaves the hospital. He showed a graph on the figures from New Hampshire and submitted a copy of the graph.

REP. ALIDA MILLHAM: What is the amount of Medicaid money?

MR. WADE: Some services would be available through Medicaid. The Brain Injury Association tries to raise money on its own.

MR. JOHN RICHARDS: I support this bill. Brain injury can happen to anyone.

MR. NEWTON KERSHAW, Jr. (Advisory Council Brain Injury Association): I support this bill. This is a complex group of services available for help. This version of the bill has been consistent in the area of the trust fund. There is enough money at the onset of a brain injury and medical necessity, however, there is a need for a lifetime of service. The funding sources are a compromise. This will be a beginning; it is not enough money.

REP. ROBERT CHABOT: Insurance companies see the medical aspects. Is there any way to influence the insurance companies to see that this is a lifetime of continuing care?

MR. KERSHAW: Long ago polices were indemnity-type policies, if it were medically necessary. Policies are specific now, as to the exact thing covered. The legislature could require insurance companies to have mandated coverage.

*MS. ELLEN EDGERLY (Survivors, Families, Professionals and the Brain Injury Assoc. of NH): I support this bill. She then submitted written testimony and documentation.

*MR. JOHN CAPUCO (DDS): I support this bill. He expressed support from the Dept. of Health and Human Services. New Hampshire is seen as one of the national leaders in the traumatic brain injured services. He submitted written testimony.

REP. JANEEN DALRYMPLE: What would the cost for administration be?

MS. EDGERLY: Many services would be administered through already existing programs.

MR. WADE: The money for administration would be low. The money would flow from the Dept. of Health and Human Services/Division of Dev. Services. No new staff would be needed. The infrastructure already exists. The Brain Injury Foundation Advisory Committee would decide what the priorities would be. The money is in a trust fund.

REP. DALRYMPLE: I have concerns that the Dept. of Health and Human Services is in charge of a trust fund.

MR. WADE: The Dept. of Health and Human Services would like to provide services, but presently does not have the funds to do so.

Respectfully Submitted,

Margaret A. Case

Rep. Margaret Case, Clerk
Subcommittee: Reps. Manning, Dalrymple, Seldin, Burnham and Chabot

Sub-Committee Actions

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION ON SB 182-FN-A

BILL TITLE: (New Title) establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such fund.

DATE: MAY 16 2001

Subcommittee Members: Reps. MANNING, DALRYMPLE, SELDIN
BURNHAM CHABOT

Comments and Recommendations: REVIEWED LINE BY LINE WITHOUT DISAGREEMENT, FN SHOULD BE REVIEW IF AMENDED

Amendments: BY FIANANCE

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: (OTP) OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Motions: (OTP) OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. CHABOT

Seconded by Rep. SELDIN

Vote: YES 4 NO

Respectfully submitted,
UPMANNING
Rep.
Subcommittee Chairman/Clerk
J. DALRYMPLE

CLERK
J DALRYMPLE

notes - Don Burnham

Jarvis Lukeman
- Advisory vs oversite
included in Special Const and Bond
Multiple Questions R.T. flow of money
Program will be done thru Health & Human Services -
who's accountable for area expend.
Ellen - formalize -
many funds can be available for other entities
X Major Concern about accountability
- program will need to develop tracking system for money allocation
- Money will probably be disbursed through grant -
- Dept limits overhead expenses

Fiscal Note -

person to finance -

Steven Wade Executive Director Brain Injury Assn.
Newton Kershaw VP Brain Injury Assn - Advisory Council Vice Chair
Laurie Boyce State Representative; BIA board, advisory Council member
Susan Langley + Dr John Copacs NH Division of Developmental Services
Ellen Edgerly, BIA of NH,
George Thomas State Treasurer

Testimony

THE NEW HAMPSHIRE BRAIN AND SPINAL CORD INJURY ADVISORY COUNCIL

Report to the Governor and Legislature

2000

THE NEW HAMPSHIRE BRAIN AND SPINAL CORD INJURY ADVISORY COUNCIL

Report to the Governor and Legislature - 2000

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THE NEW HAMPSHIRE BRAIN AND SPINAL CORD INJURY ADVISORY COUNCIL YEAR 2000 REPORT TO THE GOVERNOR AND LEGISLATURE - EXECUTIVE SUMMARY

In 1997, the New Hampshire State Legislature passed a bill (RSA 137-K) establishing an Advisory Council on Brain and Spinal Cord Injury. This Advisory Council's purpose, as defined by the legislation, is to support injury prevention, and to help meet the needs of individuals with brain and spinal cord injuries who would otherwise be dependent on the public for their care and rehabilitation. The legislation establishing the Advisory Council outlined five primary functions:

- To identify unmet needs
- To investigate these unmet needs and issue an annual report
- To recommend priorities and criteria for disbursement of monies
- To consider the feasibility of establishing a brain and spinal cord injury trust fund
- To hold at least two public hearings annually as forums for public input on unmet needs

The New Hampshire Advisory Council on Brain and Spinal Cord Injury conducted meetings throughout the year, securing input from state officials, agency/department heads, advocacy organizations, researchers and from the public through public hearings. Advisory Council members also participated in "legislative coffees" throughout the state, sponsored by the New Hampshire Brain Injury Association, wherein involved community members and legislators engaged in meaningful dialogue regarding brain injury issues in New Hampshire. Public hearings were held in Concord, NH (9/11/2000) and Lebanon, NH (9/27/2000), with further input secured at the NH Brain Injury Association walk-by-the-sea in Hampton, and the Brain Injury Association annual conference in Manchester. Identified unmet needs have remained consistent since 1998:

1. Lack of funding for specific needs
2. Access to rehabilitation services
3. Employment support services beyond Vocational Rehabilitation
4. Case management/care coordination and advocacy
5. Family support and respite
6. Public and professional education
7. Transportation services
8. Social and recreational opportunities
9. Insurance reform
10. In-state continuum of care from trauma to the community

The New Hampshire Brain and Spinal Cord Injury Advisory Council has reviewed information relative to the establishment and implementation of a trust fund to provide revenue for brain and spinal cord injury services. Previous funding mechanism proposals, which linked penalty assessment to injury causing behavior such as drunk driving, are the most logical funding approach and have been successfully implemented by a number of states. However, motor vehicle

related penalties in New Hampshire are typically committed elsewhere. Therefore, various other funding mechanisms are under consideration. Regardless of the specific funding mechanism, the beneficial effects of a Brain and Spinal Cord Injury Trust Fund would be many:

- Assistance for home, family and community re-integration support
- Financial base for opportunities to secure matching federal grant money
- Providing additional resources for the growing numbers of individuals surviving serious brain and spinal cord injuries who experience disability.
- Providing resources for the needs and services uncovered by Medicaid

As previously recommended by the Advisory Council, funding priorities for the Brain and Spinal Cord Injury Trust Fund are as follows:

Administration -	5%
Surveillance and Data -	10%
Education and Prevention -	10%
Direct Service/Support -	75%

Direct services and supports are recommended to include community care coordination and advocacy, family support and respite enhancements, non-covered rehabilitative services, expanded employment supports, assistive technology and other low cost supports to allow for community integration of affected individuals. Funds would be administered through existing Department of Health and Human Services mechanisms to avoid excess administrative costs and duplication of services. A dedicated Trust Fund is recommended, due to the serious harmful consequences that lapses in funding allocation may pose for the affected population.

The New Hampshire Brain and Spinal Cord Injury Advisory Council priorities for 2001 include:

- Supporting and advising regarding legislative initiatives that address injury prevention and enhance supports and services for individuals with brain and spinal cord injury New Hampshire.
- Seeking greater input from individuals with spinal cord injury and state independent living resources.
- Supporting and advising (as appropriate and possible) existing efforts and services for individuals with brain and spinal cord injury.
- Continuing the primary functions of the Advisory Council as outlined in RSA 137-K

Respectfully submitted,

Tina M. Trudel, PhD
Chairperson, for Council Members:

Newton Kershaw, Jr., Vice-Chair; Sen. Beverly Hollingworth; Rep. Robert Boyce; Carl Cooley, MD; Joanne Devine; Elaine Frank; Mary Holmes; Don Lebrun; Paul VanBlarigan; Anne Westrupp (resigned)

I. PURPOSE AND FUNCTIONS OF THE ADVISORY COUNCIL

In 1997, the New Hampshire State Legislature passed a bill (RSA 137-K) establishing an Advisory Council on Brain and Spinal Cord Injury. This Advisory Council's purpose, as defined by the legislation, is to support injury prevention, and to help meet the needs of individuals with brain and spinal cord injuries who would otherwise be dependent on the public for their care and rehabilitation. The legislation establishing the New Hampshire Brain and Spinal Cord Injury Advisory Council outlined five primary functions:

- To identify unmet needs.
- To investigate the needs, identify gaps in services, and to issue an annual report to the Governor, Speaker of the House, Senate President, and Commissioner of Health and Human Services each year.
- To recommend priorities and criteria for disbursement of monies.
- To consider the feasibility of establishing a brain and spinal cord injury trust fund.
- To hold at least two (2) public hearings annually to generate input from the public on unmet needs.

Members of the Advisory Council are appointed as follows:

Table 1.
Constituents of the Advisory Council

Number of Seats	Representing	Appointed By
Two (2)	NH Brain Injury Association	NH Brain Injury Association
Two (2)	Professional Community	Governor Jeanne Shaheen
Two (2)	Injury Survivors	Governor Jeanne Shaheen
One (1)	Family Members	Governor Jeanne Shaheen
One (1)	Injury Prevention	Office of Health Management
One (1)	NH House of Representatives	Speaker of the House
One (1)	NH Senate	Senate President
One (1)	Vocational Rehabilitation	Commissioner of Education

The New Hampshire Brain and Spinal Cord Injury Advisory Council also serves as a vehicle to facilitate application by the State of New Hampshire for federal grants through the Traumatic Brain Injury Act of 1996. A requirement for states applying for grants available through the TBI Act of 1996 includes the establishment of a state brain injury advisory council as a prerequisite of eligibility for consideration.

II. COUNCIL MEMBERSHIP FOR 2000

Table 2.
Advisory Council Members, 2000

Member	Representing	Appointed By
Tina M. Trudel, PhD Chairperson	Professional Community	Gov. Jeanne Shaheen
Newton Kershaw, Jr. Vice-Chairperson	Injury Survivors	Gov. Jeanne Shaheen
Sen. Beverly Hollingworth	NH Senate	Senate President
Rep. Robert Boyce	NH House of Representatives	Speaker of the House
Carl Cooley, MD	Professional Community	Gov. Jeanne Shaheen
Joanne Devine	NH Brain Injury Association	NH Brain Injury Association
Elaine Frank	Injury Prevention	Office of Health Management
Mary Holmes	Family Member	Gov. Jeanne Shaheen
Don Lebrun	Vocational Rehabilitation	Commissioner of Education
Paul Van Blarigan	Injury Survivors	Gov. Jeanne Shaheen
Anne Westrupp (resigned)	NH Brain Injury Association	NH Brain Injury Association

III. OVERVIEW OF ADVISORY COUNCIL ACTIVITIES

The New Hampshire Brain and Spinal Cord Injury Advisory Council commenced 2000 with review and dissemination of the late 1999 report "Brain Injury: The Time Has Come" which was developed by the Division of Developmental Services Brain Injury Program, the Brain Injury Association of New Hampshire and the Traumatic Brain Injury Planning grant Advisory Board, in which members of the Advisory Council participated. Key facts from this report include:

- Nationally, one brain injury occurs every 16 seconds.
- Over 2% of the population is likely to be affected by brain injury.
- Every year nearly 4000 New Hampshire citizens are hospitalized with a primary diagnosis of traumatic brain injury (not including other acquired brain disorders).
- More children and young adults are killed or disabled by brain injury than any other single cause.
- In 1998, more than 2600 children and young adults were hospitalized in New Hampshire due to brain injury: more than were hospitalized for cancer, AIDS, heart disease and drug/alcohol abuse *combined.*
- Traumatic brain injury from falls is the leading cause of death and disability for New Hampshire citizens over 65.

This 1999 Brain Injury report contains outstanding information regarding brain injury services and was adopted as a primary source for the 1999 year-end report of the Advisory Council. Interested readers are strongly advised to review this document. The capstone statement of the report is worthy of reiteration:

"Brain injuries must be recognized as a major public health problem that requires and deserves enabling public policy and financial support."

In the March 13, 2000 meeting of the Advisory Council, the process for review of legislative initiatives and other items presented to the Advisory Council for advisement or support was commenced. By the April 10, 2000 meeting it was determined that the Advisory Council would engage in a three-step review process:

1. Assessing consistency with mission and purpose.
2. Discerning the adequacy of information to form an opinion and agreement on the Advisory Council's position.
3. Determining the action or process to follow.

Based on this three-step review process, the Advisory Council provided letters of support or thanks for HB 1458 (mandatory motorcycle helmet use); HB 1520 (criminal neglect of elderly and incapacitated); SB 377 (peer support programs) and HCR 24 (integration of persons with disabilities). A letter of support and

testimony were provided for SB 324 [as amended] (home support - personal care services and providers).

Discussion of a Brain and Spinal Cord Injury Trust Fund bill commenced May 8, 2000, and has continued to be a focus of the Advisory Council collectively and individually to varying degrees. The Advisory Council has endorsed the attached draft Trust Fund bill (addendum 1), with the understanding that funding mechanism discussion continue to be in process, and that the preferred funding mechanism of penalty assessment for relevant motor vehicle fines (driving under the influence, driving after suspension, reckless endangerment, etc.) may not be a viable option in New Hampshire.

Public hearings were planned for Concord and Lebanon, continuing the Advisory Council's efforts at geographic diversity. The Advisory Council members also committed to soliciting input through events wherein interested parties would be in attendance, including the Brain Injury Association conference in Manchester and the Walk-by-the-Sea Brain Injury Association fundraising and social event in Hampton. Public input on unmet needs was gathered during Fall, 2000 at these four venues, as well as through a brain injury and family support survey that was disseminated by the New Hampshire Brain Injury Association. Further input and communications with Advisory Council members occurred through "legislative coffees" hosted by individuals with brain injuries, their families, and advocates throughout the year. These meetings, conducted across the state, allowed for in depth discussion between community members, legislators and Advisory Council participants.

The Advisory Council examined Temporary Assistance for Needy Families (TANF) funds, a federal source that proved to be a difficult fit for the needs of individuals with brain and spinal cord injury. The Advisory Council leadership also had the opportunity of meeting the President of the Brain Injury Association - national, who shed light on challenges and successes nationally and in other states. Advisory Council members continued to serve within the New Hampshire Brain Injury Association Public Policy Committee throughout the year, facilitating the evolution of the Brain and Spinal Cord Injury Trust Fund Bill.

Table 3.
Summary of Information Sources - 2000

Source of Information	Organization/Event
Report on Brain Injury	Division of Developmental Services Brain Injury Program; Brain Injury Association of New Hampshire; TBI Planning Grant Advisory Board
Dr. John Capuco	Division of Developmental Services Brain Injury Program
Steven Wade, Executive Director Ellen Edgerly, Legislative Liaison Carolyn Ramsay, President John Richards, Public Policy	New Hampshire Brain Injury Association
Larry Robinson	Granite State Independent Living
Family Support Surveys	Brain Injury Legislative Network
Allan Bergman, President	National Brain Injury Association
Lauren Isaak, Support Coordinator	Vermont Brain Injury Association
Julia Freeman-Woolpert, Coordinator	Project Response
100+ NH citizens	Public hearings, gatherings and legislative coffees

IV. IDENTIFIED CATEGORIES OF UNMET NEEDS

Table 4.
Identified Unmet Needs - 2000 (by category)

Rank Order 2000*	Rank Order 1998**	Unmet Need Category
1. - 95%	1. - 57%	Lack of funding for specific need
2. - 90%	4. - 31%	Care/resource coordination, case management, advocacy
3. - 80%	8. - 24%	Family support, respite
4. - 75%	2. - 50%	Access to rehabilitation services
5. - 50%	3. - 46%	Employment support
6. - 50%	10. - 22%	Public and professional education
7. - 30%	7. - 26%	Social and recreational opportunities
8. - 25%	5. - 26%	Transportation
9. - 20%	9. - 22%	In-state continuum of care
10. - 15%	6. - 26%	Insurance reform

* Note - these data are estimates from combined input of various types from over 100 New Hampshire citizens who participated in public hearings, brain injury gatherings and legislative coffees. The estimated accuracy of this data is +/- 5%.
** Note - these data are taken solely from the written input and public hearing data from 129 New Hampshire citizens in 1998.

Primary areas of identified unmet need for New Hampshire citizens with brain or spinal cord injury continue to fall within the ten primary categories identified in Table 4. The top ten unmet need categories have remained consistent since 1998, although changes in order of priority are evident since 1998 baseline information was gathered. Previously expressed concerns regarding state *Data Collection* were addressed through the establishment of a brain injury registry. Issues related to *Special Education* and *Housing* services remain at approximately 10%. Concern in areas of *Federal Program Reform*, *Assistive Technology, Legal Issues, Prevention Efforts*, and *ADA Compliance* continue to be expressed by 5 to 10% of New Hampshire citizens providing input to the Advisory Council. With regard to the ten primary categories of concern:

1. Lack of funding for specific needs.
This category included respondents who lacked funds for basic life needs, required non-medical supports that were unfunded, were discontinued from insurance funding for therapeutic services, exhausted family resources due to costs associated with the disabled family member, were no longer able to work

due to disability or caring for a family member with disability, or were waiting for eligibility for specific services.

2. Care/Resource Coordination, Case Management, Advocacy

This category included respondents who required assistance and support to cope with the injury, access services, complete forms, determine potential benefits, organize a care/support plan, and generally sort through the maze of insurance benefits, public programs and available resources. It should be noted that the New Hampshire brain Injury Association receives hundreds of calls per year from individuals requiring these services.

3. Family Support and Respite

This category included families bearing the burden of care for family members with disabilities, identified needs for qualified respite providers to assist periodically within the home, needed expansion of existing family service and support systems to assist these families in keeping their loved ones at home and in their home community.

4. Access to Rehabilitation Services

This category to some degree overlaps with others, as reported unmet needs in access to rehabilitation services included lack of funding, discontinuation of benefit coverage, transportation problems, advocacy and case management needs, and assistance in treatment planning. Other factors included the lack of experienced providers in various regions, and providers unwilling to accept Medicaid as reimbursement.

5. Employment Support

This category included individuals who were disincentivized to return to work (greatly ameliorated through current federal initiatives, Ticket-to-work program, etc.), were unable to secure training and/or employment through existing services, and required more intensive and lengthy job coaching/support than currently available through Vocational rehabilitation.

6. Public and Professional Education

This category included the general lack of information and limited public education campaigns. Participants complained of misdiagnosis, limited professional expertise, and low public awareness at all levels of business, labor, healthcare, government and educational systems. Unfavorable comparisons were made to well-publicized conditions that impact a much smaller percentage of the population, such as AIDS.

7. Social and Recreational Opportunities

This area included concerns regarding both accessibility and availability of social and leisure option for individuals with brain and spinal cord injuries within the state. The New Hampshire brain Injury Association and Granite State Independent Living were recognized as leaders in providing opportunities for

peer support and socialization. There appears to be positive development in this area, with expansion recommended.

8. Transportation

Issues included lack of public transportation, accessibility issues in transportation services, and difficulty with transportation to medical appointments, therapies, work and social events.

9. In-state Continuum of Care

Concerns expressed included the need for more community based options, particularly for individuals who continue to reside in more institutionalized environments. Consumer choices are reported to be limited, as is state funding for various living options.

10. Insurance Reform

This area included complaints of lack of parity for individuals in need of significant physical, occupational, physical and neuropsychological therapies, insurance plans refusing to cover cognitive rehabilitation, and difficulty accessing affordable insurance coverage, particularly with a brain or spinal cord injury as a pre-existing condition. Contested short and long term disability claims were also raised, as was the lack of coverage for dental and vision, conditions that are often adversely impacted by brain and spinal cord injury.

V. RECOMMENDATIONS AND PRIORITIES

The New Hampshire Brain and Spinal Cord Injury Advisory Council continues to support the efforts of the coalition lead by the New Hampshire Brain Injury Association to establish a Brain and Spinal Cord Injury Trust Fund. Similar Trust Fund mechanisms have been extremely successful in many other states, providing a revenue source for the unmet needs of an ever growing population of injury survivors that any of us may join tomorrow.

With the continued enhancements in emergency response systems, trauma and medical care and life sustaining measures, the population of individuals surviving severe brain and spinal cord injury will continue to grow. Many of these individuals will live with chronic residual disability ranging from inconveniences to the need for total 24-hour care. Current mechanisms to address the needs of these individuals within the state of New Hampshire require resources and development in order to provide affected individuals with the quality of life reasonably expected by any citizen of the state of New Hampshire.

The Trust Fund as endorsed by the Advisory Council would be housed within the Department of Health and Human Services, utilizing current delivery structures within the Division of Developmental Services, thereby ensuring integration with existing resources and no duplication of services. The Trust Fund potentially would positively directly impact eight of the ten primary areas of unmet need consistently raised by New Hampshire citizens, public officials and advocacy organizations (specific funding, care coordination, family support, rehabilitation access, employment support, education, social opportunities, and continuum of care). Issues of transportation system development and insurance reform are beyond the scope of a Trust Fund.

Table 5, detailing recommended funding priorities is on the following page.

Table 5.
Funding Priorities for a Brain and Spinal Cord Injury Trust Fund

Funding Category	Percentage of Funds
ADMINISTRATION • Administrered through the Department of Health and Human Services • Complementary to the current Acquired Brain Disorders Waiver	**5%**
EDUCATION and PREVENTION • Enhance brain and spinal cord injury focus of current state efforts • Target efforts to healthcare providers, social services, businesses, law enforcement, as well as the general public	**10%**
DATA COLLECTION AND SURVEILLANCE • Enhance current Brain Injury registry • Develop surveillance system to better assess efficacy of prevention efforts and intervention outcomes	**10%**
DIRECT SERVICE PROVISION (in order of priority) • Coordination/case management services across the continuum of care • Family Support and respite • Non-covered rehabilitative/therapeutic services such as Life Coaches and socialization • Long term work supports • Adaptive equipment, assistive technology and home modification	**75%**

Addendum 1

priorities established by the advisory council, for the provision of direct services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to case management, family support, advocacy and vocational support, and for the administration of the brain and spinal cord injury registry. The monies in the fund shall be non-lapsing and shall be continually appropriated to the department for the purpose of the fund."

RSA 188-F:31, I, should be amended to read as follows:

"I. Every court shall levy a penalty assessment of $2.00 or 23%, whichever is greater, on each fine or penalty imposed by the court for a criminal offense, including any fine or penalty for a violation of RSA Title 21 or any municipal ordinance, except for a violation of a municipal ordinance relating to motor vehicles unlawfully left or parked. Such penalty assessment shall be divided into the following components, to be designated as follows: 15% for the police standards and training council training fund, 5% for the victims' assistance fund, and 3% for the brain and spinal cord injury trust fund."

RSA 188-F:31, IV, should be amended to read as follows:

"IV. The clerk of each court shall collect all penalty assessments and shall transmit the amount collected under paragraph I designated for the police standards and training council fund to the police standards and training council. The council shall pay over all monies collected under this chapter to the state treasurer for deposit in the police standards and training council training fund. The clerk shall transmit the amount collected under paragraph I for the victims' assistance fund to the state treasurer to deposit in such fund. The clerk shall transmit the amount collected under paragraph I for the brain and spinal cord injury trust fund to the state treasurer to deposit in such fund."

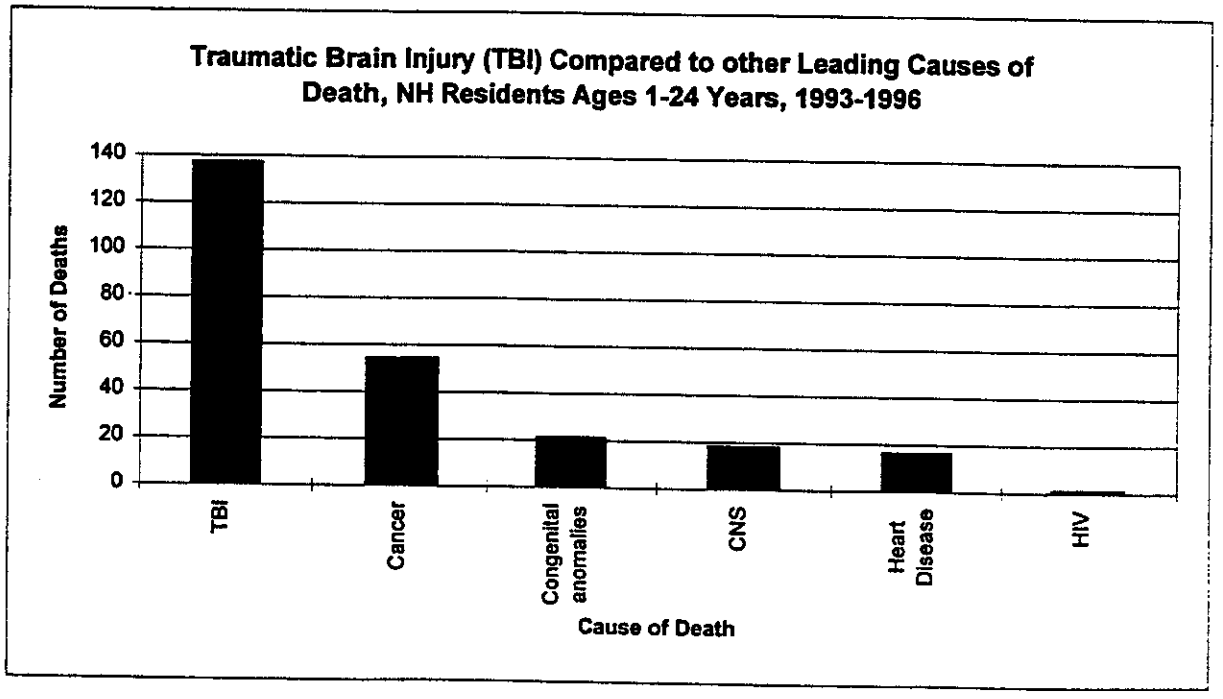
RSA 263:42, V shall be amended to read as follows:

"V. Whenever a drivers license has been suspended or revoked, or notwithstanding RSA 263:56-a, III, whenever the holder of a commercial driver license has been disqualified for a period of greater than fifteen days, a fee of $50, and a suspension or revocation fine of $50, shall be paid by the licensee for the restoration of such license or commercial driver license. Under certain conditions the commissioner may waive the $50 restoration fee, or the $50 suspension or revocation fine, in connection with a particular default or suspension. The commissioner shall adopt rules, under RSA 541-A, relative to such waiver procedures. The $50 suspension or revocation fine shall be forwarded to the state treasury, who shall credit such monies in the state treasury to the brain and spinal cord injury trust fund, established in RSA 137-K:4."

S. WADE

Traumatic Brain Injury is the Leading Cause of Death for NH Residents Ages 1-24

Cause	No. Deaths
TBI	137
Cancer	54
Congenital anomalies	21
Central Nervous System (CNS)	18
Heart Disease	16
HIV/AIDS	1
Other	328
Total	505



Data Source: NHDHHS, BVRHS

Ellen M. Edgerly
32 Adams Avenue
Rochester, New Hampshire 03867
May 15, 2001

Testimony In Support of SB 182, establishing a brain and spinal cord injury trust fund and continually appropriating a special fund.

Thank you honorable Chairman Batula and Health, Human Services and Elderly Affairs Committee Members for the opportunity to present testimony in favor of SB182.

My name is Ellen Edgerly and I reside in Rochester with my husband and three of my four children. I work as the Community Organizer for the Brain Injury Association of New Hampshire and have the opportunity to listen to survivors and families discuss the challenges and barriers that are experienced on a daily basis in their communities.

I also have personal experience as to the challenges that families experience as my 20-year-old daughter Sara received a brain injury as a result of a near drowning accident nine years ago.

Traumatic Brain Injury can strike anyone – infant, youth, young adult or elderly persons – often without warning, and often with significant and lifelong consequences. Traumatic brain injury affects the whole family and often results in huge medical and rehabilitation expenses over a lifetime.

Advances in medical technology and improvements in regional trauma services have increased the number of survivors of TBI, producing the social consequences and medical challenges of a daily growing pool of people with disabilities on the road to recovery.

As the discussion of the means of funding has already been addressed, I will only state that the funding of the penalty assessment makes sense in that:

As the number of healthcare dollars shrink, voters are finding it more and more agreeable to tie the payment of the needed services to the people who have the potential to be part of the problem.

In the past year, our Legislative Network of 400 individuals including survivors, families, and professionals have held eight Brain Injury Legislative Coffees with their legislators in their communities. This Trust Fund Bill was discussed in great detail and was supported as worthwhile legislation by all.

Survivors often experience short term memory loss, long-term memory loss, slowed ability to process information and trouble concentrating or paying attention for periods of time. These consequences of brain injury result in individuals needing short term case management in their community and for families of survivors in need of family support. Survivors are lacking the assistance to access services that may already exist in their community.

SB182 would offer this support.

Families that are providing long term care for their loved ones need to have a respite to prevent "caregiver burnout".

SB 182 would offer this support.

Survivors experience numerous medical costs that are not covered. An example would be a "Gottlieb Button" for a vision problem. Survivors often experience vision problems as a result of a brain injury, visual therapy and/or visual glasses are usually not a medical service that is funded.

SB 182 would offer this support.

Survivors and families experience gaps in services if in fact that they are receiving services.

SB 182 would offer this support for some of those services.

Throughout our country thirteen states currently have trust funds set up to help individuals with brain injuries and their families. Trust Funds have funded between $500,000 to $13,000,000 of unmet services that have included but not limited to research, housing, education, case management and respite. I attach a summary of the Brain and/or Spinal Cord Injuries Trust Funds that exist throughout our country for your review.

I also attached a sourced sheet of a comparison of Traumatic Brain Injury and leading injuries or diseases for your review. There are currently 5.3 million Americans living with a disability as a result of TBI. 80,000 people annually experience the onset of long-term disabilities following TBI.

Lastly, I attach a petition in support of SB 182 for your review. This petition includes a total of 254 signatures of individuals throughout the State of New Hampshire who support this worthwhile Trust Fund Bill.

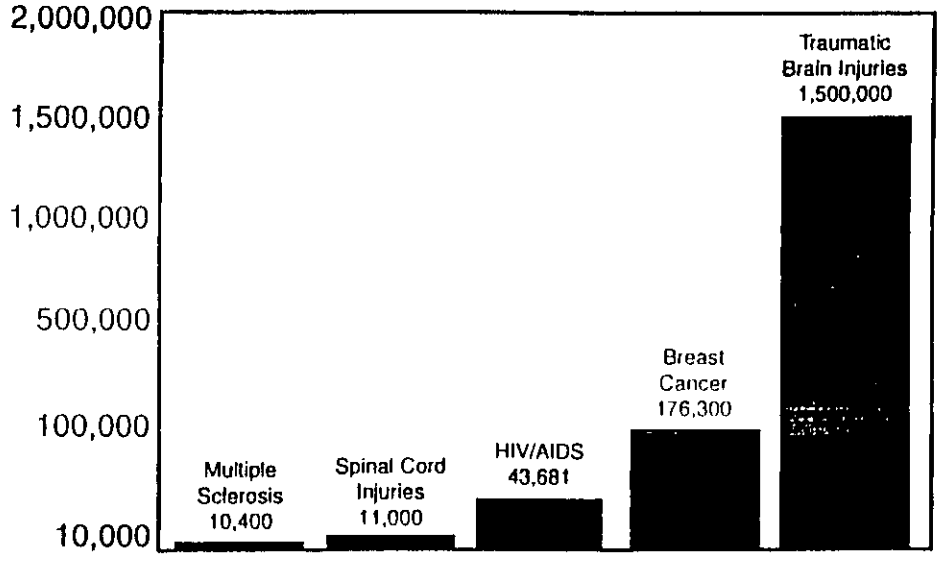
I ask that you support this worthwhile legislation. Thank you.

Ellen M. Edgerly

Brain Injury Association

TBI Versus ...

A Comparison of Traumatic Brain Injury and Leading Injuries or Diseases



Comparison of Annual Occurances

On an annual basis in the United States:

- 1.5 million people will sustain a TBI annually.[1]
- 50,000 people will die annually as a result of TBI.[1]
- 80,000 people annually experience the onset of long-term disabilities following TBI.[1]
- There are currently 5.3 million Americans living with a disability as a result of a TBI.[1]

Breast Cancer

On an annual basis in the United States:

- In 1999 there were 175,000 new instances of breast cancer in women and 1,300 new instances in men.[4]
- In 1999, 43,300 women and 400 men died from breast cancer.[4]

Creating a better future through brain injury prevention, research, education and advocacy

105 North Alfred Street • Alexandria, VA 22314 • (703) 236-6000

Family Helpline: 1-800-444-6443 • www.biausa.org

Spinal Cord Injury

On an annual basis in the United States:

- Nearly 11,000 people sustain a traumatic spinal cord injury.[5]
- More than 190,000 people in the U.S. live with paralysis caused by spinal cord injury.[5]
- 85 percent of all spinal cord injury patients who survive 24 hours after their injury are still living ten years after the incident.[5]

HIV/AIDS

On an annual basis in the United States:

- The following number of people died from an AIDS-related illness:[2]

  1999 - 16,273 1998 - 17,930 1997 - 21,923 1996 - 37,787

  1995 - 50,610 1994 - 49,869 1993 - 45,381

- The following number of people were diagnosed with HIV/AIDS:[3]

  1996 - 60,618 1997 - 49,704 1998 - 43,681

Mulitple Sclerosis

On an annual basis in the United States:

- It is estimated that 10,400 people are diagnosed with MS on a yearly basis, broken down to 200 new instances per week.[6]

For further information contact:
Brain Injury Association
105 North Alfred Street
Alexandria, VA 22314
(703) 236-6000 Fax (703) 236-6001
www.biausa.org

Sources:

1. Centers for Disease Control. "Traumatic Brain Injury in the United States: A Report to Congress." www: Centers for Disease,Control. (January 16, 2001) http: www.cdc.gov/nclpc/pub-res/tbicongress.htm.
2. Centers for Disease Control. "CDC Division of HIV/AIDS Prevention." WWW: Centers for Disease Control. (January 16, 2001) http:www.cdc.gov/hiv/stats/hasr1201/table26.htm#fig26
3. Centers for Disease Control. "HIV/AIDS Surveillance Report. U.S. HIV and AIDS cases reported through December 1999, Year-End edition. Vol. 11, No. 2 (Estimated Adult/Adolescence AIDS Incidence by year of Diagnosis)," WWW: Centers for Disease Control. (January 16, 2001) http: www.cdc.gov/hiv/stats/hasr1102.pdf
4. American Cancer Society. "Cancer Facts and Figures 1999. Selected Cancers." WWW: American Cancer Society. (January 16, 2001) http:www.cancer.org/statistics/cff99/selectedcancers.html
5. Centers for Disease Control. "SafeUSA - What you should know about Spinal Cord Injury," WWW: Centers for Disease Control. (January 16, 2001) http: www.cdc.gov/safeusa/home/scl.htm
6. National Multiple Sclerosis Society. "MS, The Diease," WWW: National Multiple Sclerosis Society, (January 16, 2001) http://63.141.175.23/MS%20the%20Disease.asp

Dedicated Trust Funds for Persons with Brain and/or Spinal Cord Injuries

STATE and YEAR OF INCEPTION	SOURCES	FUNDS COLLECTED	SERVICES PROVIDED	CONTACT
ALABAMA 1993	$100 Fine on DUI convictions	$1.6 M Annually	Community based services including: · Pre-vocational · Housing · Respite · Resource coordination · Recreation services	Administered by: Division of Rehabilitation Services, with oversight by the Impaired Drivers Trust Fund Advisory Board. Department of Rehabilitation Services P.O. Box 19888 Birmingham, AL 35219 (205) 290-4408
ARIZONA 1992	The original legislation instated a $2 fee on speeding, but the system has now moved to a uniform system of surcharges.	$1.5 M Annually	Provides: · Rehabilitation services · Research · Education · Prevention	Administered by: Crystal Snyder Executive Director Governor's Council on Spinal and Head Injuries 10640 N. 28th Dr., Suite B-102 Phoenix, AZ 85029 (602) 863-0484
CALIFORNIA 1986	$2 Surcharge on 1st offense seatbelt violations $5 surcharge on second offense	$500 K Annually	Provides funding for four pilot programs to demonstrate effectiveness of a coordinated, continuum of care approach to meet the need of adults with brain injuries.	Administered by: Marita McElwain, Program Manager Department of Mental Health 1600 9th Street, Room 250 Sacramento, CA 95814 (916)-654-3168
FLORIDA 1988	8.2 % on all civil traffic related penalties $60 fine for DUI / BUI $1 on every temporary vehicle license tag	$13 M Annually	· Regeneration research · Rehabilitation · Transitional living · Case management	Administered by: Tom Delilla, Administrator Brain and Spinal Cord Injury Program 2002 Old St. Augustine Rd., Bldg. A Tallahassee, FL 32399 Phone: (904) 488-8064
GEORGIA 1998	The fund adds 10% on to each DUI issued	Projected to be $2 million dollars per year at full capacity.	Not yet determined.	The legislation gives power to the Brain and Spinal Cord Trust Fund Authority, which is to be

				appointed by the Governor. The fund is administered by: Department of Human Resources State of Georgia 2 Peachtree Street Atlanta, GA 30303
KENTUCKY **1998**	This fund places fines on selected moving violations and drunk driving	Not yet available.	Case management, Community Residential Services, Respite, Day Programs, Companion Services, Psychological Services, Prevocational Services, Supported Living and Therapies.	The bill established a Kentucky Traumatic Brain Injury Trust Fund Board to administer the fund. The legislation outlines who is to be appointed.
LOUISIANA 1993	$5 fee on reckless driving $15 DUI	$1.5 M Annually	To address gaps in services for persons with brain and spinal cord injuries	Administered by: Don Tubb, Program Manager THI/SCI Trust Fund 8225 Florida Blvd. Baton Rouge, LA 70806 (225) 925-3502
MISSISSIPPI 1996	$4 on moving violations $25 DUI surcharge	$2 M Annually	· Durable medical · Respite · Emergency care · Transitional assistance · Prevention · Education · Transitional living	Administered by: Department of Rehabilitation Services PO Box 1698 Jackson, MS 39215-1698
NEW MEXICO 1996	$5 fee on a state issued citations	$ 1.4 M Annually	Gap and Interim services as needed including: · Durable Medical · Emergency housing · Medications · Therapies · Respite · Transportation · Respite	Administered by: New Mexico Department of Health Long Term Services Division Hard Runnels Bldg. PO Box 26110 110 St. Francis Drive Santa Fe, NM 87502-6110 Phone: (505) 827-2499

TENNESSEE 1993	Additional fine for DUI	$500K-$800K	Establishes a registry and develops a state plan for a comprehensive system of services.	Administered by: Jean Doster TBI Program Director Dept of Health Phone: (615)741-1230
TEXAS 1989	$25 fine on DUI $5 fine on moving violations	$10 M Annually	· Equipment · Post acute rehab · Case management	Administered by: Mel Fajikus, Program Specialist Texas Rehab Commission 4900 W. Lama Blvd. Austin, TX 78751-2399 (512) 424-4133
WEST VIRGINIA 1998	Annual appropriation made by the Legislature	Not yet collected.	· Rehabilitative therapies · Case Management · Attendant care · Home Modifications · Equipment · Family supports	Administered by: Division of Rehabilitation Services

Massachusetts
1991

$125 assessment on convictions for OWI: Liquor, OWI: Drugs and Driving to Endanger

Respite Care
Family Assistance Services
Psychotherapy Groups
Cognitive Training
Information and referral
Prevention and awareness

Administered by
MA Rehabilitation
Commission

Senate Bill 182 SB 182

Signed Petition for Brain and Spinal Cord Injury Trust Fund ~~LSR 0592~~

SB 182

The undersigned signatures supports ~~LSR 0592~~, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address	Date
Claire M. Holland	21 Church Hill Rd Durham	3/11/01
Wendy Cooper PhD	35 Second St Dover	3/14/01
Kelly Dowd	136 Second Crown Pt Rd	3/14/01
Edie Sahagian	32 Sumac Lane Durham, NH	3/15/01
William A Bonin	107 Dover Rd Durham NH	4/2/01
H A Gill	Sagamore Ave Portsmouth NH	4/4/01
Mary T Valente	35 Nichols Ave. #2, Newmarket NH	4/4/01
Robert Boutin	140 COURT St #102 Portsmouth NH	4-4-01
Karen Hold	213 Rt. 236 Berwick ME.	4/4/01
Bill Rotsart	3 Dustin Homestead Rochester, NH	4/4/01
Ellen L Dunn	20 Chestnut St Exeter NH	4/5/01
Richard J Lobis	29 sleepy Hollow NEWMARKET	4/
Russ Charron	38 Maplecrest Newmarket	4/4
Brent Hawaine	11 Brookfield Rochester	4-5
Gillian Charron	38 Maplecrest Dr. Newmarket N	4/4
STEVE NEENAN	75 LONGMEADOW LANE	4-6
Michelle A.M. LESSARD	4 Big Rock Lane Barrington NH	4-6
Jaclynn S. Boren	21 Bow Lake Estates Rd Strafford NH	4/

Signed Petition for Brain and Spinal Cord Injury Trust Fund-LSR 0592

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Name	Address	Date
Michael Pierni	4 Montgomery Farm Rd Derry NH 03038	3/21
Michele Corl	22 Royal Range Rd Sandown NH 038	3/19
[illegible]	8 Linda Dr Derry NH	
[illegible]	16 Maple St Derry NH 0303[illegible]	
Ed Broderick	6 MADDEN RD Derry NH 03038	
Joe Karas	17 BOWERS RD. DERRY-NH 03038	
P. Mancuso	16 Spollett Dr Derry N.H. 03038	3-
Ms. Saxton	97 Kilrea Rd Derry NH 03038	
[illegible]	30 STONEGATE LN DERRY NH 03038	3-2
Carol Lamoureux	9 Westview Dr Roch. NH 038	
Donna Fagan	30 Stonegate Lane Derry NH 03038	3/21
[illegible] Arsen Avgisian	23 Morrison Lane Sandown, N.H. 03873	
Betty Rock	4 MT. Washington Derry NH 03038	
Colin Mar	5 Thames Rd Derry, NH 03038	4/4/
Albert Munroe	70 Hall Rd. Londonderry N.H. 03053	4-5
Sarah Brooks	16 Tebbetts Rd Rochester NH 03867	
Lindsey Twitchell	161 Autumn St Ext Rochester NH 0386	
Kathryn Genereux	29 Adams Ave Rochester NH 03867	

Signed Petition for Brain and Spinal Cord Injury Trust Fund-LSR 0592

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Name	Address	Date
Mary Giraldi	7 Deacon Rd Bedford	
Lynn Simard	31 Church St. Goffstown NH	3/1/01
[illegible]	40 Brookgate Rd Manchester, N. H.	
[illegible]	15 BROOK ST MAN. N. H.	
Ismael D. Lauvin		
Ed Wagelin[illegible]	46 Gilford St Mon. N.H.	
Yvon Ribaud	15 TAVISTOCK DR. BEDFORD N. 03	
Pauline M. Boudreau	165 Vinton St. Manchester NH 031	
Karen McElwain	23 Independence Dr Merrimack NH 0305	
Mildred McElwain	23 Independence Dr. Merrimack, NH	
Michele A Hanson	7 Paradise DRive Raymond NH 03077	
Pauline T Boudreau	225 S. Wilson St Manchester NH 03103	
[illegible]	95 Gray St Manchester NH 03103	
Paul GIRALDI	36 Cider Mill Rd Bed 031	
Anne Giraldi	36 Cider Mill Rd 03110 Bed NH	
JOHN GIRALDI	7 DEACON Rd 03110 Bedford NH	
Ellen M. Edgerly	32 Adams Avenue Rochester, NH	

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Name	Address	Date
Rita Lavoie	567 Union St Manchester NH	3/14/01
Christie Lavoie (1985) & Kenneth Lavoie (1998)	Brain Injury Survivors	3/14/01
567 Union St Manchester	55 Amory St Manchester NH	3/14/01
Dorothy C Fox	39 MARRIOTT RD CANDIA N.H. 03034	14/03/01
Hazel Wescott	53 Nelson Farm Hopkinton NH 03045	
Judy Bilodeau	87 Flanders Rd. Warner, N.H. 0282	
Damaris Lynch	22 Quarry Way Manchester NH 0310	
Charline Rudette	42 Donovan St Merrimack, NH 030	
Rose Roselin	165 Bowville St. Manchester NH 03102	
Donna Lamos	22 Sullivan St Manchester NH	
Stormie Weatherly	184 Garden Dr Manchester NH 03102	
Elizabeth Hagell	122 McGregor St Manchester, N.H.	
Susan Haley	122 McGREGOR CITY	
Pam Carter	122 McGREGOR CITY	
Arlene Francis	55 AVERY APT 403 MANCHESTER	
Melissa Vaz	Keene State College Keene, NH	
Julie Saucier	Rye, NH.	

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Name	Address	Date
Susan L McCluskey	28 Pinkerton St Derry NH	3/14/01
[illegible]	100 Ex. Road Derry, NH.	3/15/01
[illegible]	2 Happy Ave Derry NH	3/15/01
[illegible]	100 English Rd Derry NH	3/15/01
John P. Healy	3 Sawyer ct. Derry NH	3/15/01
Kathy Brady	35 Crystal Ave Derry NH	3/15/01
[illegible]	138 Hampstead Rd Derry NH	3-15-01
Sally Odell	56 Tsienneto Road, Derry NH	3-15-01
Marie Jesse	7 Gordon Rd. Derry, NH	03038
Nancy E Williams	22 sycamore St. Hudson NH	03051 3/1
Beth Farley	37 Crystal Ave. PMB#103 Derry	03038 3/1
Kathy Salyer	12 Pingree Hill Derry N.H.	0303
Carlene Gallagher	3 Brook St. Derry N.H.	03038 3-16-0
[illegible]	37 Crystal Ave # 17 Derry N.H	03038.
D. Johnson	23 Linden Dr Derry N.H	03038
[illegible]	15 Apple Blossom Drive, Derry NH	0305
[illegible]	7 MYRA Ave Derry NH	03038

Signed Petition for Brain and Spinal Cord Injury Trust Fund-LSR 0592

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Name	Address
[illegible]	[illegible]
Jean Benoit	1 Thompson ST Concord N.H.
[illegible]	45 REYNWOOD LN WEARE N.H. 0328
[illegible]	37 Skyline Drive Merrimack NH 03
[illegible]	HC 74 Box 721 Stiffard, NH. 03584
B. Desjardins	289 Pleasant St, Concord NH 03301
[illegible]	41 Church St. Pembroke, NH 3275
[illegible]	73 Primrose Ln Pittsfield NH 03263
Joyce Kendall	1 Thompson St. Concord N.H.
Virginia Saunders	1 Thompson st. Concord N.H.
Carol Pheleps	98 Locke Mill Rd Epsom NH 0342
Carolyn Miller	1 Thompson St. 805 Concord N.H.
Elizabeth Jelley	1 Thompson St, apt 802 Concord
Laura LaBonte	1 Thompson St 711 Concord, NH 03301
[illegible]	1 Thompson St Concord, NH 03301-373
Nicole Edgerly	32 Adams Avenue, Rochester NH 0386
Brian Johnson	23 Second ST. Somersworth, NH 038

Signed Petition for Brain and Spinal Cord Injury Trust Fund-LSR 0592

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Name	Address	Date
Patricia Small	457 12 & 12 A Surry	3-22-01
William J Connell Jr.	15 River St Keene NH	3-22-01
Cynthia Ebo	390 Pond Brook West Chesterfield NH	3
Rebecca Robidoux	3 Lovell Drive Gilsum NH	3-22-01
Lori C. Dame	18 Madeline Dr. Surry, NH	3-22-01
Sherry Warren	49 Laura Ln. Keene, NH 03431	
Linda Lamothe	264-C Flat Roof Mill Rd, E. Swanzey, NH 03	
Linda Cutter	94 Oak Circle Winchester NH	3-23
Laurie D. Henry	118 Old Walpole Rd Keene NH 03431	3/26
Laurie Smith	54 TOLMAN POND Rd Nelson	03
Lisa Stone	27 Dead Ave Rd Keene	
Sharon V Moretti	25 Pinetree Circle, Spofford	
Mary Tinton	83 Darling Rd, Keene 0343	
Lucinda A Lavelle	162 Kennedy Dr. Keene 0343	
Dyane Young	P.O. 611 W Swanzey NH. 03469	
[illegible]	144 Smith Rd Sullivan NH 03445	
Adrienne Noel	143 Borden Hill Rd. Hillsboro NH 032	
Denise LaRoche	19 Conners Rd. Gilsum N.H.	
Fran Clark	31 Pickering Hill Rd Gilsum NH 03448	

over

Signed Petition for Brain and Spinal Cord Injury Trust Fund-LSR 0592

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Name	Address	Date
Peter Wilson	Richmond, NH	3/21/01
Dirk Kelder	Peterborough, NH	3/21/01
Susan McLaughlin	Keene NH	3/21/01
Dorothy Hilton	Keene, N.H.	3-21-01
Michelle Ricco	Bennington NH	3/21/01
Jeannine Leclerc	Keene N.H	3/22/01
Rebecca Wilson	1465 Hooksett Rd. #176 Hooksett, NH 03106	4/4/01
Paula Royce	1465 Hooksett Rd #176 Hooksett, NH 03106	4/4/01
Peter T. Whittemore	695 Old Homestead Hwy East Swanzey, NH 03446	4-5-01
Douglas M Brown	46 Main St Keene, NH. 03431	4-5-01
[illegible]	P.O. Box 513. Fitzwilliam N.H 03447	4-5-01
Melinda Wilson	143 Monument Rd. Richmond NH 03470	4-5-01
C-B Boyd	155 Forestview Dr. Spofford, NH 03462	4/5/01
Richard Hammond	Upper Jaffrey Rd Dublin N.H	4-5-01
Lillian M. Royce	215 S. Parish Road Winchester, NH 03470	4-5-01
Cindy Nikolopoulos	P.O. Box 513 W. Swanzey	4-5-01
Norma Jean Pierce	Box 87 W Swanzey NH 03469	4-5-01
Kathleen Stratton	305 Old Homestead Hwy Richmond, NH 03470	4/5/01
Diane Hitchcock	100 Woodland Ave Keene, NH 03431	4/5/01

PETITION FOR BRAIN AND SPINAL CORD INJURY TRUST FUND - LSR 0592

The undersigned signatures support LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address	Date
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Signed Petition for Brain and Spinal Cord Injury Trust Fund-LSR 0592

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Name	Address
Julia Freeman-Woolpert	765 Hardy Rd, Pembroke
Janice Bagley	8 Penwood Dr. #4, Penacook, NH
Ron Thibault	20 Summer St. Laconia N.H.
Robert Landry	23 Park St. Northfield
Heidi Reichold	236 Bog Rd Concord NH
Kris Bregler	171 Dartmouth St manchester
Matthew Estes	293 Heights Ave Laconia NH
Peggy Sue Greenwood	7 Sargent Pl. #15 Salford NH
Leanne Curran	34 Well House Rd, Contoocook NH
Lennert Lindberg	28 N. Pembroke Rd, Epsom, NH
Alleta Paine	4 Jennifer Drive, Concord NH
Lauren Reagan	81 Freeman Hall Rd Nottingham, NH
Mike Kaminski	251 N Village Rd. Loudon, NH.
Carolyn A Flynn	5 Cocky Circle. Derry NH 03038
Kimberly Carpenter	39 Flat Rock Bridge Rd. Rochester, NH 03867
Jocelyn Thorne	HC 74 Box 589 Strafford NH 03884
	5 Isabelle Ln. Rochester

PETITION FOR BRAIN AND SPINAL CORD INJURY TRUST FUND - LSR 0592

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	Name	Address	Date
1.	[illegible]	131 Dorg Hill Rd Ringe NH	3/8/01
2.	[illegible]	PO Box 343 Jaffrey NH	3/8/01
3.	[illegible]	252 N. Shore Rd Pembroke NH	3/8/01
4.	[illegible]	161 Boutwell St., Manchester, NH	3/8/01
5.	[illegible]	Box 429 Hillsboro, NH	3/8/01
6.	[illegible]	878 Russell Station Rd. Francestown	3/8/01
7.	[illegible]	290 Mountain Rd. Greenfield, NH.	03-08-01
8.	[illegible]	P.O. Box 596 Ringe NH 03461	03-08-01
9.	[illegible]	1 Verney Drive Greenfield	03-08-01
10.	[illegible]	207 Northfield Hillsboro NH 03244	3/8/01
11.	[illegible]	553 West Main ST. Hillsboro N.H. 03244	03/08/01
12.	[illegible]	244 Normand Rd. Goffstown NH 03045	03/08/01
13.	[illegible]	24 Zephyr Lake Road, Greenfield NH 03047	3/8/01
14.	[illegible]	108 Greenwood Ave Keene, NH 03431	
15.	[illegible]	27 C.S. Winchester St Swanzey NH 03446	3/8/01
16.	[illegible]	350 Monadnock Hwy. Swanzey	3/8/01
17.	[illegible]	12 Lyn Crotchen Mt Greenfield NH	
18.	[illegible]	55 Sand Hill Rd, Pembroke NH 03458	3/8/01
19.	[illegible]	215 Campbell Hill Rd Francestown NH	3/8/01
20.	[illegible]	48 Mtn. Rd., Greenfield, NH 03047	
21.	[illegible]	74 Murray Hill Rd Greenfield NH	3/8/01
22.	[illegible]	1 Verney Dr Greenfield NH	3/8/01
23.	[illegible]	110 N Shore Rd Derry NH 03038	3-8-01
24.	[illegible]	20 Old Sharon Rd Peter. NH	3/8/01
25.	[illegible]	9 Green Rd Goffstown, NH	3/8/01

Signed Petition for Brain and Spinal Cord Injury Trust Fund-LSR 0592

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Name	Address
Daisy Kahlan	16 Groton DR, Concord, NH 03301
Marilyn Sorenty	71 Auburn St., Concord 03301
Elaine Guarriello	191 Scenic Dr. Gilford NH 03249
Dany Ezner Pena	P.O. Box 1660 Hillsborough NH 03244
Mia McKeen	PO Box 1285, Ashland, NH 03217
Carolyn Autz	PO Box 4 Center Harbor NH 03226
William R.C. Mabe Jr.	15 Wyman St Unit 11 Concord, N.H. 03301
Erica Johnson	28 Blackbird Dr Bedford, NH. 031
Brie A. Tod	13 Walnut St Rochester NH 03868
Stephanie Shaw	15 Birchwood Ave, Rochester NH 03867
Kristen Bellen	34 Front Street E. Rochester 03868
Ivy Daigle	4 Walnut St. Roch NH 03867
Stacy Akerman	17 Highland ave, Roch.
Candy McCarthy	30 Cocheco Ave. E. Roch. NH 03867
Patricia Nickerson	18 Walnut St. Rochester, NH 03867
Jeri OBrien	RR1 Box 389K Farmington NH 03835
Dori Bloch	176 Longshores Dr. Barrington, NH 03825

Signed Petition for Brain and Spinal Cord Injury Trust Fund-LSR 0592

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Name	Address	Date
[illegible]	26 Riverhill Ave. Penacook NH	3/8/01
[illegible]	26 Riverhill Ave Penacook NH	3/8/01
[illegible]	29 Stiles Farm Rd. Wilton NH 03086	
[illegible]	68 Sutton Rd. Newbury NH	
Jennifer Andrews	94 Rt 106 N. Loudon, N.H. 03307	3/8/01
Joanne M. Devine Joanne Devine	48 Donovan Rd - PO Box 697 Hillsboro NH 03244	
Linda N. Brown	107 Dover Rd., Durham NH 03824	
Sara Edgerly	32 Adams Ave. Rochester NH 03867	
Carolyn Campbell	Violet Ct. Rochester NH 03867	
Lucinda Roy	Strawberry Lane Rochester NH	
Royal Ann Edgerly	32 ADAMS AVE Roch. N.H. 03867	
Penney L. Avery	P.O. Box 303 Gilsum, NH.	3/26/01
J.C. Russell	893 Old Walpole Rd Surry NH 03431	
Carol Simonds	306 Matthews Rd Swanzey, NH 03446	

Senate Bill 182 SB 182

Signed Petition for Brain and Spinal Cord Injury Trust Fund-~~LSR 0592~~

SB 182

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Name	Address	Date
Steve Mallory	5 Pine Meadow Dr	
Russell D. Moore	1 Exeter St. Apt. 2, Newmarket N.H. 03857	
Rosemary Cusmano	39 Blackberry Hill Rd. Berwick, Me. 039	
Lee Ann Moore-Downing	262 Country Brook Est. Rochester NH 03839	04-06-01
Tina Hayes	6 Anna Circle Derry NH 03038	4/6/01
L. P. Major	Hillsborough, N.H. 03458	
Donna Bucknell	27 Chapel St. Dover	
Suzanne Griffin	777 Middle Rd Unit 5 Portsmouth N H	4/6/01
Lois-Anne Comier	68 Royal Crest Rochester NH	4-6-01
Jeff Pochard (Jeff Lachance)	59 Huckins In. Gonic, NH	4-6-0

Signed Petition for Brain and Spinal Cord Injury Trust Fund-LSR 0592

The undersigned signatures supports LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

Name	Address	Date
Fred Carelli	415 Cartier st. Manchester NH.	02-24-01
[illegible]	67 Pondview Dr. Merrimack 03054-4155	02-26-01
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[illegible]	P.O. Box 3066 Peterborough NH 03458	03/05/01
[illegible]	RR 2 Box 87C Peterboro, NH	03/07/01

PETITION FOR BRAIN AND SPINAL CORD INJURY TRUST FUND - LSR 0592

The undersigned signatures support LSR 0592, establishing a brain and spinal cord injury trust fund to provide for the provision of direct support services on behalf of individuals and their families affected by brain or spinal cord injuries, including but not limited to community resource coordination, family support, advocacy and vocational support, and to fund injury prevention efforts.

	Name	Address	Date
1.	[illegible]	180 Steinmetz Dr, Manchester	3/9/01
2.	Darren [illegible]	1-28 Scituate Pl, Merrimack	3/9/01
3.			
4.			
5.			
6.			
7.			
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9.			
10.			
11.			
12.			

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF FAMILY SERVICES

DEVELOPMENTAL SERVICES

105 PLEASANT STREET, CONCORD, NH 03301
603-271-5034 TDD Access: 1-800-735-2964

Donald L. Shumway
Commissioner

Susan W. Fox
Director

May 15, 2001

Hon. Peter Batula, Chair
House Health and Human Services, Elderly Affairs Committee
Legislative Office Building
Concord, NH 03301

Dear Senator Prescott:

I would like to thank you for the opportunity to speak before this committee concerning Senate Bill 182. My name is John Capuco, Psy.D. I am the Administrator of Brain Injury Services for the Division of Developmental Services, Department of Health and Human Services. In this capacity I have the responsibility for the Department's services for individuals with Acquired Brain Injuries. The Department of Health and Human Services supports Senate Bill 182.

Nationally, there are an estimated 1.5 million incidents of Traumatic Brain Injury (TBI) every year according to 2001 Center for Disease Control data, with an estimated 5.3 million individuals living with disability from TBI. Consistent with the national statistics, in 1998 almost 4,000 New Hampshire citizens were hospitalized with a diagnosis of TBI. Traumatic brain injury remains the leading cause of death and disability in children, teens and young adults, with more than 2600 young people hospitalized in New Hampshire in 1998. While these numbers speak to the high incidence of TBI, they in fact, are an under estimation, with many brain injuries going undiagnosed or unreported.

New Hampshire has been a national leader in providing community based services for individuals with TBI. In 1992 the Division of Developmental Services (DDS) was designated as the lead agency for acquired brain injury. In 1994 DDS established an Acquired Brain Disorder (ABD) Community Care Waiver to serve individuals with ABD in the community, only the fourth state to do so. These services support only the most needy and severely impaired individuals with traumatic brain injuries and brain damaging conditions such as Huntington's disease.

Traumatic Brain Injury took on national prominence in 1996 when the US Congress passed the Traumatic Brain Injury Act (P.L. 104-166), setting a national agenda for increasing awareness and education, knowledge through research, prevention and the development of systems through which appropriate TBI services can be provided and funded. In 1997, RSA 137-K established the NH Brain and Spinal Cord Advisory Council to support injury prevention efforts and to help meet the needs of individuals with brain and spinal cord injuries.

The State of New Hampshire received a federally funded grant to conduct a state wide needs and resource assessment in 1997. The results of this assessment revealed that while New Hampshire has many strengths,

individuals encounter gaps in needed services as they strive to recover from a brain injury. Specifically, this assessment revealed needs resulting in the development of the following goals: increase public awareness of the causes and consequences of brain injury, increase knowledge base and skills of professionals who work with individuals with brain injuries, increase access to information and resources on brain injury for families and individuals, increase statewide capacity for providing responsive service coordination and referral, develop resources to assist families in coping with the consequences and impact of brain injury and, increase the system's capacity to respond to the needs of individuals with brain injury and their families

Since this assessment, the Department has continued its effort to provide appropriate and coordinated services to individuals with brain injuries. In 2000, a second federally funded grant was received for the development of a statewide system to increase capacity for serving individuals with brain injuries through the development of interagency teams specifically trained to serve individuals with brain injuries. In the summer of 2000 an interdepartmental workgroup was established to look at how the state provides serves to those individuals with ABD. Its recommendations for improving services included increased family supports.

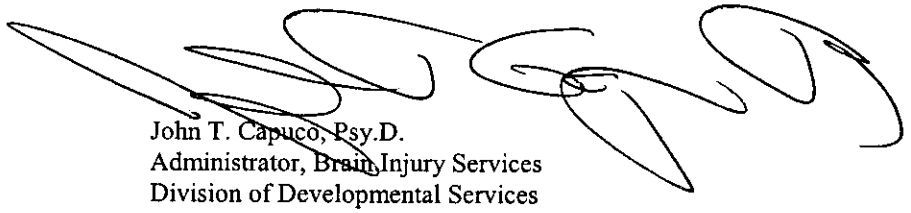
While much has been accomplished to support individuals with brain injury in New Hampshire, much work lies ahead. New Hampshire provides many services, but gaps remain in efforts to integrate them back into the community and work. The state's community care waiver program provides needed quality services, serves only the most needy individuals with brain injuries, however services needed by those with less severe injuries are limited.

Typical health insurance plans often do not cover key services that are needed to aid an individual in their attempts to return to work, live productive meaningful lives and deal with a life long disability. Individuals are too often left on their own with nowhere to turn for help while families are in need of services in their efforts to support their loved ones in their struggles to live in the community

The resources Senate Bill 182 would provide would go a long way to meeting these needs and providing supports and services for individuals with TBI and their families. The Trust Fund would be used to provide family support including respite care, home modification, adaptive technology, housing assistance and educational system assistance, needed services including mental health services and peer support, family and professional education, information and referral for those in need of services, and very importantly, prevention efforts.

Thank you for your time and effort on this important matter.

Sincerely,



John T. Capuco, Psy.D.
Administrator, Brain Injury Services
Division of Developmental Services
Department of Health and Human Services



Nathan Beland
Tammy Richardson
47 Ring Road
Chichester, NH 03234
603-435-5418

May 15, 2001

RE: SB182-FN-A, establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such a fund

House Health Human Services & Elderly Affairs Committee:

My name is Tammy Richardson and I am the parent of Nathan Beland, my 18-year-old Traumatic Brain Injured son, and am here to testify in support of the bill before you today.

I feel that funding is imperative to people and their families for this much needed bill. I have spent 4 years FIGHTING with school districts and others for services that my son is entitled to under Federal and State laws for Special Education. This has been a total nightmare. I shudder to think what things will be like for him when he reaches the age of 21, when services end, and there is nothing out there for him any longer. I wish not to continue on this path both for his sake or mine.

Your support is GREATLY needed regarding this bill. Families as well as Traumatic and Acquired brain injured individuals NEED for this bill to pass. Money is needed to come from somewhere to help them and the people who care for them.

3 ½ years ago when I wanted to bring my son home from rehabilitation rather than committing him to an institution, I was told by the grand old State of New Hampshire,

NOPE, CAN'T help you. My son could not qualify for services UNTIL he was in the State of New Hampshire, and his residence needed modifications in order for him to even enter his residence. Not one person from Health and Human Services gave me a lead on where I could turn for help in finding funding so I could build a ramp for my son to even enter his own home. I had to solicit building companies, social clubs and whomever else I could think of to help. Thank goodness the 2001 Transition Fund was there, through the New Hampshire Brain Injury Association. They helped me so I could get my son home. It sure would have been nice if there WERE funds within the Health and Human Service Division to help others just beginning their TBI journey. That is just ONE small example of how funds from this trust fund bill could help others. It could help with community awareness; as well as designing programs that are geared towards brain injured individuals. Right now there is little to NO programs out there that will let TBIers in, and if they do, they are not trained to deal with the complex array of disabilities that come along with a brain injury.

Your support is desperately needed to keep this going to help the community.
Let your vote be in favor please!

Thank you,

Tammy L. Richardson

BEFORE YOUR DAY BEGINS IN THE MORNING....

The alarm shrieks and you hit the floor and hop into the shower to get ready for your day. Water splashes you as you mentally organize your day's activities and towel off. Brush those pearly white teeth; grab your coffee, a bagel and your newspaper. Jump in the car, saying to yourself, "wow...I'm running late.... I've got to get this routine under a half hour."

BEFORE OUR DAY BEGINS IN THE MORNING.....

The alarm shrieks. Steve reaches for his arm splint that goes from his armpit to fingertips on his affected side, which used to be his dominant side before the accident. The splint is worn to allow him to extend his arm and fingers for a length of time in order that the tone in his arm does not worsen. The term tone confused me at first, because who doesn't want to "tone-up" or be in shape. However if you have too much tone, your extremities tighten up so much, even a trained physical therapist can not extend your arm out. Thus, you have limited, or no use of your arm. If Steve undoes the six straps of the splint alone, it takes him about 10 minutes, 2 minutes if I do it for him. If our poodle gets in on the action, it could take much longer. Steve says, "I'm gonna hop in the shower." Some days I have to ask him to repeat that

statement several times before I understand it, and I'm his wife! His brain injury not only put him in a wheelchair, but also changed how he communicates in this world forever. He pulls himself to an upright position in 5-6 shuffling motions in order to prepare to get out of bed. He transfers to his manual wheelchair by pulling his entire body weight up with his right hand on the wheelchair handle. Sometimes he makes the transfer the first time, but it usually takes three to four attempts. The first or second attempt usually lands his buttocks directly on his tire. Ouch...especially if there is a rash present from sitting in the wheelchair too long the day before. Another 10 minutes is spent positioning himself in his chair, putting the side rail back on after the transfer. From the time we hear the "Morning Waking Crew" on WOKQ wake us up, till the time Steve makes it to the bathroom, which is directly off the bedroom, 45-minutes has passed.

By now he has asked what day it is, what his appointments or schedule is for the day. He's not asked this just once, but from 3-10 times because his short-term memory is gone. Transferring from his chair to his shower chair takes another 15-minutes. Taking a shower another 25 minutes. Toweling of 15 more. Dressing is done very strategically and the routine takes 30-minutes. For kicks,try putting

your sock on your left foot (which is total dead weight) using one hand while sitting in a chair. Not quite as easy as it sounds. Steve's clothes are chosen not to make a fashion statement, as he would like, but for functionality. Shoes must have Velcro straps. Imagine being an independent adult and not being able to tie your own shoes!

Steve sits down to a prepared breakfast and it takes him between 1 hour and 90-minutes to eat a meal consisting of coffee, yogurt, fruit, eggs and toast...if there are no distractions. If the phone rings or someone comes to the door, breakfast can literally run in to dinnertime. When he is finished, he brushes his teeth, which takes a minimum of 20-minutes.

Morning meds are taken and closely monitored to prevent grand mal seizures. A nurse comes once a week to draw his Dilantin levels because if it is off, he is likely to have a seizure. A seizure for Steve means a 6-8 week recovery time because his brain function does not return to baseline in the typical 24-hour period.

Put the urinal and meds in the backpack, check the pouch for money and ID, take the coffee cup with a lid and straw and tuck between the chair rail and the cushion...meet the driver in the lobby and get in line for your turn on the lift....kiss your wife goodbye, tell her

you love her so and in just under 3-hours you are ready for your day to begin.

Testimony Provide by

Sandra Tobin Mahoney

(Mrs. Steven Mahoney)

of

Portsmouth, NH

Carefully consider the Brain Injury Trust Fund bill....

Thank you for the opportunity to present this testimony.

SB 360 HEAD INJURY STUDY COMMITTEE

FINDINGS

1. NO PUBLIC POLICY EXISTS FOR SERVING TRAUMATICALLY BRAIN INJURED (TBI) INDIVIDUALS.

Improvements in medical technology and treatment have resulted in a population of survivors of head injury that did not exist 20 years ago. The lack of a historical base both in terms of longevity and numbers has resulted in a lag by the head injury movement when compared to other disability groups. This has placed stakeholders in a weaker position than other disability groups in political bargaining and competition for scarce resources. Critical to establishment of public policy is public acceptance of TBI as a serious social problem as worthy of public initiatives as other disabilities.

2. THERE IS A LACK OF FUNDING OR FLEXIBILITY IN THE USE OF AVAILABLE FUNDING TO ADEQUATELY MEET THE NEEDS OF BRAIN INJURED PERSONS.

It is difficult to embrace economic concern or support for an issue which has not been publicly acknowledged. While the cost of caring for and rehabilitating persons with disabilities can be high, taking the path of least resistance or doing nothing is costlier in terms of the lost value of human lives and the high cost of inappropriate institutional placements. Efforts to increase flexibility include approval by the Health Care Finance Administration (HCFA) of a community-based care waiver for persons with Acquired Brain Injury.

3. EXISTING SERVICES ARE FRAGMENTED WITH NO OVERALL COORDIANATION.

There is no one place where consumers and families can access services and have their needs addressed. The most common scenario consists of families on a merry-go-round searching for help to no avail. The Division of Mental Health and Developmental Services has assumed leadership to fill these gaps through their area agency system which provides services primarily to individuals with developmental disabilities.

4. NO ONE AGENCY HAS BEEN CHARGED WITH THE RESPONSIBILITY OF ORGANIZING THE DELIVERY OF SERVICES.

The lack of organized efforts results in ambiguity, confusion, cost inefficiency, and ineffective planning in regard to how specific problems might be resolved. Charging a state agency with the responsibility of organizing the delivery of services to the TBI is essential. Absent a clear mandate or statutory authority, the Division of Mental Health and Developmental Services has assumed the leadership in providing community services and support families and survivors.

5. THERE IS A LACK OF SERVICES FOR PERSONS WITH TBI AND THER FAMILIES SUBSEQUENT TO THE ACUTE PHASE OF TREATMENT.

Community-based services and supports for persons requiring long-term care have largely been unavailable due to lack of planning, policy development and financial flexibility. Initial steps have been taken to provide Medicaid reimbursable community-based services.

Brain and Spinal Cord Injury Trust Fund

Draft Budget and Revenue and Expense Goals

Revenues	
• Trust Fund penalty assessment and default recognizance	$350,000
• Future Trust Fund revenues from other sources	$180,000
• Federal funds from CDC Surveillance program	$70,000
• Brain Injury Association of NH – bingo game and walk-a-thon	$150,000
• Federal matching dollars – Medicaid - estimate	$500,000
• Future funding – state general fund revenues – estimate	$500,000
Total Revenues	$1,750,000
Expenses	
• State-wide toll free family help line, to help families access information about services, treatment options and community resources.	$125,000
• Peer support network and self-help support groups. Network of 12 groups by region and trained family volunteers to help other families.	$75,000
• Brain injury registry and injury surveillance program.	$150,000
• Brain injury family advocates and community case management – resource coordinators. Helping families to identify and access services and supports in their own community after they return home from the hospital. state-wide system of 12 family advocates / resources coordinators.	$350,000
• Family training and counseling. Most long term caregiver responsibility falls on the survivors family.	$50,000
• Brain injury family support services: -respite care -transition planning -home modifications -adaptive technology -financial assistance -housing assistance -parent to parent support -educational system assistance	$675,000
• Vocational and return to work supports for TBI survivors.	$150,000
• School based brain and spinal cord injury prevention.	$75,000
• Community support programs – social and recreational opportunities for brain injury survivors.	$100,000
Total expenses	$1,750,000

Specific unmet needs of people with brain injury and their families

Background:
Over the last twenty-five years federal and state governments have invested heavily in trauma care, 911 emergency systems, EMS systems and new medical technologies. As a result, most victims of serious neurotrauma now survive, where ten years ago most died.

Unfortunately, there is no cure for brain injury and the damage is most always permanent, resulting in life long disability.

After we save these people and they return home, they continue to have life long needs as a result of the permanent nature of brain injury. Unfortunately, by this time, most families have exhausted their health insurance and financial resources and are left with little or no resources to meet their needs for the rest of their lives.

Continuing disability from brain injury after people return home:

- Physical- impairments of gait, spasticity of limbs, labored speech, difficulties in vision, poor balance and seizure disorders.

- Cognitive- impairments in alertness, attention/concentration, learning and memory, abstraction, conceptualization and problem solving.

- Executive- impairments in ability to plan, organize and carry out goal directed activity, inability to modulate, monitor, evaluate, regulate, and self correct on-going behavior.

- Psychosocial- tendency toward social inappropriateness, inability to control emotions, personality change, inability to form and maintain relationships.

Specific needs of people with brain injury and their family when they return to the community disabled:

- Case management or service coordination- to link the person with a brain injury and their family to the appropriate resources in the community, monitor progress and advocate for services. Once people return home, there is no place in the state services system for people with brain inury, unlike most other disabilities. Services are spread over many agencies and organizations, including health, mental health, education and social services to name a few. Families need help in navigating this maze of services and resources to try and patch together services as best they can.

- Family support- after initial hospitalization and rehabilitation, most long-term caregiver responsibility falls on families. Family members are required to provide the care and treatment previously provided by and entire team of doctors and professionals, often twenty-four hours a day.

Examples of family supports include housing assistance, respite care, home modification, transition planning, adaptive technology, benefits planning and financial assistance.

- Statewide information, resource referral and emergency assistance – family help line to provide information statewide on available services, supports and sources of assistance.

- Family counseling and training- families receive instruction on responding to problems that arise from caring for a person with a brain injury. Families also get help confronting the emotional, marital, and family problems that stem from the strain of constant care-giving.

- Support groups- support groups for people with brain injury and family members allow people to meet with others who have had similar experiences and can provide emotional support and practical help with problems.

Current funding for services:
Most services available statewide for people with brain injury is being funded through donations and fund raising by the brain injury community.

These services include some support groups, family training and information and resource referral. These are all very limited and funded through a bingo game fundraiser, a walk-a-thon and donations and volunteer time by some families.

The bingo game raises about $100,000 per year and the walk-a-thon about $45,000. This money is raised by the brain injury community and is dedicated toward providing what limited services now exist for people with brain injury who do not qualify for support by the developmental disability system or the mental health system.

The reason most people with brain injury don't qualify for existing state services, is that the state service system tends to be based on diagnosis – developmental disabilities, mental illness, special health care needs or on financial need such as Medicaid. These services are not always available or appropriate for people with brain injury. Federal funding streams have shaped state services, making it difficult to restructure or expand existing services to include people with brain injuries.

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MEMORANDUM

TO: **Representative Peter Batula, Chairman**
Health, Human Services and Elderly Affairs Committee

FROM: **Ann FitzGerald, Committee Researcher**

DATE: **May 15, 2001**

SUBJ: **SB 182-FN-A, Establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such fund.**

You requested copies of the relevant statutes for SB 182, Establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such fund.

Attached please find **Chapter 137-K. Brain and Spinal Cord Injuries** (RSA 137-K: 1- 8).

Citation/Title
NH ST T. X, Ch. 137-K, Refs & Annos

N.H. Rev. Stat. T. X, Ch. 137-K, Refs & Annos

REVISED STATUTES ANNOTATED OF THE STATE OF NEW HAMPSHIRE
TITLE X. PUBLIC HEALTH
CHAPTER 137-K. BRAIN AND SPINAL CORD INJURIES

Current through End of 2000 Reg. Sess.

HISTORICAL NOTES

HISTORY

Amendments--1999. Chapter heading: 1999, 349:1, eff. Jan. 21, 2000, substituted "Brain and Spinal Cord Injuries" for "New Hampshire Brain and Spinal Cord Injury Advisory Council".

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Citation/Title
NH ST § 137-K:1, Purpose.

N.H. Rev. Stat. § 137-K:1

REVISED STATUTES ANNOTATED OF THE STATE OF NEW HAMPSHIRE
TITLE X. PUBLIC HEALTH
CHAPTER 137-K. BRAIN AND SPINAL CORD INJURIES

Current through End of 2000 Reg. Sess.

137-K:1 Purpose.

The purpose of this chapter is to support injury prevention efforts and to help meet the needs of individuals who have sustained brain and spinal cord injuries, who would otherwise be dependent on the public for their care and rehabilitation.

<General Materials (GM) - References, Annotations, or Tables>

HISTORICAL NOTES

HISTORY

Source. 1997, 262:2, eff. June 19, 1997.

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Citation/Title
NH ST § 137-K:1-a, Definitions.

N.H. Rev. Stat. § 137-K:1-a

REVISED STATUTES ANNOTATED OF THE STATE OF NEW HAMPSHIRE
TITLE X. PUBLIC HEALTH
CHAPTER 137-K. BRAIN AND SPINAL CORD INJURIES

Current through End of 2000 Reg. Sess.

137-K:1-a Definitions.

In this chapter:

I. "Brain and spinal cord injury" means any injury to the brain or spinal cord which causes death or requires medical care and treatment or results in long-term disability.

II. "Commissioner" means the commissioner of the department of health and human services.

III. "Department" means the department of health and human services.

IV. "Prevention services" means organized activities which are capable of reducing the incidence and prevalence of brain and spinal cord injuries.

V. "Risk assessment" means the measurement and evaluation of the threat resulting from these injuries.

VI. "Facility" means a governmental or private agency, department, institution, clinic, laboratory, hospital, health maintenance organization, association, physician, or other similar unit diagnosing or providing treatment for brain and spinal cord injuries.

<General Materials (GM) - References, Annotations, or Tables>

HISTORICAL NOTES

HISTORY

Source. 1999, 349:2, eff. Jan. 21, 2000.

Report to Legislature by Commissioner--1999 amendment. 1999, 349:7 provides: "The commissioner of health and human services shall make a report to the speaker of the house of representatives and the senate president by June 30, 2000 on the establishment of the registry pursuant to RSA 137-K, and on the data collected and maintained by the department, including the types of injuries reported and the causes of such injuries."

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Citation/Title
NH ST § 137-K:2, Advisory Council.

N.H. Rev. Stat. § 137-K:2

REVISED STATUTES ANNOTATED OF THE STATE OF NEW HAMPSHIRE
TITLE X. PUBLIC HEALTH
CHAPTER 137-K. BRAIN AND SPINAL CORD INJURIES

Current through End of 2000 Reg. Sess.

137-K:2 Advisory Council.

I. There is established the New Hampshire brain and spinal cord injury advisory council in the department. The advisory council shall consist of the following members:

(a) Three members nominated by the New Hampshire Brain Injury Association, appointed by the governor and who are the survivor, parent, spouse, or guardian of a person who is afflicted with a brain or spinal cord injury.

(b) Two members appointed by the governor who represent the professional community working in brain and spinal cord injury in treatment, rehabilitation, and community-based programs.

(c) One senate member, appointed by the senate president.

(d) One house member, appointed by the speaker of the house of representatives.

(e) Two members appointed by the New Hampshire Brain Injury Association.

(f) One member representing the bureau of vocational rehabilitation, appointed by the commissioner of education.

(g) One member representing the Injury Prevention Center at Dartmouth Medical School, appointed by the department head responsible for the program.

II. The following members shall serve 3-year terms, provided that the initial terms of the members appointed under paragraph I shall be as follows: One member in subparagraphs I(a) and (b) and one member in subparagraph (e) shall serve for one year; one member in subparagraph I(a), one member in subparagraph I(b), and one member in subparagraph I(e) shall serve for 2 years; and one member in subparagraph I(a) and the member in subparagraph I(g) shall serve for 3 years. The remaining members shall serve terms coterminous with their terms of office. The members shall be appointed within 30 days of the effective date of this section. In the event of death or resignation of any member of the advisory council, a successor shall be appointed by the person or entity that made the original appointment, and the successor appointed to the vacancy shall serve for the remainder of the unexpired term. The members of the advisory council shall serve without compensation; however, the legislative members shall receive mileage at the legislative rate for each day of actual attendance at called meetings.

*7624 III. The council shall elect a chairperson and vice-chairperson from among its membership at its first meeting which shall be held not later than 45 days after the effective date of this section.

IV. The advisory council shall:

(a) Meet at least quarterly to identify unmet needs which should be considered for support.

(b) Investigate the needs of citizens with brain and spinal cord injuries, identifying the gaps in services to these citizens, and issue an annual report to the governor, the speaker of the house, the senate president, and the commissioner of health and human services by November 1 of each year.

(c) Recommend to the commissioner priorities and criteria for disbursement of any moneys received under

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paragraph V.

(d) Hold at least 2 public hearings annually, in different regions of the state, to generate input from the public on unmet needs.

(e) Consider the feasibility of establishing a brain and spinal cord injury trust fund.

V. The advisory council is authorized to solicit and receive any gifts, grants, or donations made for the purposes of this chapter, and the commissioner may disburse and administer the same for the purposes consistent with this chapter.

<General Materials (GM) - References, Annotations, or Tables>

HISTORICAL NOTES

HISTORY

Source. 1997, 262:2, eff. June 19, 1997. 1999, 349:3, eff. Jan. 21, 2000.

Amendments--1999. Paragraph I: Deleted "of health and human services" following "in the department".

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Citation/Title
NH ST § 137-K:3, Rulemaking.

N.H. Rev. Stat. § 137-K:3

REVISED STATUTES ANNOTATED OF THE STATE OF NEW HAMPSHIRE
TITLE X. PUBLIC HEALTH
CHAPTER 137-K. BRAIN AND SPINAL CORD INJURIES

Current through End of 2000 Reg. Sess.

137-K:3 Rulemaking.

The commissioner shall, after consultation with the advisory council established in RSA 137-K:2, adopt rules under RSA 541-A relative to:

I. Direct assistance, service coordination, family support activities for individuals with serious brain or spinal cord injuries and their families, and injury prevention activities which may be supported by any grants received under this chapter.

II. Eligibility criteria for direct assistance and family support services.

III. Procedures for disbursements of grants.

IV. Eligibility criteria and service requirements for care and rehabilitation services for individuals with serious brain and spinal cord injuries provided by the department through existing programs.

V. Conducting prevention and screening services and delivering education programs.

VI. Content and design of all forms and reports required by this chapter.

VII. Procedures for disclosure of information gathered by the brain and spinal cord registry, by monitoring and evaluating health data, and from completed risk assessments.

VIII. Any other matter necessary for the administration of this chapter.

<General Materials (GM) - References, Annotations, or Tables>

HISTORICAL NOTES

HISTORY

Source. 1997, 262:2, eff. June 19, 1997. 1999, 349:4, 5, eff. Jan. 21, 2000.

Amendments--1999. Introductory paragraph: Deleted "of health and human services" following "the commissioner".

Paragraphs V to VII: Inserted.

Former paragraph V: Renumbered as Paragraph VIII.

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Citation/Title
NH ST § 137-K:4, Duties.

N.H. Rev. Stat. § 137-K:4

REVISED STATUTES ANNOTATED OF THE STATE OF NEW HAMPSHIRE
TITLE X. PUBLIC HEALTH
CHAPTER 137-K. BRAIN AND SPINAL CORD INJURIES

Current through End of 2000 Reg. Sess.

137-K:4 Duties.

The commissioner shall:

I. Educate the public regarding factors associated with the risk of brain and spinal cord injuries.

II. Monitor the morbidity and mortality of brain and spinal cord injuries .

III. Evaluate available health data for use in delivering prevention services.

IV. Offer prevention services to population groups at risk of developing brain and spinal cord injuries.

V. Undertake risk assessment activities.

<General Materials (GM) - References, Annotations, or Tables>

HISTORICAL NOTES

HISTORY

Source. 1999, 349:6, eff. Jan. 21, 2000.

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Citation/Title
NH ST § 137-K:5, Brain and Spinal Cord Injury Registry Established.

N.H. Rev. Stat. § 137-K:5

REVISED STATUTES ANNOTATED OF THE STATE OF NEW HAMPSHIRE
TITLE X. PUBLIC HEALTH
CHAPTER 137-K. BRAIN AND SPINAL CORD INJURIES

Current through End of 2000 Reg. Sess.

137-K:5 Brain and Spinal Cord Injury Registry Established.

There shall be established in the department a brain and spinal cord injury registry for compilation and analysis of information relating to the incidence, diagnosis, and treatment of brain and spinal cord injuries.

<General Materials (GM) - References, Annotations, or Tables>

HISTORICAL NOTES

HISTORY

Source. 1999, 349:6, eff. Jan. 21, 2000.

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Citation/Title
NH ST § 137-K:6, Reporting.

N.H. Rev. Stat. § 137-K:6

REVISED STATUTES ANNOTATED OF THE STATE OF NEW HAMPSHIRE
TITLE X. PUBLIC HEALTH
CHAPTER 137-K. BRAIN AND SPINAL CORD INJURIES

Current through End of 2000 Reg. Sess.

137-K:6 Reporting.

All facilities shall provide a report to the brain and spinal cord injury registry containing information regarding a brain and spinal cord injury diagnosed or being treated.

<General Materials (GM) - References, Annotations, or Tables>

HISTORICAL NOTES

HISTORY

Source. 1999, 349:6, eff. Jan. 21, 2000.

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Citation/Title
NH ST § 137-K:7, Disclosure; Confidentiality.

N.H. Rev. Stat. § 137-K:7

REVISED STATUTES ANNOTATED OF THE STATE OF NEW HAMPSHIRE
TITLE X. PUBLIC HEALTH
CHAPTER 137-K. BRAIN AND SPINAL CORD INJURIES

Current through End of 2000 Reg. Sess.

137-K:7 Disclosure; Confidentiality.

I. A report provided to the brain and spinal cord injury registry disclosing the identity of an individual, who was reported as having a brain and spinal cord injury, shall only be released to persons demonstrating a need which is essential to health-related research, except that the release shall be conditioned upon the individual granting authority to release the information and personal identities remaining confidential.

II. Analyses and compilations of data prepared under RSA 137-K:4 which do not disclose the identity of an individual and which cannot be used to surmise an identity shall be available to the public under RSA 91-A.

III. The physician-patient privilege shall not apply to reports prepared pursuant to RSA 137-K:6.

<General Materials (GM) - References, Annotations, or Tables>

HISTORICAL NOTES

HISTORY

Source. 1999, 349:6, eff. Jan. 21, 2000.

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Citation/Title
NH ST § 137-K:8, Maintenance of Reports.

N.H. Rev. Stat. § 137-K:8

REVISED STATUTES ANNOTATED OF THE STATE OF NEW HAMPSHIRE
TITLE X. PUBLIC HEALTH
CHAPTER 137-K. BRAIN AND SPINAL CORD INJURIES

Current through End of 2000 Reg. Sess.

137-K:8 Maintenance of Reports.

Reports provided to the brain and spinal cord injury registry under RSA 137-K:6, and analyses and data prepared under RSA 137-K:4 shall be maintained by the department in a manner suitable for brain and spinal cord injury research purposes, and shall be available to persons as prescribed in RSA 137-K:7.

<General Materials (GM) - References, Annotations, or Tables>

HISTORICAL NOTES

HISTORY

Source. 1999, 349:6, eff. Jan. 21, 2000.

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Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on SB 182-FN-A

BILL TITLE: **(New Title) establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such fund.**

DATE: May 23, 2001

LOB ROOM: 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: (OTP) OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Joseph Manning

Seconded by Rep. Gloria Seldin

Vote: 16-0 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: No

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Margaret A. Case

Rep. Margaret A. Case, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on SB 182-FN-A

BILL TITLE: **(New Title) establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such fund.**

DATE: 5-23-01

LOB ROOM: 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: (OTP), OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Manning

Seconded by Rep. Seldin

Vote: 16-0 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: NO

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Margaret A. Case, Clerk

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

Bill #: SB 182 FN-A Title: _____

PH Date: ___/___/___ Exec Session Date: 1/23/01

Motion: OTP ~~as amended by the Senate~~ Amendment #: _____

MEMBER	YEAS	NAYS
Batula, Peter L, Chairman	✓	
Martel, Andre A, V Chairman	Absent	
Chabot, Robert F	✓	
Manning, Joseph P	✓	
Case, Margaret A	✓	
Katsakiores, Phyllis M	Absent	
Feuerstein, Martin	✓	
Pilliod, James P	Absent	
Dalrymple, Janeen A	✓	
Wendelboe, Fran	✓	
Ruffner, Walter D	✓	
Millham, Alida I	✓	
MacKay, James R	✓	
Emerson, Susan	Absent	
Burnham, Daniel M	✓	
Kane, Cecelia D	✓	
French, Barbara C	✓	
Seldin, Gloria	✓	
Micklon, Stephanie K	Absent	
Harris, Sandra C	✓	
Sokol, Hilda W	✓	
TOTAL VOTE: 16-0	16	0

Printed: 1/3/2001

Committee Report

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **SB 182-FN-A**

TITLE: (New Title) establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such fund.

DATE: May 23, 2001 CONSENT CALENDAR YES ☐ NO ☒

☒ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

This bill addresses a growing problem. With the great advances in trauma treatment, many people who would not have survived an accident now live on with severe disabilities. The fund established by this bill will be used to educate and assist families in obtaining support, advocacy, vocational help, etc., and to fund prevention efforts. The money will come from the excess incomes of the victim's assistance fund and from certain forfeited bail money, both of which now go into the General Fund.

Vote 16-0.

Rep. Joseph P. Manning
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

Health, Human Services and Elderly Affairs

SB 182-FN-A, (New Title) establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such fund. **OUGHT TO PASS**

Rep. Joseph P. Manning for Health, Human Services and Elderly Affairs: This bill addresses a growing problem. With the great advances in trauma treatment, many people who would not have survived an accident now live on with severe disabilities. The fund established by this bill will be used to educate and assist families in obtaining support, advocacy, vocational help, etc., and to fund prevention efforts. The money will come from the excess incomes of the victim's assistance fund and from certain forfeited bail money, both of which now go into the General Fund. **Vote 16-0.**

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **SB 182-FN-A**

TITLE: (New Title) establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such fund.

DATE: 5-23-01 CONSENT CALENDAR YES ☐ NO ☒

☒ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

Vote 16-0

Rep. JOSEPH P MANNING CHES #9
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

THIS BILL ADDRESSES A GROWING PROBLEM. WITH THE GREAT ADVANCES IN TRAUMA TREATMENT MANY PEOPLE WHO WOULD NOT HAVE SURVIVED AN ACCIDENT NOW LIVE ON WITH SEVERE DISABILITIES.

THE FUND ESTABLISHED BY THIS BILL WILL BE USED TO EDUCATE AND ASSIST FAMILIES IN OBTAINING SUPPORT, ADVOCACY, VOCATIONAL HELP ETC & TO FUND PREVENTION EFFORTS

THE MONEY WILL COME FROM THE EXCESS INCOMES OF THE VICTIMS ASSISTANCE FUND AND FROM CERTAIN ~~FORFEIT~~ FORFEITED BAIL MONEY, BOTH OF WHICH NOW GO INTO THE GENERAL FUND.

P.B.

COMMITTEE REPORT

COMMITTEE: **Finance**

BILL NUMBER: **SB 182-FN-A**

TITLE: (New Title) establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such fund.

DATE: December 3, 2001 CONSENT CALENDAR YES ☐ NO ☒

☐ OUGHT TO PASS

☒ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

The Finance Committee amendment preserves the brain injury program established by the policy committee but changes the method and amount of funding. The bill as it came to Finance proposed paying for the program with a dedicated fund based on two unpredictable revenue sources. In hearings before Finance, it was determined that there were significant problems in this funding approach. It was also determined that at least $200,000 in unanticipated general fund revenues would be available from penalty assessments on fines for driving and non-driving offenses for FY 2003. The Committee amendment eliminates the dedicated fund and makes a direct budgetary program appropriation of $400,000, half of which comes from general funds and the other half from federal funds. In the future, funding for this program will be determined through the normal budgetary process.

Vote 20-0.

Rep. Francine Wendelboe
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

Finance

SB 182-FN-A, (New Title) establishing a brain and spinal cord injury trust fund and appropriating certain moneys to such fund. **OUGHT TO PASS WITH AMENDMENT**

Rep. Francine Wendelboe for Finance: The Finance Committee amendment preserves the brain injury program established by the policy committee but changes the method and amount of funding. The bill as it came to Finance proposed paying for the program with a dedicated fund based on two unpredictable revenue sources. In hearings before Finance, it was determined that there were significant problems in this funding approach. It was also determined that at least $200,000 in unanticipated general fund revenues would be available from penalty assessments on fines for driving and non-driving offenses for FY 2003. The Committee amendment eliminates the dedicated fund and makes a direct budgetary program appropriation of $400,000, half of which comes from general funds and the other half from federal funds. In the future, funding for this program will be determined through the normal budgetary process. **Vote 20-0.**

OFFICE OF THE HOUSE CLERK 2001 SESSION

FINANCE

Bill #: SB 182 Title: _____

PH Date: ___/___/___ Exec Session Date: 12/3/01

Motion: OTP-A Wendelboe/Moore Amendment #: 2011

MEMBER	YEAS	NAYS
Kurk, Neal M. Chairman	20	
Wevler, Kenneth L. V Chairman	1	
Holbrook, Robert G. Clerk		
Johnson, Robert A		
Thulander, O Alan	2	
Stone, Joseph E	3	
LaRose, Richard J	4	
Anderson, Eric	5	
Wendelboe, Fran	6	
Hager, Elizabeth S	7	
Mercer, Robert S	8	
Emerton, Lawrence A	9	
Wheeler, Robert L	10	
Rodeschin, Beverly T	11	
Johnson, Rogers J	12	
Wallner, Marv Jane	13	
Smith, Mariorie K	14	
Moore, Carol	15	
Foster, Linda T	16	
Dwver, Paul J	17	
Blanchard, MarvAnn N	18	
Coes, Betsv A		
Mitchell, McKim W	19	
TOTAL VOTE:	20	0

Printed: 9/7/2001

SB 182

Rep. Wendelboe for the Committee. The Finance Committee amendment preserves the brain injury program established by the policy committee but changes the method and amount of funding. The bill as it came to Finance proposed paying for the program with a dedicated fund based on two unpredictable revenue sources. In hearings before Finance, it was determined that there were significant problems in this funding approach. It was also determined that at least $200,000 in unanticipated general fund revenues would be available from penalty assessments on fines for driving and non-driving offenses for FY 2003. The Committee amendment eliminates the dedicated fund and makes a direct budgetary program appropriation of $400,000, half of which comes from general funds and the other half from federal funds. In the future, funding for this program will be determined through the normal budgetary process. Vote: OTP/A 20 – 0 [regular calendar]