Bill 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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 RSA 137-K:2, IV(c) is repealed and reenacted to read as follows: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 Based on Agency Analyses:		**Explanation**:
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

Amendments

Sen. Hollingworth, Dist. 23
April 5, 2001
2001-0697s
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 and spinal cord injury trust fund and appropriating certain moneys to such fund.

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

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 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.

2001-0697s

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.

Sen. Hollingworth, Dist. 23
April 5, 2001
2001-0697s
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 and spinal cord injury trust fund and appropriating certain moneys to such fund.

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

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 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.

2001-0697s

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.

Senate Executive Departments and Administration
May 2, 2001
2001-1102s
08/01

Amendment to SB 182-FN-A

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

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

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

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 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.

2001-1102s

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.

Committee Minutes

Senator Prescott, Chairman
Senator Flanders, V. Chairman
Senator Francoeur
Senator Larsen
Senator D'Allesandro

SENATE
CALENDAR

Date: March 21, 2001

Please Note: The Committee will begin at 1:10

HEARING NOTICE

EXECUTIVE SESSION TO FOLLOW

Wednesday	**April 11, 2001**
(DAY)	*(DATE)*

Executive Dept. & Admin.	**Room 104, LOB**	**1:10-2:45 P.M.**
(Name of Committee)	*(Place)*	*(Time)*

1:10 **SB 187-FN** *requiring the state to pay for an independent appraiser in eminent domain proceedings.*

1:30 **SB 186-FN** *relative to the powers of and classification for criminal justice and consumer protection investigators of the department of justice.*

1:50 **SB 192** *relative to the issuance of high/medium voltage licenses by the electricians' board.*

2:15 **SB 182-FN-A** *establishing a brain and spinal cord injury trust fund and continually appropriating a special fund.*

Senator Russell Prescott

Chairman

Sponsors:

SB 187-FN	Senator Gordon, prime; Senator Below
SB 186-FN	Senator D'Allesndro, prime; Rep. Dyer
SB 192	Senator O'Neil, prime
SB182-FN-A	Senator Hollingworth, prime; Senator(s) Boyce, Johnson, McCarley, Rep(s). Emerton, Weyler, Boyce, Martel, Knowles

Cc: Ann Daniels

Date: **April 11, 2001**
Time: **1:50 p.m.**
Room: **104, LOB**

The Senate Committee on **Executive Departments and Administration** held a hearing on the following:

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

Members of Committee present:
Senator Prescott
Senator Flanders
Senator Francoeur
Senator Larsen
Senator D'Allesandro

The Chair, **Senator Russell E. Prescott,** opened the hearing by calling on **Senator Beverly A. Hollingworth**, the **bill's prime sponsor** as the first speaker.

Senator Beverly A. Hollingworth, D. 23: Thank you. For the record, my name is Senator Hollingworth, District 23. And I'm honored and pleased to be asked to sponsor this legislation. I can't think of a more needed piece of legislation. **The big problem for us all here has been how we were going to fund it**, just like every other problem we have out there. So we did put in in the original bill some other mechanisms to fund and I want to call to everybody's attention that the people who called me early on said we think this is **a great idea and we think it's needed but we can't support the method of funding in the original copy**.

So I set about trying to put my thinking cap on to find ways in which we could find other revenue. And with the goodness of many people out there we have come up with a funding mechanism that I would call to your attention, **the amendment**. This replaces the total bill and it's in front of you. And there is [shuffling papers] Attorney General's Office for **Victims' Assistance**, and currently up to **$750,000.00 is kept for that fund**. We do not touch that at all. Anything over and above that 750,000 currently would go into the general fund. This year they will see a surplus of about, over the 750; I'm not

sure of the exact number but I think it's around **900-something thousand.** So that amount of money – not the750, the **750 stays safe – just what is in surplus, and that would go into the New Hampshire Brain and Spinal Injury Fund.**

Also, there is – **if there's a violation and no, not involving driving, they make a default, then that default is forfeited and the payment for the forfeiture will be paid to the State Treasury to support the Brain and Spinal Cord Injury.** Now this is just a beginning. I know that we probably won't have enough revenue, what we would like to have, but it is a beginning. And I think that with, if the committee will vote in support of the policy, we can keep looking for those little places where we might find funding.

I remember when we first started to fund Victims' Assistance in domestic violence situations we were in the same boat way back then. And we decided to add **a surtax on the marriage license fee.** Being New Hampshire, we look for the darndest places to find money. And a few years ago -- the program has worked very well, no one has been terribly upset about this and they came to me and said we need a little bit more money. And we proposed to come in with an increase, I think it was $5.00 when we first put it in and we were going to come in with a much smaller increase. And there was such support for the bill that they, that they increased what we had asked for.

So I think that what I'm asking you is, I believe that this policy committee should support it. I think they should support it because of the funding as well but I think that it's **a unique way in which we're trying to approach this**, and that we will still **continue to look for more revenue** to make sure that this program can move forward and provide services.

I'm not going to go into detail about the services that are needed. I think the people behind me can tell you their experiences and why this is so needed. And I am honored that they asked me to sponsor this bill. Thank you very much. I will end my testimony so you can listen to the people who've requested this.

Senator Russell E. Prescott, D. 19: Thank you, Senator. Questions?

Senator Beverly A. Hollingworth, D. 23: Of course.

Senator Russell E. Prescott, D. 19: Any questions? No questions.

Senator Beverly A. Hollingworth, D. 23: Thanks very much.

Senator Russell E. Prescott, D. 19: Okay, thank you. Senator Boyce?

Senator Robert K. Boyce, D. 4: Thank you, Senator Prescott, Members of the Committee. I am Senator Boyce, I'm **one of the sponsors of this bill**. And this bill actually came about as the result, one of the results of a bill that I put in four years ago. **The original bill also asked for a trust fund** but it came out through the process as being the spinal cord – **Brain and Spinal Cord Injury Advisory Council**. And one of the things that they were charged with was looking to see what services are needed and what, what's needed for people with brain and spinal cord injuries. And one of their original recommendations was that we create a **trust fund** that would be able to be tapped **to provide services for this community**.

As you can see, there are quite a few people here that want to speak. I'll give you a real quick background on why I'm here. I've been **a member of the Brain Injury Association Board for about 12 years now and I'm past president of the association and I've been affiliated with the National Brain Injury Association as well**. And the, one of the things that you'll probably hear later on is how **prevalent** this is. I know there's a very graphic graph that's going around that shows how brain injury stacks up to some other things that people are very concerned about, but I like to relate this back to our individual cases.

And **in the next year in your district you can expect 170 of your constituents to be injured and have to be treated in a hospital for a brain injury**. That's the, that's how many people each year in each Senate district are probably going to be involved. Now, out of that a smaller number will be permanently affected by it and an even smaller number will be totally disabled and so forth. But that 170 per Senate district I think is a very important number for you to remember. This does affect a substantial number of your constituents each year. And if you go back and figure that that's one year, how many people in your district are going to be living after brain injury right now in your district? You'd probably be very surprised to find out how many that is, it's a huge number.

It is a very big problem. The reason it's a big problem now is that about **25 years ago the medical community got very good at saving lives**. What they learned in Viet Nam on how to get patients from the scene of some tragic injury to medical help and keep them alive in that process, and then get them through that process to where they lived through it has come a long ways. **Twenty years ago you could expect a major, in a severe injury that 80 percent would die; 80 percent of people who had a brain injury would die of that injury. Now we save 80 percent, 20 percent die**. It's a complete flip-flop.

And what that means is that where 20 years ago the population of people that were living after a severe, severe change in their life because of brain injury was a very small population. And sadly, most of those went to nursing homes or just went home and watched TV. There just wasn't any, there was nothing going on for them outside of that. But because we've been so good at saving lives, **we've created a population of people who need to be addressed**. They have needs that cannot be met in other ways. So what we're asking for here is just a way to alleviate some of those needs.

I -- like I say, I will leave the numbers and the other things for the rest of the people behind me. But I will answer any questions.

Senator Russell E. Prescott, D. 19: Any questions for Senator Boyce? Seeing none, thank you very much. There are sign-up sheets available.

[Inaudible exchange.]

Senator Russell E. Prescott, D. 19: Thank you. Senator Johnson and Senator McCarley, I do not see that they are here. They're the **co-sponsors** of the bill; I want to recognize them **as in favor**. Representative Emerton, he's a co-sponsor here. Representative Weyler, I do not see him. Representative Boyce I do see. Thank you, Representative, for coming.

Representative Laurie J. Boyce: Thank you, Mr. Prescott and Members of the Committee, for allowing me to speak today.

[See Attachment "A", Written Testimony]

Senator Russell E. Prescott, D. 19: Thank you, Representative Boyce. Any questions?

Senator Robert B. Flanders, D. 7: I have no questions, I have a statement. Don't worry about going upstairs and forgetting what you went up for, because a lot of us do that.

Senator Russell E. Prescott, D. 19: And I appreciate Jaime's response to write it down.

Representative Laurie Boyce: Thank you.

[Inaudible exchange.]

Senator Russell E. Prescott, D. 19: Do we have Representative Knowles or Martel in the room who wish to speak on behalf of the bill? We do not. Since the list is so large, I am just going to start with these three and we'll go to the pages. Does somebody have a time constraint that wishes to speak immediately, without being prejudiced to the rest of them that are going to be patient and wait?

All set. I will go random, then. Sandra Matheson.

Sandra Matheson: Good afternoon.

Senator Russell E. Prescott, D. 19: Good afternoon.

Sandra Matheson: For the record, my name is Sandra Matheson. I am the director at the **state office of Victims' Assistance** at the Attorney General's office. It is a position that I've held since the office was created in 1987 by the legislature. My office provides 24-hour services and support in all of the state's homicide cases and is also responsible for standardizing services for victims of crime on a statewide basis.

I am here pleasingly to **support the bill as amended by Senator Hollingworth**. I had come with some concerns about the **Victims' Assistance Fund**. To give you a little bit of history, I started working on the Victims' Assistance Fund back in 1988 with strong support from people like Senator Hollingworth, who has always been there for victims of crime. And we started out asking for a 5 percent penalty assessment and ended with 2; and it took us almost 10 years of very, very hard work to finally get the Fund up to a place where we can really adequately support and provide the services to victims of crime.

I have great support for this trust fund and see it as a great need for our state, because I truly respect victims of all circumstances and urge that this excess in our fund be used for this **very important and very much-needed services**. Thank you.

Senator Russell E. Prescott, D. 19: Thank you. Any questions?

Senator Sylvia B. Larsen, D. 15: Does the –

Senator Russell E. Prescott, D. 19: Senator Larsen?

Senator Sylvia B. Larsen, D. 15: Is the 750 that's in the statutes covering the majority or all of the victim assistance programs that –

Sandra Matheson: Yes. At this point -- what we did when we increased the penalty assessment, we also increased the victims we were serving. We are **now serving all crimes, misdemeanor crime victims and violent crime**, which is most of our domestic violence cases. And we're also doing **a lot more outreach to victims**, so it – as we see the outreach that we're doing the need is there; but yes, it is covering that and if there is any excess we think that this is a very well-meaning place for it to go.

Senator Russell E. Prescott, D. 19: Thank you very much. Keith Lohmann – or Lehman, sorry.

[Inaudible exchange.]

Keith Lohmann: Mr. Chairman, Members of the Committee, good afternoon.

Senator Robert B. Flanders, D. 7: Good afternoon.

Keith Lohmann: My name is Keith Lohmann, I'm the assistant director of the **New Hampshire Police Standards & Training**, and I'm not going to hand out my testimony because it's changed significantly.

We were coming in opposition to the bill as proposed; however, **we can definitely support the bill as amended** and I would encourage you to pass it. The only concerns that we had were the sections regarding the penalty assessment. The penalty assessment is the **sole source of funding** for the Police Standards & Training Council. It's probably the only state agency that doesn't receive any general fund support and we are very concerned when other entities think about taking a portion of that fund for one very special reason.

There are a number of U.S. Supreme Court cases that specifically had to do with airport landing fees which don't have anything specifically to do with this; however, those decisions have held that if there is a funding mechanism for special funds, the funds have to be used for that purpose. The penalty assessment came into existence about 20 years ago and its sole purpose was for police training and to support the criminal justice system. The crime victims were added onto that several years ago and I think there is a nexus, certainly, between police training and the criminal justice system and victims of crime. However, over the years other groups have attempted to latch onto the penalty assessment and my concern is that if other groups not having a clear nexus to police training get onto the funding scheme then the **entire system may be deemed unconstitutional**. If that were to happen, then obviously we'd be out of business because we have no other source of funding.

I believe that Senator Hollingworth's amendment takes care of those issues. We are, **we strongly support the creation of a trust fund**. Two years ago a bill was filed; my boss, Director Earl Sweeney, worked with the advocates at that time to try and find an alternative funding source and we continue to do so up to this day.

So having said that, **we oppose the bill as filed, we support the bill as amended**. And I'll be happy to answer any questions.

Senator Russell E. Prescott, D. 19: Thank you. Are there any questions on the committee? Seeing none, thank you for your testimony. John Curran.

John Curran: Ladies and Gentlemen, my name is John Curran. I am the chief of police, **Meredith Police Department**. I appear here today as an **appointed member of the Police Standards & Training Council** and I'm here on behalf of my fellow council members and also representing the **New Hampshire Association of Chiefs of Police**. The one section to the bill that we came here to oppose was the penalty assessment attachment. Again, that appears now to be **a moot question. With this amendment we would support the amendment**. Our fear, again, is the attachment of the penalty assessment and with that amendment that would take this and make it a moot question.

That was our only fear, we need to have the training and it's important to us. I thank you very much for your time.

Senator Russell E. Prescott, D. 19: Thank you. Any questions from the committee? Seeing none, thank you for your testimony.

John Curran: Thank you very much.

Senator Russell E. Prescott, D. 19: Erin Hall.

[Inaudible exchange.]

Senator Russell E. Prescott, D. 19: Erin Hall is here, does not wish to speak; same with Geri Haldsworth, Carol Mahoney, Lori Sandefur and Ceridwen Lewin. And I'd like to call on Sandy Mahoney and Steven Mahoney, they wish to speak.

Sandra Mahoney: Good afternoon, I'm Sandra Mahoney, this is my husband, Steve Mahoney, a native of Concord and one day in the fall in 1985

had an accident here in Concord that changed his life forever at the age of 20. I appreciate your asking us here today very much.

[See Attachment "B", Written Testimony]

[End of side one of tape one.]

Senator Russell E. Prescott, D. 19: Those who have signed up in favor but wish not to speak are Bill Milne, Lori Longway, Donald – excuse me, I – Severance, Kathleen Severance and Suvonne Griffin –

Unidentified Female Speaker: Suzanne –

Senator Russell E. Prescott, D. 19: Suzanne – you're right – Patricia La Plante, Janice Bagley, Paul Blackford. And we have wishing to speak is Barbara Fournier.

Barbara Fournier: I'm going to try. [Inaudible remarks.] I'm just so angry right now, there's so much going on with me. **We are people worth saving.** If I had a scar across my face or was missing a limb or was in a wheelchair people would ask me what's wrong; but 90 percent of the time I'm not like this, I look okay, I feel okay, I talk okay, I laugh, I joke, people like me. It's just I get overwhelmed and I've got to – I had three brain surgeries. I know I voted for you, Sylvia, and I think you're – are you Jeff?

Inaudible Male Speaker: No, but I work for Jeff.

Barbara Fournier: I don't know, you look familiar. I just, I says he's going to call on me because I don't want to talk today, but I wanted you to know I want to talk. And I apologize for crying.

I met a man yesterday – there's **more of us out there** than what are in this room, I guess that's – and I think, I just told Ellen [inaudible] – yeah, Ellen today that I want to get a book out just of stories so maybe you guys can just take it home and look at some of the stories and not, not have to just listen day after day. I mean, there are so many people out there; I'm meeting them on the street every day on the computer. You know, it's – but I finally found somebody – I mean, I'm not married and I love this guy just because he's like me. You know, he has no family support because they think you're putting it on.

You know, my girlfriend says I wish I could take a nap two hours every day; I wish I didn't have to. You know, I wish I could remember – they, one, I think somebody just said don't feel bad because going upstairs, you know, we all, I

forget all the time. That has just become a thorn in my side the last couple of days, all the time. Nothing against you, but it's just – I went to my doctor for my physical, I spent the whole hour sitting there crying. Now she says I'm manic-depressive, I've got to go on Prozac. You know, I want to see a psychoneurologist and that's what I told her. She says, see a psychiatrist, you know, they all work with the brain. Well I'm sorry, I've been for 20 years seeing a psychiatrist for depression and stuff. I don't need a psychiatrist at the moment to deal with a brain injury. I need a person that deals with brain injuries. I want to know how to organize my life so that I can get up in the morning and know what I'm planning on doing. I don't want to forget.

Talking to Paul, he's got a timer, day timer. He's going to get me in on that. But I, I have stock in the 3-M companies. All over my house I have notes, I have calendars. It's – **I want my mind back**; you know, I want to go back to work. I enjoy – you can only watch so much TV. I used to knit, I used to crochet, I used to sew. I can't remember any of that. I read four books in a week; I've read like four in four years since my accident. I can't drive out of town because I get extremely tired.

I just want to, I want to know what's going on up here. I mean, I, I appreciate the fact that I'm not in a wheelchair, that I do have my legs, but it just would be easier sometimes, I think, if I didn't because people would understand more and they wouldn't look at me and say, you know, you're looking great today or how come you're not out working because I happen to have a good day.

I don't know what else – I just, I talk too much when I get going and –

Senator Russell E. Prescott, D. 19: Thank you very much.

Senator Robert B. Flanders, D. 7: Thank you.

Senator Russell E. Prescott, D. 19: Julia Freeman signed up in favor, not wishing to speak, as well as Paul Van Blarigan and Deirdre Clark – no, Deirdre Clark, you wish to speak.

Deirdre Clark: Good afternoon, Senator –

Senator Russell E. Prescott, D. 19: Good afternoon.

Deirdre Clark: -- Prescott and other Senators. My name is Deirdre Clark and I'm speaking on behalf of my son Jim and other members of the disability community. Originally my testimony ran about four pages long and for the benefit of all I've tried to condense it to about two pages of notes. Hopefully

you can read between the lines or the sentences. What I've tried to do is to hit the highlights of **how the money would be spent** if we are fortunate enough to have this bill passed, by whatever funding mechanism. But I will relate it in the context of my son and how, if it had been in place six years ago it might have moved us forward sooner.

[See Attachment "C", Written Testimony]

Deirdre Clark: Education and prevention are the only cure. Children at all ages, especially 1-24 year olds, parents, teachers, doctors, nurses, athletic coaches and trainers need to be educated and re-eduated in some instances about what, how, when of TBI – often and early.

In light of the amendment to this bill which I did not learn about until this afternoon, maybe the next part is not as significant as I thought it once was, but I still would like to have it entered so that you would consider it.

[See Attachment "C", Written Testimony, Page 2, Re: Police Standards & Training]

Senator Russell E. Prescott, D. 19: Any questions? Thank you very much. Those who signed up but not wishing to speak were Jennifer Andrews and Joanne Devine. Does Newton Kershaw wish to speak?

Newton Kershaw: Thank you, Senators. My name is Newton Kershaw and I'm the father of a daughter who was brain injured in 1992. My daughter Alexis went to sleep one night and didn't wake up in the morning. She had an ADM in her left brain which had bled during the night and we took her to the Emergency Room and did neurosurgery throughout that day, after which she was in a coma for two and a half to three days and then in Intensive Care for a period of time. She was discharged from Intensive Care to the Acute Care portion of the hospital until her medical injuries stabilized so that she wasn't going to – and then she went, or it was our job as her parents to figure out what next.

And figuring out that "what next" was extraordinarily difficult. At the time – this was at Catholic Medical Center – Lynn Curtis was the physiatrist who was in charge of CMC's rehab program. He has since moved on, I think he's in Kansas now. And he spoke to my wife and me about brain injury, the brain, the hemispheres, how it works, what to think about, what she could expect; and it was a bewildering and hard experience for us to learn all that.

In my daughter's case, she – because she had a left brain injury her right side was paralyzed at first but has come back to some extent but she now, almost

nine years later, has right side **hemiplegia**; but her worst condition is **aphasia,** she, she has trouble with speech. When she came out of the operating room and came out of the coma she didn't speak and then her first word was on – it was January 20th when she was injured, her first word was on February 14th and the word was "hi" and then we went from there.

Meanwhile, she was a very popular student at Central High School, she was 15, she was a sophomore at the time. She was on the track team; she had just qualified to run in the State's in the 600-meter run. She was 17th in her class, she had a career and a future out in front of her which was **shattered by this event**. But her friends came in and visited her and that hospital – I mean, they decorated the room and they visited day after day and it was, it was a tremendous, supportive experience.

And meanwhile, **my wife and I were just trying to envision the future, the longer future** and it was hard. And we knew that we would have to deal with the **Manchester Special Education system** and we were worried about it. We'd made contact with them; we ended up in those meetings with the Special Education system and I want to tell you just one story about that and then one story about **health insurance**.

The story about the Special Education is the first year we had an IEP team and the team was, they were well-meaning people and they wanted to do the right thing. But then we wanted -- my wife, who could have gotten a Ph.D. in telephone at the time. She would call anybody – oh, what about this; what about that; did you think about this; maybe you could send her here; maybe she could go – we would have sent her to Timbuktu if we believed that would make a difference. And she found out about a program at the University of Michigan which is still going on, called **the University of Michigan Residential Aphasia Program, the Communicative Disorders Clinic** at – and it's six weeks of intensive speech therapy, like 23 hours a week. And if you know anything about these numbers, that's a huge amount. I mean, if you've got the best health insurance, you're going to be very lucky to get five hours a week of speech therapy, and more typically it's going to be three or one.

So -- but it was a six-week program, six weeks on/one week off, six weeks – they run it all year long. And so she, we suggested it to her IEP team, we said this is a good thing for Alexis to do, she can work on what is her big problem with speech. The teachers were thinking, oh, she needs to learn about the American Revolution, or maybe she needs to learn a little mathematics, or maybe – you know, God bless them, they weren't right. And the school district employee went away and came back and made a proposal to the team which was that Alexis could, for the summer-time program which

is also very jealously guarded and not given away lightly, could go to the vocational center and someone would work with her to develop a resume for her so she could go get a job or something. And it totally upset – I mean, that just wasn't the right thing to do, but they were going to their shelf to get what they had on their shelf for something to offer. And I went out and **hired a lawyer**. I am a lawyer, I'm a lawyer at Devine, Millimet & Branch, I'm an employee benefits lawyer. But this **Special Education process was so complicated**, truly it is, that I did, I could not assemble it, the knowledge about it that made me comfortable that I could deal with it. So I went out, I paid $3,000.00 to, as a retainer for a lawyer to represent Alexis about this summer-time program. And we developed a demand letter and we sent it to Mr. Vitagliano and it ended up he came and we met. And when we met, the school district capitulated, they said okay, we can do that. And so she went to Michigan.

The second story happened a number of years later, like three or four years later. When Alexis was injured I was **insured through Aetna Health Insurance** and I had what was called an **indemnity insurance policy,** and that's like gold now if you can find it. I mean, they're going away, they've been replaced by HMOs and managed care. But the indemnity policy said here are the services we provide, and speech therapy was one of them. If it's medically necessary you can get it and the insurance company will pay for it, end of story.

And I got a letter at my law office one day that, from Aetna that said our doctor in Hartford, Connecticut has looked over your daughter's file and has determined that speech therapy is no longer medically necessary for your daughter so we're not going to cover it anymore. And I peeled myself off the ceiling of my office and just kind of came back down and thought to myself those thoughts that you have as an employee benefits lawyer, because this was an employee benefit that she was getting the advantage of, our health insurance.

And so I pulled out my book on ERISA and I wrote them a letter and I said, you know, please give me all of your guidelines and tell me how you came to this conclusion and all their – sent it off and we went back and forth and sent – and after a few back and forths they capitulated. They said, oh, we've changed our minds, we think maybe it is still medically necessary. I say this to you knowing full well that I'm a lawyer and I consider myself a capable lawyer and a hard-working person, and it was not easy for me and I, I am skeptical that if someone else had been in my shoes in either of those situations, they wouldn't have been successful. Where would they be? I mean, it's not that hard to figure out.

With that background, I want to tell you that I got an invitation to join the Brain Injury Association's Board; I took it. I am now the **vice president of the Brain Injury Association.** I, I am also **a member of the Advisory Council** that's been talked about. I also am on the Board of **Krempels Foundation.** I consider these involvements part of the brain injury movement, if you will. And it's a good movement in New Hampshire, a lot is happening right now. There are some very good, capable people who are basically putting their shoulder to the wheel saying, gee, something is really needed here and they're all trying hard. And this trust fund bill is a crucial piece of the infrastructure which is now being developed in New Hampshire.

The history you heard from Senator Boyce is that this bill was originally presented -- the trust fund idea is not new. Four years ago an Advisory Council was set up. The Advisory Council decided that the policy of the state supports the founding of the trust fund and it should have one. And then last year we presented a bill that was very similar, almost very similar to the bill that you're looking at now and we sought the same penalty assessment that you've heard talked about here. And we were hopeful, but quite frankly I think we were somewhat naïve. I don't think we're that accomplished in the legislative halls and so we're learning our job as we go. And we were informed that our attempt to obtain 3 percent of the penalty assessment was no longer possible because that 3 percent had gone to the Victims' Assistance Fund. I mean, we didn't know from nothing. I mean, all that, that felt like it just happened to us.

And when the bill finally got – everybody agrees about the policy, I mean, I don't think that's an issue. But when the bill got to the end they said, okay, we'll have a registry. And so a registry was passed but not funded. And then this past year the Health and Human Services – and this will pay, this trust fund will pay the registry, too – this past year the Health and Human Services Department has come up with, I think $50,000.00 to begin the funding of that registry so it can begin.

The idea of using the penalty assessment was, was because other states have done it this way. There are probably 16 states that have trust funds and they have tacked onto automobile accidents that cause brain injuries this kind of fee. So in principle, I think using the penalty assessment does make sense. I think it's an appropriate thing for the state to do. I've listened, I've seen the amendment, I've seen – I heard about Senator Hollingworth's amendment last week. I had, meanwhile, submitted suggestions for an alternative amendment which would have ratcheted down the original request from 21 percent, which is what we asked for originally. The penalty assessment today is a total of 20 percent, 15 percent going to Police Standards & Training, 5 percent going to Victims' Assistance –

[End of side two of tape one.]

Newton Kershaw: -- the Department of Safety and the Police Standards & Training Council, in part I thought because of the increase from 20 to 21, and I think that is the case in the situation of the Department of Safety.

I've talked to John Stephen about it. I will represent to you that Mr. Stephen is in support of the bill. He supports it with respect to the funding stream for the bill recognizance fund. I don't think he oppose – no, I'm confident he does not oppose it on the basis of taking the penalty assessment, but he does not want to take a position about whether Victims' Assistance is worthier or the Brain Injury Trust Fund is worthier; that's a different kind of can of worms.

The amendment that you have now from Senator Hollingworth gets us there. And I don't mean to suggest that I want to look a gift-horse in the mouth or not appreciate the passion and the help that we've received from a lot – and we need a lot of help – but I still think that this is a work in process. We still have, we have the Senate to go through, we have the House to go through. I – but I think this bill is important, it's a crucial piece of the infrastructure. All of the scheming has ended up with regard to the funding sources and I just wanted to give you this little bit of background from my point of view.

Senator Russell E. Prescott, D. 19: Thank you very much. Any questions? Thank you. We also have two others from the New Hampshire Brain Injury Association who wish not to speak, that's Tammy Richardson and Nathan Beland; and another from the New Hampshire Brain Injury Association which is Carolyn Ramsay, president. Do you wish to speak?

Carolyn Ramsay: Yes.

Senator Russell E. Prescott, D. 19: Thank you.

Carolyn Ramsay: My name is Carolyn Ramsay, I am the **president of the Brain Injury Association** of New Hampshire and have been on the board for a number of years and wanted to present today that I am in full support of the SB 182 as part of the trust fund.

[See Attachment "D", Written Testimony]

Any questions?

Senator Russell E. Prescott, D. 19: Very good. Any questions anybody? Yes, Senator Larsen.

Senator Sylvia B. Larsen, D. 15: Since you're president of the Association I thought I'd ask you. What, what if there is no excess in the Victims' Assistance, has anyone done a study of – you know, is this an unusual year or will that penalty assessment be –

Carolyn Ramsay: That is a concern –

Senator Sylvia B. Larsen, D. 15: -- always higher?

Carolyn Ramsay: Whoops – that is a concern for us. I don't think we know whether there will be excess dollars through the Victims' Assistance Fund. We have spoken and have the support through the developmental disabilities for general fund to add some dollars into that. Right now there is nothing in the budget in the biannual, so it would put us back to square zero.

Senator Sylvia B. Larsen, D. 15: And you made reference to the ABD wait list.

Carolyn Ramsay: Yes.

Senator Sylvia B. Larsen, D. 15: Can you explain that wait list; who receives ABD now and how many are on the wait list?

Carolyn Ramsay: There are approximately 60 to 70 on the wait list, many others who have been on and off again or have given up.

Senator Sylvia B. Larsen, D. 15: That stands for acquired brain disorder?

Carolyn Ramsay: Acquired brain disorders, so it includes traumatic brain injury and other acquired brain syndromes – tumors and so forth.

Senator Sylvia B. Larsen, D. 15: So 60 or 70 are on the wait list and how many are receiving ABD?

Carolyn Ramsay: About 75 right now are receiving services through them.

Senator Sylvia B. Larsen, D. 15: I'm sorry, if I can continue?

Senator Russell E. Prescott, D. 19: Yes, please.

Senator Sylvia B. Larsen, D. 15: I'm not familiar with ABD, is it federally funded?

Carolyn Ramsay: I believe somebody else can better speak to the funding.

Senator Sylvia B. Larsen, D. 15: I can find out.

Senator Russell E. Prescott, D. 19: Yup.

Senator Sylvia B. Larsen, D. 15: Okay, thanks.

Senator Russell E. Prescott, D. 19: Any further questions? Thank you very much. Tina Trudel.

Dr. Tina Trudel: Thank you, Senator Prescott, Committee Members, for affording me the opportunity to speak with you all. **I chair the New Hampshire Brain and Spinal Cord Injury Advisory Council** which was established through the legislation passed in 1997 that's been referenced before that initially had come in with a trust fund bill and a registry all attached. In that initial, I guess, step up to the plate they hit a single and got an advisory council from that. But the benefit of that is that the advisory council at the state level is a requirement, a **prerequisite** for applying for grant funds under the federal TBI act of 1996, which allows for grants in certain areas, though that, like anything else, requires appropriations on the federal level.

With regard to the trust fund, one of the **five primary functions** of the Advisory Council is to assess the feasibility of a trust fund; that was subservient to our primary function which was to assess the unmet needs in the State of New Hampshire, which we've been documenting since 1996, the year after our inception, through public hearings and more recently through participating in legislative coffees [sic] and other gatherings and events that occur through the Brain Injury Association and other advocacy groups. In doing that, the advisory council has representatives appointed both by the Governor and by the Brain Injury Association.

Looking at an overview of some of the issues in New Hampshire, every year nearly **4,000** New Hampshire citizens are hospitalized with a primary diagnosis of traumatic brain injury. That does not include a large number of other types of brain injury that are not caused by trauma, for instance, brain tumor, early stroke, et cetera. In 1998 more than 2,600 children and young adults in New Hampshire were hospitalized due to brain injury, which was more than were hospitalized for cancer, AIDS, heart disease and drug/alcohol

abuse combined, all things which I think get a much greater audience and support in the public forum. And I think because of the lack of education and information out there, whether it's the general public or individuals establishing public policy and legislation, don't necessarily have accurate information about what is impacting our current status and our future in the state in this area of health care, and in particular death and disability related to brain injury. **It is one of the greatest public health issues.**

Aside from my role as a clinician and health care provider and with the Advisory Council, I also chair a national study conducted by the American Congress of Rehabilitation Medicine on individuals aging with brain injury. We didn't know much about this because prior to 20-some odd years ago, as Senator Boyce spoke, most of these individuals died. And what we're realizing now is that critical things to reduce cost and morbidity over time include the institutionalization. Here in New Hampshire we still have people with these disorders, young people, in nursing homes surrounded by others who are, you know, waiting to meet their maker. And we know that over time these costs continue to escalate and the quality of life is not anything that we would want to accept for ourselves or our loved ones.

So with these kinds of issues, this will be the third time I've had the opportunity to address this matter before the New Hampshire legislature in various situations, that the Advisory Council does support the establishment of some form of trust fund, though we well recognize the issues surrounding the resources and funding of it, whether it's penalty assessment or whatever, are really very challenging matters. In other states penalty assessments have worked well. And as somebody who's got a firm footing in psychological studies and behavioral science, it is very logically appealing that those individuals who are one of the primary causes of these conditions, meaning those people who drive under the influence and have the reckless endangerment level of driving, that they should bear responsibility; though I recognize that because of the precedent and legal matters in New Hampshire that's unlikely to occur, but you know, needless to say it does have some appeal to it.

We did make some recommendations based on **unmet needs**. The unmet needs continuously revolve, and this is from hundreds of New Hampshire citizens over the last three years, around a lack of funding for specific needs, issues with care and resource coordination, family support, respite, access to rehab services, employment support exceeding what's allowed under voc-rehab because individuals with brain injury typically are requiring that, public and professional education, social and recreational opportunities, transportation, in-state continuing care issues and insurance reform keep coming up as concerns.

The benefit of the trust fund is that outside of the issues of insurance reform and transportation it really does have the potential to positively impact those eight other primary areas of unmet needs that continue to come up year after year. We did make **specific recommendations** in our 1998 and '99 and most recent 2000 reports about the funding priorities and the distribution of that. Obviously there's an administrative cost to this. Our opinion is that obviously this fund should be managed through the Department of Health and Human Services. The Division of Developmental Services is currently doing an exceptional job with the resources they have right now trying to assist people through the ABD waiver. There have been times with the ABD waiver that the wait list has exceeded the number of people served. There have been many people who have come to me personally and through the public hearings who have given up in bothering to even sign up for the wait list. They've been on it three, four, five years.

We also recommended an **allotment for education and prevention efforts, to enhance the data collection and surveillance through the Brain Injury Registry and to focus most of the resources to service provision, particularly focusing on care coordination.** There are some resources out there that people may have a right to access but they are not in a position to know about or be able to harness the resources to even complete the forms -- the family support and respite because that is an extremely cost-effective program that alleviates the burden of care on institutional systems that we know lead to a worse outcome over time anyway; non-covered rehabilitative and therapeutic services that are often very low-cost, they're not covered by Medicaid yet they're crucial for that person to be able to stay in the community or re-enter the world of work; as I mentioned before, extending work supports to help people stay in employment and opportunities for low-cost adaptive equipment and assisted mechanisms to allow individuals to stay in their own home.

I personally have seen **very small investments reap huge rewards**, and those have been in terms of the human economic factor where people are having a quality of life and less of a burden on their families but also a sociopolitical one where they become taxpayers and they become people who are re-investing in their communities instead of people who are using more of the resources. And that balance gets quantified in many ways. It's hard at times to overlook the qualitative issues.

New Hampshire's been, done an outstanding job in making investments in 9-1-1 services and having exceptional trauma care, all kinds of things like that and we have a very strong moral and economic commitment to those things. The challenge with that is the better that those things get, the more

this becomes an issue because people with more serious levels of disability in a larger population will continue to grow. So hopefully we can make the same kind of moral commitment and to some degree some economic commitment because all of us when we perhaps crash on our way home today want the ambulance to come and the Jaws of Life and the best treatment team. I think we all like to fantasize that we will have a wonderful outcome and walk away unscathed, but that's not the case for many people. And we need to be able to have resources there for this, you know, population that is going to continue to evolve over time.

Thank you very much. Any questions?

Senator Russell E. Prescott, D. 19: Any questions from the committee? Thank you very much. Persons who signed up in favor but not wishing to speak were Linda Griebsch from the New Hampshire Coalition Against Domestic and Sexual Violence; Lee Ann Downing; and wishing to speak was John Capuco.

Dr. John T. Caputo: Hello, Senators. I have a bit of a cold so – my name is John Caputo, I am the **administrator of Brain Injury Services** for the Division of Developmental Services, Division of Health and Human Services. In this capacity I have responsibility for the department's services for individuals with acquired brain injuries. Originally I was going to be rather brief but, Senator, given your questions about the ABD waiver I'll provide you with some information concerning that.

In 1992 – well, maybe I should say over the past 10 years through the efforts of the legislature, through the efforts of the individuals in this room in terms of advocacy and the work of the state division and department, New Hampshire's really been **a national leader** in providing the services for people with acquired brain injuries in the community. In 1992 the Division of Developmental Services was designated as the lead agency for serving individuals with acquired brain disorders. Importantly in 1994 through the help of the advocacy such as the New Hampshire Brain Injury Association the state of New Hampshire was the fourth state to be granted a **Community Care Waiver** for individuals with acquired brain injury.

What this means is that it allowed the state to bring individuals out of nursing homes out of the state back into the state and to serve them in the community. Since that time the waiver has grown. At this point the waiver serves – and I don't have the exact number, but I believe it's approximately 85 individuals. The waiting list at this point is, I believe, 45 people. The waiver program provides excellent services for those individuals that it serves, but it is limited to those individuals that it serves. By regulations

and the way the waiver is written, it serves only those individuals who are the most severely impaired. It has a requirement that in order to qualify for the waiver you need to have a skilled nursing home level of care, which is a really, **a fairly high level of care** needed. As a result, certainly it serves a high number of people, but it leaves many people unserved. And I think it is that group of people that we're here talking about today.

Yes, there is **a waiting list** and there are needs in terms of greater funding for the ABD waiver but I think what we're really talking about here is those individuals who really don't meet the requirement of the waiver who have less needs but nonetheless have significant needs in terms of their ability to get the kinds of services that they need to truly be able to be integrated into the community, to be able to maintain a job, to have relationships.

In 1997 the State of New Hampshire **received a federal grant** which allowed it to do a **statewide needs and resource assessment** of individuals with traumatic brain injury. And what it showed is that while, again, there are services, there are clearly **many gaps that remain**. And the results of the assessment came up with a number of goals which included increasing public awareness and the causes of – the consequences of brain injury; increasing knowledge base and skills of professionals who work with individuals with brain injuries; increasing access to information and resources on brain injuries for families and individuals; increasing statewide capacity for providing responsive service coordination or case management and referral; development of resources to assist families in coping with the consequences and impacts of brain injury; and to increase the assistance capacity to respond to the needs of individuals with brain injury.

Since that time, this state has continued to work with different advocacy groups and the legislature in terms of being more responsive and developing additional assistance to allow for these kinds of services, this being one such service. The Department of Health and Human Services is fully supportive of SB 182 and feels that it would – the resources provided by it would go a long way to meeting those needs and providing supports and services for individuals with traumatic brain injury and their families.

The trust fund would be used to provide family supports, which could included respite care, home modification, adaptive technology, housing assistance, educational assistance; needed services including mental health and peer support, family and professional education, information and referral for those in need of salient services or case management, and very importantly, prevention efforts.

I think it's important to understand that while we are talking about VR services which really, truly impact individuals in terms of their quality of life. And I think it was well pointed out how we do a lot in terms of providing that initial medical care and what this would address is really trying to help those people to re-integrate back into the community, to have relationships, to hold jobs, to have meaningful lives.

I would like to thank you for the opportunity to talk in front of this committee. Do you have any questions?

Senator Russell E. Prescott, D. 19: Any questions?

Senator Sylvia B. Larsen, D. 15: I do.

Senator Russell E. Prescott, D. 19: Senator Larsen?

Senator Sylvia B. Larsen, D. 15: The ABD, then, is a waiver through HCBC and it's –

Dr. Caputo: Mmm-hmm.

Senator Sylvia B. Larsen, D. 15: -- and it's for Medicaid?

Dr. Caputo: It's a 50-50 state-federal match, yes.

Senator Sylvia B. Larsen, D. 15: And is the reason we have a wait list of 45 that the, that there's no state match to meet –

Dr. Caputo: That's correct.

Senator Sylvia B. Larsen, D. 15: -- the need that you know is there?

Dr. Caputo: That's correct.

Senator Sylvia B. Larsen, D. 15: And if the state were to increase the funding of state monies, that the federal monies would be there to match and to help those who we already know are –

Dr. Caputo: That's, that's right.

Senator Sylvia B. Larsen, D. 15: -- really severely impaired but there are 45 people on our wait list, right?

Dr. Caputo: Right.

Senator Sylvia B. Larsen, D. 15: That's, I guess – I guess I'll say would you believe, which is would you believe that my greatest fear with this, with creating this fund, and I support it, would be that we would then underfund it as we continue to underfund other DB services and then we create an expectation that the state is doing right by people that have needs but wouldn't do the funding. So I will be there to support funding.

Dr. Caputo: Thank you, Senator.

Senator Russell E. Prescott, D. 19: Any further questions?

Senator Sylvia B. Larsen, D. 15: Full funding.

Senator Russell E. Prescott, D. 19: Any further questions? Thank you very much for your testimony.

Dr. Caputo: I'd offer a letter as written testimony.

[See Attachment "E", Written Testimony]

Senator Russell E. Prescott, D. 19: Thank you. We have those that are signed up in favor but not wishing to speak, that is Charlotte Chamberlain, Alton Chamberlain, Karen Mackay – would you like to speak, Karen Mackay?

Karen Mackay: Yes.

Senator Russell E. Prescott, D. 19: Thank you.

[End of side one of tape two.]

Karen Mackay: -- a case manager in the State of New Hampshire. I am currently the **chair of the New Hampshire Chapter for Case Management Society of America**, which is New England chapter. And that's what I am to speak with and to mention it also did change. Because case management, I believe, used to be in there and now I wanted to also make a plea that it should be also somewhere in the wording to discuss actually how that could impact overall funding.

I have been working as a case manager for over 10 years. I come to you as a representative of many different case managers that work in the community, hospital based, home-care based, community based. We are an organization that goes by **standard of practice**, we follow those standards of practice and there are certifications for us in the community. At this point what I'm

trying to do is give you an idea of how a case manager could actually help impact the families by looking at the whole picture, gathering information, assisting with informed decisions, looking at all of the avenues and all the resources that are available and actually pulling that information together.

In one of my positions I worked at a rehab facility and I had a woman within the facility that had [inaudible] cognitive deficits and couldn't be discharged into the community without support. She needed assistance with meals, assistance with medication and couldn't be left alone. I did some research, I found her a place at a group home. Her income was **$70.00 less** than it would take for her to rely on a group home. She ended up in an ICF bed. My point in bringing that up is that there is ways that if our system's allowing, the case management can assist in increasing the quality of care, decreasing the revenue. That woman much would – would have rather have been in a group home as opposed to an ICF bed and you're probably **saving $3,500.00** a month. So there are definitely systems in place that need to be addressed. The disability waiting period of an average of 48 months, that puts a very large burden on the home care. Any of the home-based community services that are trying to survive, they have to wait for 48 months to know if they're going to get paid or not, and how can they survive. So if you're going to put something in place, you have to support those services.

Generally, that's about it – I'm trying to be short and sweet, short and sweet. I think that we do have some very good support systems in place; I think we need to utilize them. We've talked about the waiver; we've talked about systems that can assist in that area. But I think we have to look beyond, how can we help facilitate the process to go faster. By the time that the person becomes eligible they may not need the services any longer. Let's help them with a higher quality of life and keep them out of institutions if that's appropriate. I can see a case manager as a very valuable resource to assist community services, quality of care issues, like I said.

And I thank you.

Senator Russell E. Prescott, D. 19: Any questions?

Senator Sylvia B. Larsen, D. 15: A quick one. On line 23 of the amendment it says that the –

Karen Mackay: Is it in there and I missed it?

Senator Sylvia B. Larsen, D. 15: Well no, it says shall – services -- *direct services on behalf of the individuals and their families including but not limited to community resource coordination.* Wouldn't that include –

Karen Mackay: It's – it is, it is –

Senator Sylvia B. Larsen, D. 15: -- case management?

Karen Mackay: -- to some extent. I think that as a case manager, it is nice – I fought really hard to be called a case manager. It's a very unique quality and it's actually a professional role, so I think that actually the president behind me is the next speaker and she can – I told her she can do that piece. So – she's going to kick me when I walk by. Thank you.

Senator Russell E. Prescott, D. 19: Thank you. Sandra Lowery?

Sandra Lowery: Ladies and Gentlemen, good afternoon.

Senator Russell E. Prescott, D. 19: Good afternoon.

Sandra Lowery: My name is Sandra Lowery, I'm **president of the Case Management Society of America**, New Hampshire Professional Society of Case Managers. I'm a New Hampshire resident. I'm also president of a consulting company called CCMI Associates based in Francestown. In addition to that, for the past -- well, since 1986 I have been a **practicing independent case manager** in the State of New Hampshire as well as some adjacent states. And I have been a **case management consultant** for the State of New Hampshire for hospitals, insurance companies, a wide variety – attorneys and so forth, a wide variety of organizations, as well as nationally. And in addition to that, I'm an **instructor in the University Systems of New Hampshire in case management** for their case management degree program, which if you don't know, it is one of the only two in the country that has a baccalaureate degree in case management.

So that's my background. I am coming to you in favor of this bill and also requesting that specific – addressing one of the questions earlier – specifically requesting that **the phrase "case management" be in this bill** because it does have unique qualities that are established by the National Standards of Practice. So it is more than clinical resource coordination and I think it works better when it's an integral role, and I'll explain that further.

You've heard quite a bit already, as I've heard, in terms of some advocacy for case management and I think that's for a reason. Just to give you an example of the **growth expansion of case management**, we had – the Case Management Society of America began 10 years ago with 300 members. It now has over 7,500 members, 300 which are, which are international. We

also have 72 local chapters, including with Ms. Mackay was talking about, the chapter in New Hampshire and New England.

In 1995 when the Case Management Society of America negotiated to purchase a division of Times [inaudible] called Moseby which has case management products, Moseby then did national research to find out market-wise what the base of case management was. And they in 1995 found that there was approximately 100,000 case managers in the United States. We know there's been growth since that time as evidenced by our membership. So the reason for mentioning the growth is that there's **great demand for this role**, and for a reason.

The case manager has multiple principles and multiple standards that they adhere to which make it a value that has been accessed increasingly. First of all, they **identify resources that may or may not already exist**. We do have some great resources for treating brain injured individuals and spinal cord injured individuals in this state, but to access that, to navigate the system, to be able to -- for example, an individual that I had recently who I do case management for was in a wonderful community residential program. However, there was no physical therapy for two weeks because the physical therapist had quit and no one was addressing that problem. The case manager provides that **oversight**, that objective party outside to look within the various parts and, if you will, the dots along the system to connect those dots and to make those resources work.

Just to give that example, the resources that were utilized for that community program were not going to benefit the funding of that source, nor the individual, and indeed, that individual could not have achieved their goals and would end up regressing, which would have been a loss to everyone. So the case manager identifies the resources that may or may not exist -- maybe accessing neighbors to help with caregiving; problem-solving so that those resources are not only identified, sometimes creatively, but also to access them and understand the layers of bureaucracy to access them.

The other piece that the case manager, the role that they play is to **coordinate care** between all parties. It is not unusual for an individual with a brain and spinal cord injury to have people treating them that might be in five or six or ten different locations and no one talks to each other. And it's hard to believe until you really are in the system. So the case manager actually has the role of making sure that all parties are working together and the care is coordinated.

Another role that the case manager plays, particularly those with disabilities, they **look at the individual holistically**. It's often that you can look at a

broken leg or a seizure disorder, or whatever, when you're missing the fact that their family has left them. So that you're trying to support all the needs of that individual to make something work and looking at the big picture as an oversight.

And I think, probably not most importantly but critically important is that the case manager must be accountable for the outcomes. So someone is going to put a stake in the ground to say, this individual, I am going to help them promote their highest level of function and cost-effectiveness so that I have a standard that says as a case manager "I cannot access resources that are not cost-effective", so that there is a balance there that isn't always existing.

The goals of case manager are to promote that optimal functional level for that individual so they can return home or they can return to school or they can remain at home; but also to reduce the chances of costly, unnecessary complications, and also to costly future care. Spinal cord injured individuals currently in the United States are employed full-time only 13 percent of the time. These are physically – they are physically and mentally capable of work. There is no reason why they cannot work, but only 13 percent nationally work full-time in this country. The percentage is less for brain injury. So that gives you a sense, a lot of these people can work, they need to have the support, coordination [inaudible].

I would like to also say that the SHIP program in Massachusetts for the brain injured decided, when they had funds from the TBI that they had to use judiciously they chose to fund independent case management for brain injured individuals in their state. They also have a waiting list because of the underfunding problem, but they do serve some people.

I'd like to give you just a couple of examples, I think sometimes it helps. I've worked with the public and private sectors in this state and just recently, or recent months I worked with a 15 year old boy who had fallen off of a, his window and injured his brain. And he really had a lot of behavior problems as he became a teenager, which is common. They're compounded with adolescent problems and behavior problems when they have a brain injury. And this individual was, his mother filed a – she's a single mother, she filed a CHINS petition that he was awarded an attorney, guardian ad litem. He was also because he was throwing sticks and stones and all sorts of things at neighbors and at teachers at school, he became involved in the DCYF system and had a DCYF case coordinator.

He had a very supportive judge who really was trying to look at the best thing for this individual but he was – at the time I was contacted he was in a psychiatric hospital because they thought he had a psychiatric problem. I

then worked with everyone, he had his own personal attorney, and so I worked with all of these different individuals to try to look at what might make sense for him. And up to now, he's back in his home, he is not a, in the psychiatric system, he is receiving brain injury services but it took standing back and trying to look at what his specific needs were. And despite having six very supportive caring individuals all coming from one aspect or another, but it took an oversight and some problem-solving to [inaudible] out there.

I would just like to advocate again for the **specific language in this bill** for the funding for the trust fund because of the reasons that I have mentioned. And I appreciate your time; and any questions?

Senator Russell E. Prescott, D. 19: Thank you. Any questions from the committee? Thank you. Ellen Edgerly.

Ellen Edgerly: Thank you, Honorable Chairman Prescott and fellow Committee Members, for the opportunity to present testimony in favor of SB 132 [sic].

[See Attachment "F" Written Testimony]

Ellen Edgerly: I also have a 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 almost 9 years ago. She lives in her community, and yes, she does benefit from family support services. As unforunate as it is, that she was injured as a child, because of her age she was able to receive family support services through Developmental Disabilities. We are talking about individuals who are adults and they're asking for these family support services. They do not exist in this state.

[See Continuation of Attachment "F", Written Testimony]

Senator Russell E. Prescott, D. 19: Thank you very much. Any questions from the committee? Steven Wood – or Wade, I'm sorry.

Steven Wade: Wade – that's okay.

Senator Robert B. Flanders, D. 7: A long time coming, wasn't it.

Steven Wade: I also have some testimony here that you might want to keep these and perhaps follow along.

Mr. Chairman, Members of the Committee, my name is Steve Wade. I'm **executive director of the Brain Injury Association.** I very much

appreciate your patience here and very [inaudible] some of the stories that we have been offering and some of the needs that we've discussed of people with brain injury and their families. I'm not going to – you've heard a lot so far so I'm going to try and not be repetitious but I wanted to focus on a couple of things.

I've handed out a copy of the **findings from SB 360** which dates back to 1993 which was really the first effort by the legislature to really attempt to look at this problem. And it was a study committee at the time and essentially **fives areas were identified as unmet needs** of people with brain injury in the state. And the one this trust fund tends to address is the #5 on that list, and I'll – it says: ***There is a lack of services for persons with TBI*** – **traumatic brain injury** – ***and their families subsequent to the acute phase of treatment.*** That's the core area we're trying to focus on, specific services around the trust fund.

Again, generally people get services upfront. There's a tremendous – there's been tremendous advances in trauma care and you've heard about that, the 9-1-1 response system, but when people are, leave the hospital and return home, there's a real, it's like falling off a cliff, so to speak. And brain injury is a little bit different than other things. Oftentimes when you leave the hospital you might be close to being cured or in pretty good shape, but with **brain injury there is no cure, it tends to be life-long**, many of the issues. So what happens is families are really left with having a tremendous role to play. In fact, I – some statistic, I think it's close to 90 percent of brain injured individuals do return home, they don't necessarily go to a nursing home, although some do. The vast majority go home after hospitalization and **families are really left with the primary responsibility of providing care and support**. So what we can do with the trust fund is to try and support families.

And attached to this finding list is sort of our vision, I guess, of what a budget might look like for a trust fund. And I'd just call your attention to both the revenue side and expense side of that. And the reason I wanted to include this is more illustrative. We see this as maybe a number of years before we would reach this point for a trust fund; but I think it illustrates the types of services we're talking about. Sort of very low-level, necessarily low-tech services to really **help and support families**.

And you've heard Ellen and others talk about family support and really our whole purpose around this is, are to provide and strengthen family support services. Now children can get, who are of age, can get access to family support services through the area agency system. But even within that system, oftentimes, again the area agency system is not equipped or

necessarily trained to work with children with brain injury. And there's even a need there to really support and strengthen the existing family supports for young people.

So again, I just really wanted to emphasize that our whole focus with this bill is to try to buy some dollars to support families in the community to try and support their loved ones with brain injuries.

I had one other handout, actually, this one also. And you've heard a lot about statistics but you haven't heard much about New Hampshire statistics specifically. And we don't have really great statistics because we currently don't have a registry up and running. There is – Health and Human Services did provide some –

[End of side two of tape two.]

Steven Wade: -- this is just a graph that compares brain injury deaths only for the age 1 to 24 population. And it's really, it was really shocking for us because **for the age 1 to 24 group, brain injury was the #1 cause of death by far**. And if you're looking at hospitalization, people who are hospitalized but don't necessarily die, I think perhaps Tina, Dr. Trudel had mentioned about 4,000 people in the state and about 2,600 kids. And that's more than all the other health issues. And again, it's a relatively new phenomenon, it's only been within the last 15 or 20 years.

So, so for young people it's really a **key public health issue**. It really hasn't been addressed to really any great extent from a prevention point of view. I know in many of the school curriculums, particularly in middle schools and high schools you hear a lot about infectious disease, you hear a lot about nutrition, you hear a lot about a lot of things but you don't hear anything about brain injury or how it could be prevented. Yet, that is what kids are most at risk of sustaining, particularly adolescents, they're the most at-risk for traumatic brain injury. So it's more than just wearing your helmet. There's a lot of things that can be done and there needs to be really an effort to strengthen education. We don't really attempt to do that with the trust fund bill but I just wanted to mention there's just all types of areas where we could really be effective if we could strengthen funding in the future in terms of this population.

The only other thing I was going to follow up on is some of the other testimony. You heard reference to case management and that's something we would certainly support. Case management is the key thing, although we have tried to be a little cautious in that sense that case management sometimes has more of a medical model and sometimes we need to go beyond

case management and really develop more advocacy, using an advocate. But we would certainly support the inclusion of case management. In fact, in the draft budget we actually mention case management, care coordination. It goes by a number of names, advocacy; and including that would be very, very helpful so –

Again, I thank you very much for your patience in hearing this testimony. And I'd be happy to answer any questions anybody has.

Senator Russell E. Prescott, D. 19: Thank you. Any questions?

Unidentified Male Speaker: No, we covered it all.

Senator Russell E. Prescott, D. 1: We covered a lot.

Steven Wade: Thank you very much.

Senator Russell E. Prescott, D. 19: Thank you very much. We have a final speaker is, is Jackie Mike – is that correct?

Jackie Mike: Yeah.

Senator Russell E. Prescott, D. 19: Did you wish to speak?

Jackie Mike: Yes.

Senator Russell E. Prescott, D. 19: Great. Come on up.

Jackie Mike: I just wanted to say that I'm one of those statistics that, that Senator Boyce was talking about, one of those 20 percent that live from getting an injury 20 years ago. [Inaudible remarks.] And also I want to, I want to push something. Six months ago we started a new program, a brain injury program in Portsmouth called **Stepping Stones** never expecting that it would get off the ground. We now have like 80, 80 members. This place is awesome. I mean, it keeps people from staying home and watching TV all day long. We go there and we do interactive things; on Wednesdays we cook lunch. Today we didn't get to eat lunch, but – we got to eat lunch but we didn't get to eat the lunch that we cooked because we had to leave to come here but -- we got to cook lunch but we didn't get to eat the lunch [inaudible] eat the lunch that we cooked. And it's really good because I see people that come there and it gets them off their couch so they're not sitting in front of the TV, they're not glued to that TV all the time. They're brain injured people that aren't glued to their TV all the time. And I know that this bill will, with the matching funds will help so more people will know about people

with brain injury. And the more, maybe more people will know about Stepping Stones.

Senator Russell E. Prescott, D. 19: Okay. Thank you for your testimony. Any more wish to speak who haven't signed up? Please come forward and state your name. Thank you.

Robert Booten: Robert Booten, survivor.

Senator Robert B. Flanders, D. 7: How are you, Robert?

Robert Booten: Hi. Five years this spring, this is the month that five years ago that happened. Luckily they said -- I was home waiting for the TV repairman. He was, he was, come on in but the minute I sit down my pop opened. I haven't maybe -- I didn't know that. And the TV repairman says, "You're drunk, I'll come back another day." Luckily I am alive now because luckily I had somebody else was living there. If that person wasn't there, I'm not here today. So I had to do all the, all this stuff. I was in Portsmouth, helpful -- Portsmouth. And Portsmouth has, it's a private hospital so if you don't have a card you can wait. Well, that's why they didn't know where Robert had a card; I did have a card. Nine hours later they saw a card so they dropped me, they had flown me to Boston. And when I was in the helicopter I died and they had to rescucitate me. Then they did two operations and, but then they said that Robert will never walk or talk again.

We went to all these places. We went to Concord and, for the rehab. They said, they said no, Robert can't do anymore. And we said, our family said no. So we tried everything but and they, all those people said that Robert will never talk and never walk again. Well, it's five years later and I've done everything myself and I have to because other people can't even distinguish people like us because they don't have the time to understand people like both of us. And that's what I'm only trying to say, this petition is, will be helpful for people like us and people like her for that reason.

Thank you very much.

Senator Russell E. Prescott, D. 19: Thank you, thank you very much.

Jackie Mike: And Robert goes to Stepping Stones and he's the chef at Stepping Stones.

Senator Russell E. Prescott, D. 19: All right. Anybody else wish to speak?

Senator Robert B. Flanders, D. 7: I'd like to make one comment, if I may, Mr. Speaker.

Senator Russell E. Prescott, D. 19: Senator Flanders.

Senator Robert B. Flanders, D. 7: When I came out to your facility in – is it –

Jackie Mike: Portsmouth.

Senator Robert B. Flanders, D. 7: No, it's the brain – in Chichester?

Unidentified Female Speaker: Chichester.

Senator Robert B. Flanders, D. 7: Chichester, there was a lot of testimony given that night. And I heard more testimony that night about the problems of coming home from the hospital than I did today. And I think that stuck in my mind a great deal. Having retired from the insurance company, I've had cases being in claims where people get discharged from the hospital and they get home and the wheelchair won't fit through the front door. And I, that stuck in my mind – I didn't hear that today as much as I did out there that night, and I'd just like to, for the record, say that this type of finances would help to get home to find out what size the doors have to be, how the bathroom has to be made, how the ramp has to be made. And as I said, I did not hear that today as much as I did over there that night and I'd just like to put that on the record.

Thank you very much.

Senator Russell E. Prescott, D. 19: Thank you. Seeing nobody else wishes to speak, we'll close the hearing on SB 182. I do thank you all for coming and being so patient.

Hearing recessed at 5:15 p.m.

This verbatim transcript respectfully submitted,
Susan Houghton, Senate Secretary

Attachments

for

SB 1827

"A" – "G"

11-A 4

~~Sandra~~
Rep Laurie Boyce

Thank you Mr. Chairman and members of the senate committee for allowing me to speak today concerning a life long injury that over 1,000,000 Americans have to deal with each year, the silent epidemic, A BRAIN INJURY. I can only speak to this part of the bill because I have had a brain injury. I'm sure there are individuals who can cover the just as important, spinal cord injury part of this bill.

My injury was over fifteen years ago but I still have to worry about how I do things. Fortunately, I was very well taken care of because the company knew it was their drivers fault and paid for my hospitalization and therapy, and I had tremendous support from my family. Unfortunately, 95% of the individuals with brain injury are not given that support.

> The MAJORITY of brain injury individuals need care, mine was for two and a half years where I had a CNA . Some continuous, who needs someone to feed them, dress them, handle everyday things. Some just a helper to do things, by being there, but it is always a life time injury. I know of survivors who can handle a job if they can get there, bit because they can't drive, because of the injury, gets lost taking a bus, because of a memory problem caused by the injury. They have a hard time getting employment. Memory defects are an on-going problem. It largely depends on the part of the brain that injured and the extent of the injury. Every, and I repeat, every one is different.

The Trust fund would help individuals who have had a brain or spinal cord injury to have as normal a life as possible.

I'm sure there are other individuals who have a lot to say. Thank you very much for listening to me, and I will answer any questions.

Steve Mahoney

"B"

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.

Good Afternoon Chairman Prescott and other Senators of the Executive Department and Administrative Committee.

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

My son Jim is 29 years old and was involved in a motor vehicle accident 6 years , 4 months ago TODAY. He suffered a severe traumatic brain injury and is a quadriplegic. For a brain injured person, his brain is the best part that works. He is totally dependent on others for his activities of daily living, though he is one step better than Christopher Reeves. Jim breathes by himself.

His sense of humor is what gets us(his family and his care givers) 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.

Statistically, the Annual Occurrence of TBI (1,500,000) is more than breast cancer, HIV/AIDS, spinal cord injuries and multiple sclerosis combined. I have attached referenced information to my testimony.

Why am I here today , in support of the Brain and Spinal Cord Trust Fund bill ?
It is because- if this bill had been in place 6 years ago and these services were available, we would have been able to access information and assistance sooner and quicker as to how to navigate the multitude of state and federal agencies(SSI, SSDI), health and medical systems (private insurance and Medicaid), family support groups(that we are not alone in this dark morass), and community service coordination(or case management). Not many people can get through this on their own.

It took 2+ years to get Jim back to New Hampshire.
It took 5 years to get him registered with an Area Agency.
He has been on the ABD Waiver; he is now off the waiver, back on a waiting 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 <u>just</u> human rights and patient rights. I have just returned from Washington, DC, attending the national Brain Injury Association Public Policy and Advocacy conference, and talking to our Congressmen on Capital Hill. Because 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 junior at UNH , studying mechanical engineering.

But for many others, it 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.

Why do we need a statewide registry ?
Look at the numbers, again. Remember, TBI is greater than breast cancer, HIV/AIDS, spinal cord injuries and multiple sclerosis per year.
With the aging of the baby boomer generation, there will be a greater incidence of TBI or ABI (acquired brain injury). Particularly falls, amongst the elderly.

The current data is only collected from hospital discharge and ER reports. A great number of falls and mild TBIs(sports accidents, shaken babies, etc) are seen at the doctor's office and never get into the statistical data stream. We need to go out and collect the 'forgotten',unrecorded' cases and see that they get the care before, down the road, they become problems in schools, delinquents, homeless or unemployable.

What has happened to the concept of:

"An ounce of prevention, is worth a pound of cure" ? Which 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; parents; teachers; doctors; nurses; athletic coaches and trainers need to be educated and re-educated in some instances, about the what, how and when of TBI.

OFTEN and EARLY

The Police Standards and Training Council have taken issue with this bill. I would like to [illegible] In a recent telephone conversation with a local chief of police, he stated that neither he nor any of his officers are reluctant to write tickets based on the fine structure or possibility of not being able to collect those fines and assessments.

In another conversation , with a district court judge, he stated that it is a rare exception that he waives the penalty assessment part of a fine. His jurisdictional court does approximately $2,500 per day. If you do the math...that's approximately $720,000 per year, from only one court.!

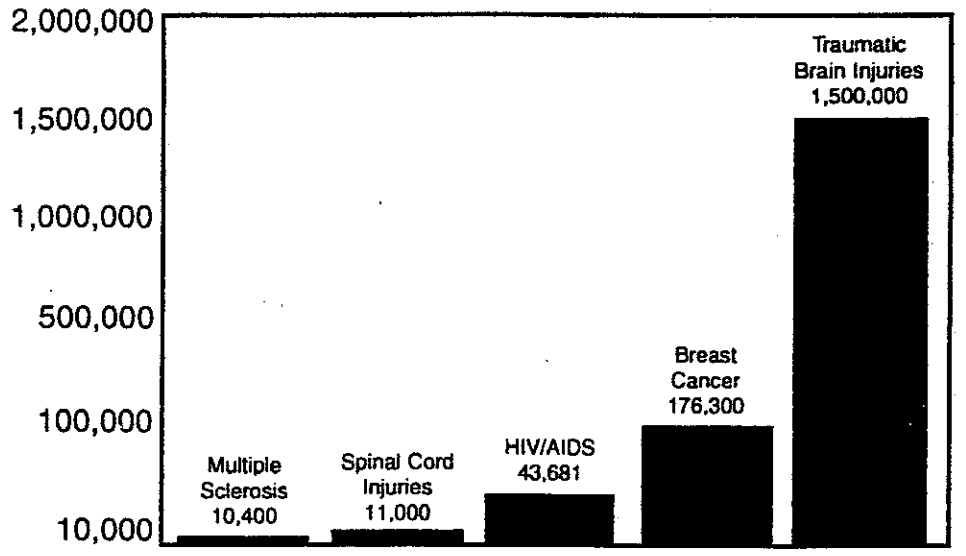
I shall close by asking the committee to carefully review this bill proposal, the benefits gained by the people involved and not consider whose **turf** is being encroached upon.

Deirdre Clark

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]

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:

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.
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
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
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
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
National Multiple Sclerosis Society. "MS, The Diease," WWW: National Multiple Sclerosis Society. (January 16, 2001) http://63.141.175.23/MS%20the%20Disease.asp

"D"

Senate Bill 182

Testimony of Carolyn M. Ramsay

April 11, 2001

As the President of The Brain Injury Association of New Hampshire, I am in support of SB 182. This trust fund will assist individuals in New Hampshire who have no other means for receiving care and treatment after a brain or spinal cord injury. Brain injury is the leading cause of death and disability for children and young adults. It exceeds heart disease, AIDS and cancer combined. It is often referred to as the "silent epidemic", since there is unfortunately, little public awareness about brain injury.

National statistics developed by the Centers for Disease Control and Prevention state that 1.5 million people sustain a brain injury annually; 5.3 million people are living with permanent disability as a result of their brain injury; 50,000 people will die annually from brain injury; another 80,000 will live but will have long-term disabilities.

The current system in New Hampshire that provides for individuals with an acquired brain disorder-the ABD Waiver Program- supports approximately 75 individuals, however, many more remain on a wait list with no support.

Many other states (approximately 15-20) have developed Trust Funds to support individuals with brain injury. Services provided through these Trust Funds range from a comprehensive set of services including acute care, inpatient and outpatient rehabilitation care, transitional living services, adaptive equipment, home modifications and other services for community integration. Some trust funds will only pay for direct services for people with brain injury while others will include education, awareness and prevention activities.

The current proposal for the Trust Fund in New Hampshire would target services in the areas of vocational retraining and support, case management and family support. Our goal is to keep families together, to support parents with the care of their children who have sustained brain injuries and to do so in the most cost effective manner possible.

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

DEVELOPMENTAL SERVICES

Donald L. Shumway
Commissioner

Susan W. Fox
Director

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

April 11, 2001

Hon. Russell Prescott, Chair
Executive Departments & Administration 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

Ellen M. Edgerly
32 Adams Avenue
Rochester, New Hampshire 03867
April 11, 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 Prescott and Executive Departments & Administration 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.

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.

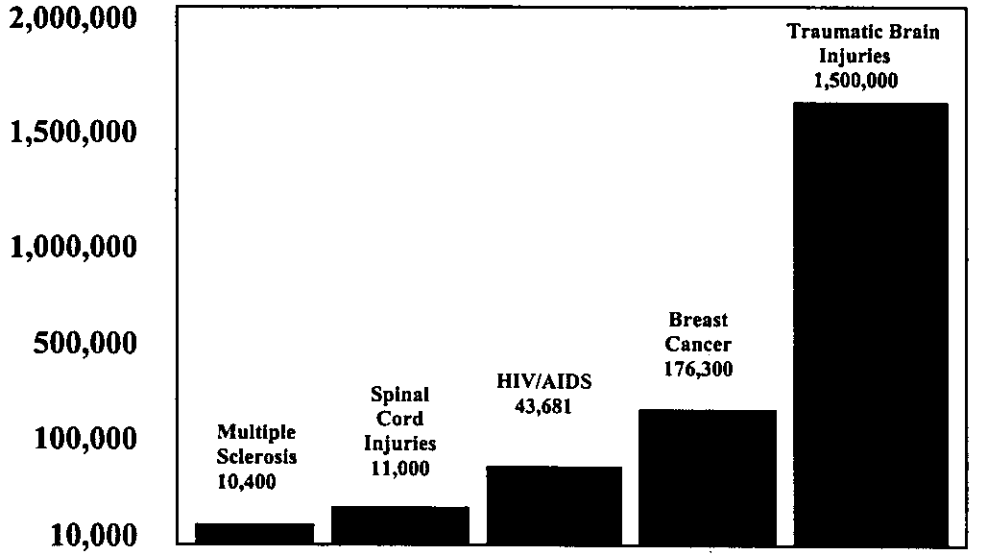
I also attached a sourced sheet of a comparision of Traumatic Brain Injury and leading injuries or diseases for your review. There are currently 5.3 million Americans living with a disability as a result of TBI. 80,000 people annually experience the onset of long-term disabilities following TBI.

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.

Thank you.

TBI Versus...

A Comparison of Traumatic Brain Injury and Leading Injuries or Diseases



Comparison of Annual Occurances

Traumatic Brain Injury

On an annual basis in the United States:

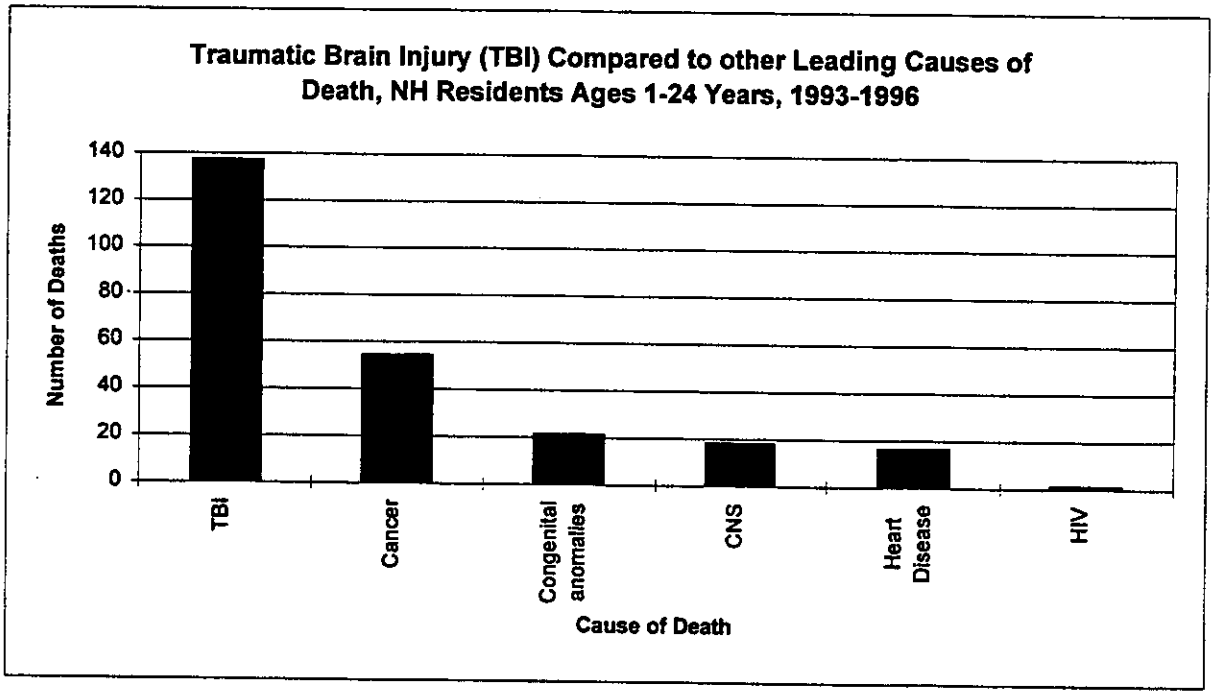
- 1.5 million people will sustain a TBI annually. 1
- 50,000 people will die annually as a result of TBI. 1
- 80,000 people annually experience the onset of long-term disabilities following TBI. 1
- There are currently 5.3 million Americans living with a disability as a result of a TBI. 1

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. Brain Injury Association, 105 Alfred Street, Alexandria, VA www.biausa.org

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

Senate Bill 182 SB 182

F-8

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
[illegible]	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	4/1/01
H A Gill	Sagamore Ave Portsmouth NH	4/4/01
[illegible]	35 Nichols Ave #2, Newington PSPA	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
Allen L Tolan	20 Chestnut St Exeter NH	4/5/01
Richard J Lotis	29 sleepy Hollow Newmarket	4/
Russ Charron	38 Maplecrest Newmarket	4/4
Brent Hayward	11 Brookfield Rochester	4-5
Gillian Charron	38 Maplecrest Dr. Newmarket N	4/4
STEVE NEONAN	75 EDGEWOOD LANE	4-6
Michelle A M LESSARD	4 Big Rock Lane Barrington NH	4-6
Deborah S. Boutin	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 E. Rear 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
Kelly Odell	56 Tsienneto Road, Derry NH	3-15-01
Mari Grace	7 Gordon Rd. Derry NH	03038
Nancy E Williams	22 Sycamore St. Hudson NH	03051 3/
Beth Farley	37 Crystal Ave. PMB#103 Derry	03038 3/
Kathy Salzer	12 Pingree Hill Derry N.H.	303
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 Ave. Derry NH	0305
[illegible]	7 MYRA Ave Derry NH	03038

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 Family	567 Union St Manchester NH	3/14/01
Charlie Lavigne #1985	Survivor 2 core Brain Injury	
Kenneth Lavigne #1998	Brain Injury Survivor	3/14/01
567 Union St Manchester	55 Avery St Manchester NH	3/14/01
Douglas C Fox	39 MERRIM RD CANDIA N.H. 03034	14/03/01
Hazel Wescott	53 Nelson Farm Goffstown N.H. 03045	
Judy Bolduc	87 Flanders Rd. Warner, N.H. 0328	
Damaris Lynch	22 Quarry Way Manchester NH 0310	
Charlene Audette	42 Donovan St Merrimack, NH 030	
Rose & Roselin	165 Granville St. Manchester, NH 03102	
Donna Lamos	28 Sullivan St Manchester	
Stormie Weatherly	184 Garden Dr Manchester 03103 NH	
Elizabeth Ridgell	122 McGregor St Manchester, N.H.	
Susan Haley	122 McGREGOR CITY	
Pam Carton	122 McGREGOR CITY	
Arlene Knauss	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 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
Mary Girialdi	7 Deacon Rd Bedford	
[illegible]	31 Church St. Goffstown NH	3/1/01
[illegible]	40 Brookledge Rd Manchester, N.H.	
[illegible]	15 BROOK ST MAN. N.H.	
[illegible]		
Ed Wagelong	46 Dillard St Mon. N.H.	
[illegible]	15 TAVISTOCK DR. BEDFORD	
Pauline M. Boudreau	165 Vinton St. Manchester NH	
Karen McElwain	23 Independence Dr Merrimack, NH	
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 0310	
[illegible]	95 Gray St Manchester NH 031[illegible]	
Paul GIRALDI	36 Cedar Mill Rd Bedf	
Anna Giraldi	36 Cedar Mill Rd 03110	
JOHN GIRALDI	7 DEACON Rd 03110 Bedford	
Ellen M. Edgerly	32 Adams Avenue Rochester, N	

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 Pierce	4 Montgomery Farm Rd Derry NH 03038	3/21
Michele Corl	22 Royal 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 Kanas	17 BOWERS RD. DERRY-NH 03038	
P. Mancuso	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 Rich. NH 038	
Donna Fogarty	30 Stonegate Lane Derry NH 03038	3/28
[illegible] Arsen Arzoian	13 Morrison Lane Sandown, N.H. 03823	
Betty Rock	4 MT WASHington Derry NH 03038	
Colleen [illegible]	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	101 Autumn St Ext Rochester NH 038	
Kathryn Lemieux	29 Adams Ave Rochester NH 03867	

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
Michael Ecras	293 Leighton Ave Laconia NH
Peggy Sue Sleeswerd	7 Sargent Pl. #15 Gilford NH
Deanne Curson	34 Well House Rd, Contoocook NH
Lennert Lindberg	28 N. Pembroke Rd, Epsom, NH
Alita Paine	4 Jennifer Drive, Concord NH
Lorene Reagan	81 Freeman Hall Rd Nottingham, NH
Mike Fasciani	251 N Village Rd. Loudon, NH.
Carolyn Dimm	5 Grey Circle. Derry NH 03038
Kimberly Carpenter	39 Flat Rock Bridge Rd. Rochester, NH 03867
Jocelyn Thorne	HC 74 Box 589 Strafford NH 03884
[signature]	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. 0328
[illegible]	37 Skyline Drive Merrimack NH 03
[illegible]	HC 74 Box 721 Stratford, NH 03584
B. Desjardins	289 Pleasant St, Concord NH 03301
[illegible]	41 Church St. Pembroke, NH 03275
[illegible]	73 Primrose Ln Hancock N.H. 03303
Joyce Kendall	1 Thompson St Concord, N.H.
Virginia Saunders	1 Thompson st. concord N.H.
Carol Phelwork	98 Locke Mill Rd Epsom NH 0342
Carolyn Miller	1 Thompson St. 805 Concord N.H.
Elizabeth Jellen	1 Thompson St, ap 8602 Concord,
[illegible]	1 Thompson St Concord, N.H. 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

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 12th 12 A Surry	3-22-01
William J Connell Jr	18 Reiss St Keene NH	3-22-01
Cynthia Ecker	390 Pond Brook West Chesterfield NH	3
Rebecca Robidoux	3 Lovell Drive Gilsum NH	3-22-01
[illegible]	18 [illegible] Dr. Surry NH	3-22-01
Sharon Warren	49 Laura Ln. Keene, NH 03431	
Linda Chittenden	264-C Flat Rock 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	
[illegible]	22 Dow Ave Keene	
Sharon V Moretti	25 Pinetree Circle, Spofford	
Mary Hunter	83 Darling Rd, Keene 03431	
Lucinda A Lovell	162 Kennedy Dr. Keene 03431	
Dyane Young	P.O. Box 611 W Swanzey NH 03469	
[illegible]	447 South Rd Sullivan NH 03445	
Adrienne Noel	143 Borden Hill Rd. Hillsboro NH 0324	
Denise LaBrake	19 Commons Rd. Gilsum N.H.	
~~Stacy~~ Anne Clark	31 Pickering Hill Rd Gilsum NH 03448	

over

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
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
Kate 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 NH 03447	4-5-01
Melinda Wilson	143 Monument Rd Richmond NH 03470	4-5-01
C-B Leavitt	155 Forestview Dr. Spofford, NH 03462	4/5/01
Richard Redmond	Upper Jaffrey Rd Dublin N.H	4-5-01
Lillian M. Royce	215 A. Parish Road Winchester, NH 03470	4-5-01
Cindy Nikolopoulos	P.O. Box 513 W. Swanzey	4-5-01
Norma J. Abbe Perry	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

Penny 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

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 Holt Hill Rd. Antrim, NH 03440	3/8/01
2. Jennifer 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. Scott Smith	1 Reynolds Drive Peterborough, NH 03458	3/8/01
6. Sandra M. Cline	PO Box 1744 Hillsboro, NH 03244	
7. Sybil McLeod	360 Riverbend Rd. Greenfield NH 03047	3.8.01
8. Jaime Dyer	43 Leverett St Keene NH 03431	3/8/01
9. Tim & Carol Case	684 Mason Rd Milford NH 03055	3/8/01
10. Heather Hansen	6 Wildcat Falls Rd Merrimack NH 03054	3-8-01
11. Norman Libby	Crotched Mountain Rehab / 1 Verney	
12. Scott Sleeper	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. Mark Desrosiers	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 Lai	1 verney Dr. Greenfield, NH 03047	3/8/01
19. Nancy Quinn	56 Colburn Rd, Milford, NH 03055	3/8/01
20. Jan Woodall PhD	145 Brookway Rd., Hopkinton, NH 03229	3/8/01
21. Yvette Robinson CRC	24 Turner Hill RD Antrim NH 03440	3/8
22. Gilbert Burelle	567 Sagamore Ave. Apt. 5 Portsmouth, NH 03801	03/09/2001
23. Lewis Wheeler	PO Box 498 So Sutton NH 03273	3/9/01
24. Paul Stark	191 Summit St. Franklin, NH 03235	3/9/01
25. Esther R. Sanders	45 N. Reading St Manchester NH 03104	3/9/01

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.	131 Dray Hill Rd Rindge NH	3/8/01
2.	PO Box 343 Jaffrey NH	3/8/01
3.	252 D Shore Rd Bensonville 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, NH.	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	3/8/01
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.	Catchen 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 Meta Rd. Greenfield, NH 03047	
21.	74 Murray Hill Rd Greenfield NH	3/8/01
22.	1 Mennelly 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

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
Darcy Kahlan	16 Groton Dr. Concord, NH 03301
Marilyn Sorenty	71 Auburn St., Concord 03301
Elaine Guarriello	191 Scenic Dr. Gilford, NH 03249
Darcy Egner Pepin	P.O. Box 1660 Hillsborough NH 03244
Nina 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
Brenda Tooz	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
Lori OBrien	RR1 Box 389K Farmington NH 03835
Dori Blouch	176 Longshores Dr. Barrington, NH 03825

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
[illegible]	26 Riverhill Ave. Penacook NH	3/8/01
[illegible]	26 Riverhill Ave Penacook NH	3/8/01
[illegible]	29 Tiles Farm Rd. Wilton NH 03086	
[illegible]	60 Southern Rd. Allenstown 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	
[illegible]	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 03	
[illegible]	32 Adams Ave Roch. N.H. 03867	

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 Covelli	415 Cartier st. Manchester NH, 03054-4158	02-24-01
[illegible]	61 Pinecrest Dr, Merrimack	02-26-01
Dawn M Brant	441 Kimball St #8 Mnch.	02-26-01
Major W Whitlock	P.O. Box 3066 Peterborough NH 03458	03/05/01
Lauren K Weeres	RR 2 Box 89C 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 Beattie	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 Mahoney	5 Lois Ave Dover NH	
Russell D. Moore	1 Exeter St. Apt 2, Newmarket N.H. 03857	
Rosemary Carmean	39 Blackberry Hill Rd. Berwick, Me. 0390	
Lee Ann Howard-Downing	262 Country Brook Est. Rochester NH 03839	04-06-01
Tina Aquino	6 Anna Circle Derry NH 03038	4/6/01
L.P. Major	Hillsborough, N.H. 03458	
Donna Burch	97 Chapel St. Dover	
Suzanne Griffin	777 Middle Rd Unit 15 Portsmouth N H	4/6/01
Lori-Anne Comier	68 Royal Crest Rochester NH	4-6-01
Jeff Pecheco (Jeff Lachance)	59 Huckins In. Gonic NH	4-6-01

"F"

Dear members of the Executive Department Administration Committee,

My name is Erica Johnson. I am from Bedford. I am writing in support of SB182-FN. I hope you will consider this. I had a Traumatic Brain Injury seven years ago. I have tried going to College at UNH + N.H. Technical Institute unsuccessfully. I could have used more support. I found that there were no resources out there to turn to: For example, tutors. Voc. Rehab. for help returning to work. After I left the Rehab. hospital I could have used more physical therapy.

Erica Johnson

Erica Johnson
28 Blackbird Dr.
Bedford, N.H. 03110
(603) 472-8246

April 11, 2001

Dear Members of Executive Depts. + Administration Committee:

I am Darren Beattie from Merrimack, N.H. I am writing in regards to bill # SB182-FN.

Let me give you a bit of my history. In 1989, I suffered a severe brain injury from an auto accident. In a coma for 27 days, I awoke to find myself in a living nightmare. ~~NRH in Salem~~ Admitted to NRH in Salem, I was at the bottom of the scale for rehabilitation purposes. I had a long way to regain some sense of normalcy.

Yet, despite my injuries incurred in that accident, I have my MSHS in Community Psyc. + looking forward to walking the line later this month. However, many more people w/ brain injury are struggling to pay their bills.

This has to end. By your support of the bill, SB182-FN, it will prove that you are sensitive to the people with brain + spinal cord injury.

Thank you,

Darren L Beattie,
MSHS
1-28 Situate Pl., Merrimack

Laura + Dave Colquhoun
56 Harbor Ave #2
Nashua, NH 03060

To

Ladies + Gentlemen
N.H. State Legislature
Re SB 182 - FIN F[redacted]

My name is Dave Colquhoun and I am a brain injury survivor of a stroke in December 1999. My fortunate part of this experience was having my wife Laura as my caregiver. I spent more than $30,000 out of pocket expenses even though I did have medical benefits. HMOs are noted for poor extensive coverage for this type of injury.

The state budget should include funds for research and aid in this area; i.e., our group the Brain Injury Association of Manchester is having a retreat ($45 per person) in Weirs Mayor June this year. I am sure there will be people who cannot afford even this small amount.

Hope you will act favorably in this regard.

Respectfully

Dave Colquhoun
Nashua, NH

We support this Case because the people with brain injury need a lot of help to do everything. Therefor if there was money that could help other people so that they do not have to go thru what my husband and I have gone thru

Laura G. Colquhoun

Bill # SB 182-FN

Dear Members of Executive and Administration Dept.

My name is Cynthia Burnard, I live in Merrimack NH. I have lived with this Brain injury all my life. I was injured at the age of 2 years old, but was not diagnosed with a brain injury disorder untill Sept of 2000. I have lived with memory, organization skills, speech and cognitive disibilities most of my life with out Knowing anything about brain juries. Originat testing indicated eight years ago that was diagnosed with ADD and dipression. ~~Where~~ I did not respond to medication. I struggled for years trying to understand what was wrong but I never knew. Education and information ~~could~~ would have made a difference in my life. ~~I~~ I support this bill, and I hope you can support this bill as well And I hope to see an educational information services develope from the pass of this bill.

Cynthia C Burnard
101 Amherst Rd.
PO Box 1193
Merrimack, NH 03054
603-429-1151

The Burnhams
37 Marshall Road
Kingston, NH 03848
(603) 642-8007

April 11, 2001

Dear Honorable Members of the Committee:

My son and his care attendant stood before this committee 2 years ago, testifying to the need for passage of the Brain and Spinal Cord Injury Trust Fund Bill. The fact that I am here with my son today is real cause for celebration, because it means this bill is still alive and well, ready to once again be considered as a good and reasonable way to fund services for the ever-growing number of families suffering from brain and spinal cord injury – the vast majority a result of reckless driving.

For those families, now and in the future, suffering from the lack of services necessary to provide quality of life for our loved ones, the hope is that this trust fund will lay the groundwork for what we think is sound planning. Yes, the medical needs are taken care of by health insurance companies and Medicaid and Medicare. But there is no cure, and the non-medical needs like home modifications, assistive technology, recreation, family support, respite, and case management are lifetime needs.

We have been working very hard to bring the numbers of these injuries into the public consciousness, for it can happen to anyone. I would like to see New Hampshire join the growing list of states in which families just like us have fought and won this first step toward recognizing the epidemic proportions traumatic brain injury (TBI) has reached in the last two decades. Indeed, it is #1 affliction of our young people.

Let me just say here, that we as a family are also working very hard to prevent these injuries from happening in the future. Jamey works for the Brain Injury Association of New Hampshire by presenting prevention programs at schools. It is our hope that through our efforts and the efforts of many others, that we won't need the fund! But for now, the needs are great, and they are being neglected. We need your help.

Thank you,

Martha, Steve, Jessica, & Jamey Burnham

Martha Burnham's Bio Page

Back to Bio Index

Martha & Steve Burnham

Email: sburnham@ma.ultranet.com



Kingston, NH, U.S.A.
Married 30 years
Son Jamey TBI, 28 yrs. old, 8 yrs. post mva and misintubation in the ER
Daughter Jessica, 24 years old, Living in Florida

Jamey was 19 at the time of the accident in May '91 -- a passenger in the back seat of a car going 90 mph down a backroad that lost control and went into the woods -- just finished his sophomore year at Norwich University in Vermont, on a 4 year ROTC Navy Scholarship. His injury was DIFFUSE AXONAL complicated by anoxia. He spent 6 wks in ICU; 3 weeks in the vent unit at a post acute rehab; 6 more months in a minimally responsive state, cortically blind for 3 of those months; and 8 months in the cog unit. Due to his severe cerebral spasticity, he could not, and still cannot, use his left arm or his legs. He received a full hip replacement early in the rehab process due to damage incurred in the accident and severe spasticity. He also experienced a case of acute pancreatitis probably due to an anti-seizure med called valproic acid.

In the meantime, we hired a lawyer, who worked on securing under-insurance money from our auto insurance company, and bringing a medical malpractice lawsuit against the hospital in whose ER Jamey was misintubated. With the money we bought a wheelchair van and a new house to bring him home to in October of '92.

He was still on a feeding tube, level 4, barely able to talk or think. Finally in December he began to eat; then the talking started. It wasn't long before he began to smile and laugh. In the spring of '93 he was invited to receive an honorary diploma with his class at graduation, but he didn't have the presence of mind to appreciate it or even remember it. That summer we decided to wean him off the muscle relaxant, dantrium, and his cerebral spasticity got so bad that by January we were ready to call Dr. Kevorkian. It crept up on him so gradually that we didn't know why he was so edgy. But when he had to sleep in his wheelchair instead of a bed to be comfortable, we were able to get an ITP (interthecal pump) trial. It changed his life (and ours).

In the 7 years that we have had him home, Jamey has progressed to a level 7, has

much better presence of mind, drives around in a power wheelchair that he calls his Ferrari, and does brain injury presentations in high schools sponsored by the BIA. He is the "straight man" to a very talented and compassionate hired friend named Hilary. He has another hired friend named Matthew who does the "guy things" with him -- primarily sports events.

On his 21st birthday, barely able to talk, highly agitated by the pain of spasticity, he managed to tell us that he was glad to be alive. We're glad too. Jamey makes a very positive impact on everyone he meets as he seeks to educate the public about brain injury. We are very proud of him.

Martha

Top of Page
Back to Bio Index

Copyright © 1998 TBI information Network. All rights reserved.
For Site information, contact: *webmaster@tbinet.org*
Revised: Saturday, April 07, 2001

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.

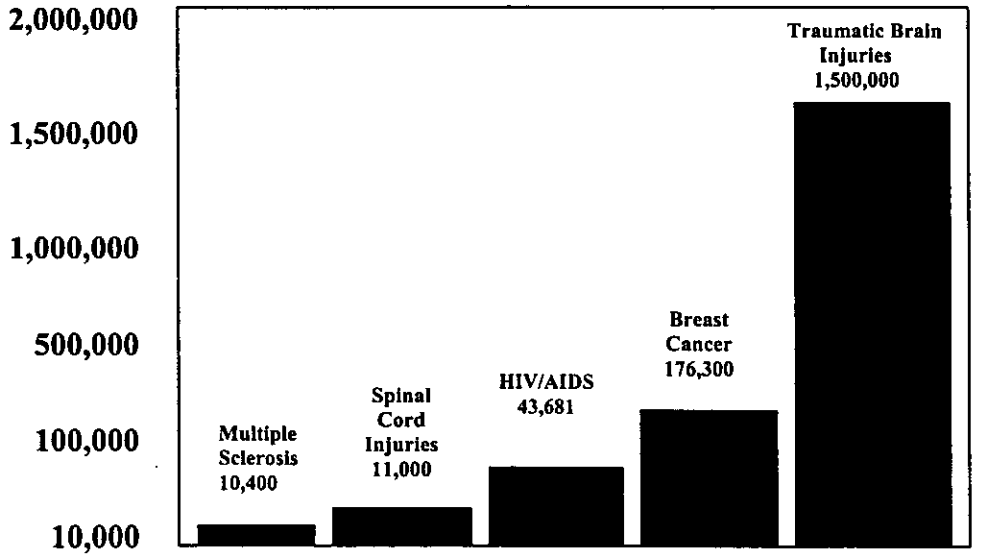
Brain and Spinal Cord Injury Trust Fund

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

TBI Versus...

A Comparison of Traumatic Brain Injury and Leading Injuries or Diseases



Comparison of Annual Occurances

Traumatic Brain Injury

On an annual basis in the United States:

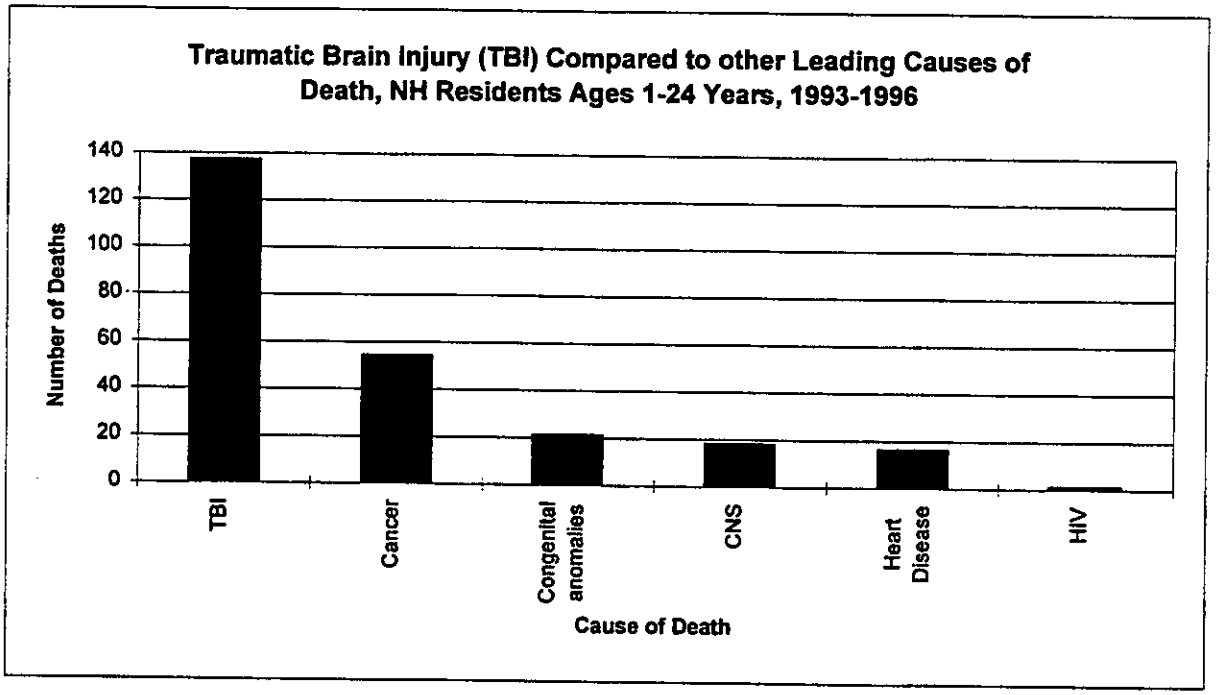
- 1.5 million people will sustain a TBI annually. 1
- 50,000 people will die annually as a result of TBI. 1
- 80,000 people annually experience the onset of long-term disabilities following TBI. 1
- There are currently 5.3 million Americans living with a disability as a result of a TBI. 1

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. Brain Injury Association, 105 Alfred Street, Alexandria, VA www.biausa.org

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

11-15-01

Excerpted
Testimony of
Sandra Matheson

Delivered to
Marci on
11-15-01

Date: **April 11, 2001**
Time: **1:50 p.m.**
Room: **104, LOB**

The Senate Committee **on Executive Departments and Administration** held a hearing on the following:

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

Members of Committee present:
Senator Prescott
Senator Flanders
Senator Francoeur
Senator Larsen
Senator D'Allesandro

The Chair, **Senator Russell E. Prescott**, opened the hearing.

The following is the excerpted testimony of **Sandra Matheson**.

Senator Russell E. Prescott, D. 19: Since the list is so large, I am just going to start with these three and we'll go to the pages. Does somebody have a time constraint that wishes to speak immediately, without being prejudiced to the rest of them that are going to be patient and wait?

All set. I will go random, then. Sandra Matheson.

Sandra Matheson: Good afternoon.

Senator Russell E. Prescott, D. 19: Good afternoon.

Sandra Matheson: For the record, my name is Sandra Matheson. I am the director at the **state office of Victims Assistance** at the Attorney General's office. It is a position that I've held since the office was created in 1987 by the legislature. My office provides 24-hour services and support in all of the state's homicide cases and is also responsible for standardizing services for victims of crime on a state-wide basis.

I am here pleasingly to **support the bill as amended by Senator Hollingworth**. I had come with some concerns about the **Victims' Assistance Fund**. To give you a little bit of history, I started working on the Victims' Assistance Fund back in 1988 with strong support from people like Senator Hollingworth, who has always been (inaudible) of victims of crime. And we started out asking for a 5 percent penalty assessment and ended with 2, and it took us almost 10 years of very, very hard work to finally get the Fund up to a place where we can really adequately support and provide the services to victims of crime.

I have great support for this trust fund and see it as a great need for our state, because I truly respect victims of all circumstances and urge that this excess in our fund be used for this **very important and very much-needed services**. Thank you.

Senator Russell E. Prescott, D. 19: Thank you. Any questions?

Senator Sylvia B. Larsen, D. 15: Does the –

Senator Russell E. Prescott, D. 19: Senator Larsen?

Senator Sylvia B. Larsen, D. 15: Is the 750 that's in the statutes covering the majority or all of the victim assistance programs that –

Sandra Matheson: Yes. At this point, what we did when we increased the penalty assessment, we also increased the victims we were serving. We're **now serving all crimes, misdemeanor crime victims and violent crimes**, which is most of our domestic violence cases. And we're also doing **a lot more outreach to victims**, so it – as we see the outreach that we're doing the need is there, but yes, it is covering that and if there is any excess we think that this is a very well-meaning place for it to go.

Senator Russell E. Prescott, D. 19: Thank you very much.

[End of Sandra Matheson testimony.]

Speakers

COMMITTEE HEARING ON SB 182 FN-a ✓

Date 4/11/01 Place LOB 307 OUTREACH

NAME: Sandra Matheson

Business Address: Attorney General's Office

City: Concord NH. Phone: 271-3671

REPRESENTING: Same

WISH TO SPEAK: YES ✓ NO ___ Time Needed: 5minutes

Supporting Bill: ✓ with ammendments Opposing Bill: ___

PLEASE LEAVE COPY OF ANY PREPARED STATEMENT WITH COMMITTEE CLERK

COMMITTEE HEARING ON SB 182 FN ✓

Date 4/11 Place LOB 307

NAME: Keith Lohmann

Business Address: 17 Institute Dr

City: Concord Phone: 271-2133

REPRESENTING: NH Police Standards & Training Council

WISH TO SPEAK: YES X NO ___ Time Needed: 3 min

Supporting Bill: ___ Opposing Bill: X-as introduced

PLEASE LEAVE COPY OF ANY PREPARED STATEMENT WITH COMMITTEE CLERK

COMMITTEE HEARING ON 182 FNA ✓

Date: 4-11-01 Place: LOB 104

NAME: John P Curran

Business Address: 347 DW Highway

City: Meredith Phone: 279 4561

REPRESENTING: NH Chiefs NH P S & T

WISH TO SPEAK: YES ✓ NO ___ Time Needed: 2 min

Supporting Bill: ___ Opposing Bill: ✓

PLEASE LEAVE COPY OF ANY PREPARED STATEMENT WITH COMMITTEE CLERK

COMMITTEE HEARING ON 182-FN-A

Date: _____ Place: _____

NAME: Sen. McCarley

Business Address: _____

City: _____ Phone: _____

REPRESENTING: Dist. #6

WISH TO SPEAK: YES ____ NO ✓ Time Needed: _____

Supporting Bill: ✓ Opposing Bill: _____

PLEASE LEAVE COPY OF ANY PREPARED STATEMENT WITH COMMITTEE CLERK

William A Bowen
107 Dover Rd.
Durham NH 03824

Ellen M. Edgerly
32 Adams Ave.
Rochester, NH 03867

SB182 Senate ED&A Committee Hearing Sign In

APPEARING: IN FAVOR	APPEARING: TO OPPOSE	DATE: April 11, 2001 TIME: 2:50 PM — NAME / REPRESENTING	WISH TO SPEAK?
✓		Erin Hall Self	NO
✓		Geri Haldsworth Self	NO
✓		Carol Mahoney self	no
✓		Lori Sandoffer self	NO
✓		Geridwen Lewin Self	NO
✓		Sandy Mahoney + Steven Mahoney	Yes
	✓ as introduces	Keith Lohmann	Yes
✓ as ammended		Sandra Matheson	Yes
✓		Bill MINE / SELF	NO
✓		Lori Longway / self	NO
✓		Donald Severance Rep 5 FSC/BIA	NO
✓		Kathleen Severance Reps FSC / BIA	NO
✓		Suzanne Giffin Stepmagstones (Portsmouth	NO
✓		Patricia Le Plante self + TBI	
✓		Janice Bagley / self + TBI Implementation Trunk-Project RESPONSE	no
✓		Paul Blanchard / self	No
✓		Barbara Fournier / Self	yes
✓		Julia Freeman-Woolpert self	no
✓		Paul Van Blarigan NH. F/GOV. COMM/Spinal cord. Adv.	
✓		Deirdre Clark - mother of Survivor / advocate	Yes
✓		Jennifer Andrews self	no
✓		JOANNE M Devine / Rose Meadow Farm + BIA of NH NH. Gov Council Brain + Spinal Cord	

SB182 Senate ED&A Committee Hearing Sign In

APPEARING: IN FAVOR	APPEARING: TO OPPOSE	DATE: April 11, 2001 TIME: 2:50 PM NAME / REPRESENTING	WISH TO SPEAK?
X		Newton Kershaw / VP of Brain Injury Assoc.	Yes
X		Rep Laurie Boyce D/ANH	Yes
X		Dr Tina Trudel, Chair, NH Brain + Spinal Cord Inj. Advisory	YES
X		Carolyn M Ramsay, President Brain Injury ~~Assoc~~ NH	Yes
with amendment		LINDA GRIEBSCH, NH Coalition Against Domestic + Sexual Violence	NO
X		Lee Ann Bowling	no
X		Tammy Richardson NH BIA	No
X		Nathan Beland NH BIA	No
X		John Capuco Esq DDS	Yes
X		Robert Boutin SURVIVOR	YES
X		William A. Cowin	~~X~~

SB182 Senate ED&A Committee Hearing Sign In

APPEARING: IN FAVOR	APPEARING: TO OPPOSE	DATE: April 11, 2001 TIME: 2:50 PM NAME / REPRESENTING	WISH TO SPEAK?
✓		Charlotte Chamberlain Self Harrisville NH	
✓		Alton Chamberlain Harrisville NH.	
✓		Karen Coish Mackey Windham NH.	←
✓		Sandra Lowery Francestown NH	—
✓		Sen Robt Boyce Senate Dist 4	/ MM
✓		Ellen Edgerly, Brain Inj. Assoc of NH Rochester	yes
✓		Steven Wade, Brain Injury Assn, Exec Dir.	yes
✓		Jacki Mike Brain Injury Survivor	Yes
✓		ROBERT BOOTEN, SURVIVOR	Y
✓		Martha & Henry Burnham, family & survivor	
✓		John W Richards, former president, BIA + survivor	no

SB182-FN-A Senate ED&A Committee Hearing Sign In

APPEARING: IN FAVOR	APPEARING: TO OPPOSE	DATE: April 11, 2001 TIME: 2:15 PM NAME / REPRESENTING	WISH TO SPEAK?
✓		Rep Wm Knowles Strafford Dist. 11	
	✓	John P Curran Meredith N.H.	yes

SB182-FN-A Senate ED&A Committee Hearing Sign In

APPEARING:		DATE: April 11, *2001* TIME: *2:15 PM*	WISH TO
IN FAVOR	TO OPPOSE	*NAME / REPRESENTING*	SPEAK?

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

Table of Contents

Executive Summary 1

I. Purpose and Functions 3

II. Council Membership 4

III. Overview of Council Activities 5

IV. Identified Unmet Needs 8

V. Recommendations 11

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

PROPOSED LEGISLATION FOR BRAIN AND SPINAL CORD INJURY TRUST FUND

This document will contain text and comments relating to proposed legislation to establish a brain and spinal cord injury trust fund. Presently, RSA 137-K provides that the brain and spinal cord injury advisory council shall "consider the feasibility of establishing a brain and spinal cord injury trust fund." RSA 137-K:2, IV(e).

The advisory council has formally supported the establishment of a brain and spinal cord injury trust fund. In the last legislative session, a trust fund bill was proposed which would have created a trust fund and established a registry for brain and spinal cord injuries. Ultimately, that bill was amended to provide only for an act establishing a registry for brain and spinal cord injuries. As amended, that bill passed and created new provisions in RSA 137-K providing for such a registry. A funding source for that registry was not identified. No money was appropriated for the bill as enacted.

The following statutory proposals constitute an amendment to RSA 137-K, which now provides for the advisory council and for the brain and spinal cord injury registry. The central section, which establishes the trust fund, provides for funding by means of a penalty assessment, and by means of a suspension or revocation fine which shall be collected when suspended or revoked licenses are renewed. These funding sources are similar to the ones we proposed previously. I have also indicated in that section a gap ("...and receipts from _____"), to indicate where other funding proposals might be inserted. If another funding source might be desirable or simpler to administer, I suggest this is what we should brainstorm about.

As you can see from the proposal, the funding source will provide monies both for the provision of direct services, and for the administration of the registry.

TRUST FUND PROPOSAL

RSA 137-K:2, IV(e) should be amended to read as follows:

"(e) Meet at least quarterly to review the use of the brain and spinal cord injury trust fund established in RSA 137-K:4, and to identify unmet needs which should be considered for support, and to recommend to the commissioner priorities and criteria for disbursements of money in the fund, consistent with the purposes of the fund."

A new section 137:K-4 should be adopted to read as follows:

"**137-K:4 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 suspension or revocation fines under Title 21 as provided in RSA 263:42, V, and receipts from_____

_____

_____, shall be deposited into the fund. The fund shall be expended by the commissioner of the department of health and human services, after consultation with and pursuant to the criteria and

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."

E:\NHKERSHA\NHBRAIN\Proposed Legislation.wpd

Not Wishing
to Speak

Dear Members of the Executive Departments and Administration Committee

Lori Longway
53 McQuesten St.
Manchester N.H.
03102

My Name is Lori Longway, and I'm a Brain Injury Survivor.

I live in Manchester N.H.

I want to support SB182-FN.

I ask you to support this bill.

My injury happened a year ago in March. I'd feel absolutely fine one day and then to have a violent headache and pass out in my truck on the way to work. Thank god I was next to the hospital. Police & ambulance came & took me. I don't remember anything except waking up in ICU and everything was over. They had to shave my head & after the operation they had to staple it back together. Today I have 2 clips - 4 plates and 8 screws in my head.

I could not walk very well when I got home or drive - I had a seizure when I got home in April.

I did have insurance from my job. I had just got hired there & this happened to me.

Its been a stuggle for a year now - a lot of anxiety and stress.

I have short term memory loss - sometimes I

can't speak. And I have trouble walking still. I can't work.

We need to have this bill passed. I ask for your support of this bill. We need your help

Sincerly

Lee Longway

3-18-01

Dear members of the executive department and administrative committee.

I supposed the bill SB 182-FN

I am Patricia LaPlante I was had a car accident 9 yrs. I had a frontic brain injury plus broken my neck I was in my own little world and came work ~~~~ in a wheelchair going to any first reh. Then I had to learn to walk, eat, swollen, wash and take care of my health. Stay at my daughter house for awhile ~~~~ thinking I was ok but I was not. My daughter said I had no insurance and went to the state for help and she had to go sting for them to help. Otherwise I would still be ploughing the snow.

Patricia LaPlante
1 Thompson St #711
Concord, NH 03301

April 10, 2001

Dear members of the Executive Depts + Administration Committee

I am Janice Bagley, survivor of a car accident in 1999 where I sustained a mild traumatic brain injury. I ask your support of bill SB182-FN to aid the many individuals in N.H. who are in need of additional assistance not available currently.

I'm one of the thousands of people in N.H. not included in the statistics because the E.R. where I went after my accident released me without noting the major problems with my head from the accident.

After 7 months of 3 times per week + then 2 times per week of cognitive therapy I returned to work too early + had to leave my job, where I had 17 yrs of service and where I was working toward retirement. My reason for early return to fulltime after 4 mos was because being self-supporting, I couldn't pay my rent, my leased car wasn't able to be returned without my being liable for the full price of car (which I couldn't pay for), there was no assistance to help with my rent - I was told I would be evicted the first month I didn't pay my rent, the town had no assistance for me. A little assistance with my rent, food, prescriptions would have been helpful to me at a very difficult time.

I have had to take other employment for a lower salary; move to another area, in order to work + take care of myself. My problems continue to be many, but I

work for the brain Injury Assoc where my disabilities are apparent & would not be acceptable in another workplace. The problems of the brain injured are varied and cover a multitude of problems.

The struggle to keep going is difficult enough without the extreme financial burden that tends to completely deflate those of us who are truly survivors in every aspect, except financially!

respectfully submitted

Janice Bagley
8 Penwood Dr #4
Penacook, NH 03303

Case Management Society of New England
75 Central St., Rockland, MA 02370
Tel & Fax: 888-871-2884

What is Case Management?

DEFINITION OF CASE MANAGEMENT*

Case management is a collaborative process which assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an individual's health needs, using communication and available resources to promote quality, cost-effective outcomes.

PHILOSOPHY OF CASE MANAGEMENT*

Case management is not a profession in itself, but an area of practice within one's profession. Its underlying premise is that when an individual reaches the optimum level of wellness and functional capability, everyone benefits: the individual being served, their support systems, the health care delivery systems and the various reimbursement sources.

Case management serves as a means for achieving client wellness and autonomy through advocacy, communication, education, identification of service resources and service facilitation. The case manager helps identify appropriate providers and facilities throughout the continuum of services, while ensuring that available resources are being used in a timely and cost-effective manner in order to obtain optimum value for both the client and the reimbursement source. Case management services are best offered in a climate that allows direct communication between the case manager, the client, and appropriate service personnel, in order to optimize the outcome for all concerned.

Certification determines that the case manager possesses the education, skills and experience required to render appropriate services based on sound principles of practice.

*Excerpts from the Certification Guide available from the Commission for Case Manager Certification 847-818-1967

WHAT DOES A CASE MANAGER DO?

A Case Manager serves as a liaison between the ill or injured person, the doctor and other treating providers, the insurer and employers to identify what services might be needed. We then help coordinate all services and resources necessary to promote a return to the best level of well-being. We meet with people in person, or by telephone, and often create letters and reports, all to enhance communication between all parties and the insurance company. We help the person who is sick and their family navigate the healthcare system, providing resources that will be needed to return to a productive life-style.

WHY DO YOU NEED CASE MANAGEMENT?

We expect to help you and your family cope with the medical,social, emotional, insurance, and vocational problems related to injury or illness. We can support you in making informed decisions and in getting answers to questions about your treatment and your rehabilitation. We assist you in getting the care you need. We do not make decisions for you but rather help give you the tools you need to do so. You can determine if we can be helpful to you.

WHO MIGHT REFER YOU TO A CASE MANAGER?

Individuals who have specific illness or injury are generally referred for Case Management service by their insurance claims adjuster, physician or employer.

WHO PAYS FOR CASE MANAGEMENT SERVICES?

The referring source, generally the insurance company, pays for the Case Manager's service. Sometimes a case manager is hired directly by the provider, patient or family.

The Case Management Society of New England is available to talk to community groups regarding the role of the Case Manager. If interested please contact 1-888-871-2884. Thank you for your interest.

**This product was developed by The Case Management Society of New England – please feel free to duplicate as needed.*

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

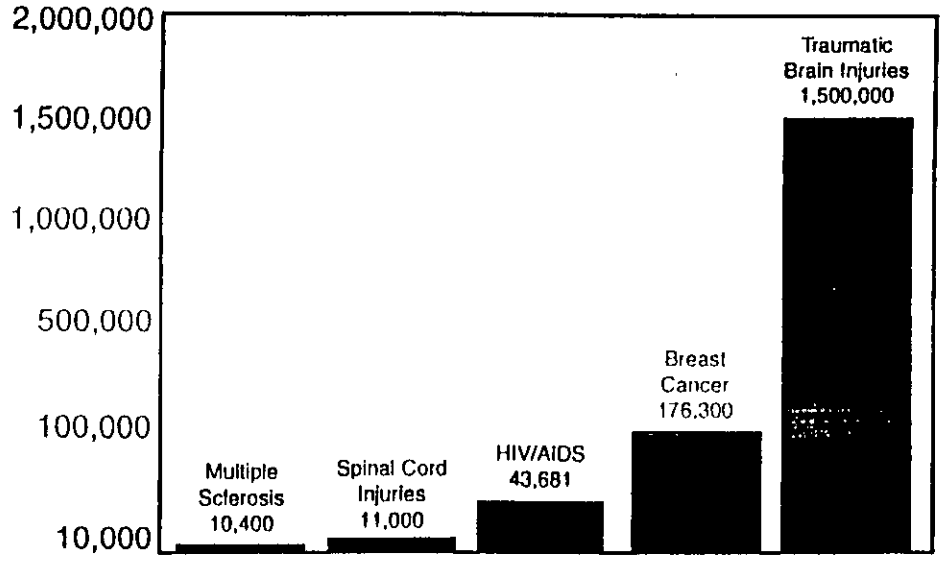
Respite Care
Family Assistance Services
Psychotherapy Groups
Cognitive Training
Information and referral
Prevention and awareness

Administered
MA Rehabili
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/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

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

April 11, 2001

Hon. Russell Prescott, Chair
Executive Departments & Administration 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.

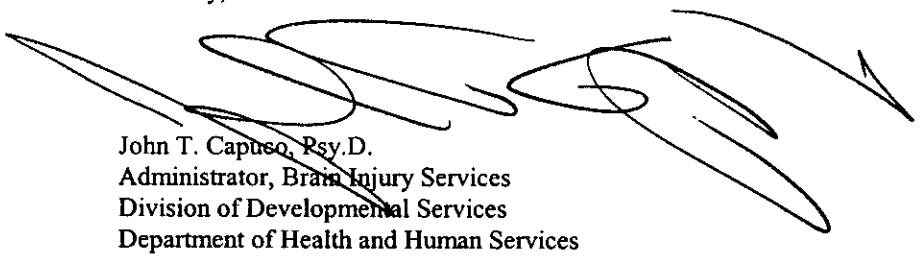
While much has been accomplished to support individuals with brain injury in New Hampshire, much work lies ahead. New Hampshire provides many services, but gaps remain in efforts to integrate them back into the community and work. The state's community care waiver program provides needed quality services, 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

Capuco

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

Donald L. Shumway
Commissioner

Susan W. Fox
Director

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

April 11, 2001

Hon. Russell Prescott, Chair
Executive Departments & Administration 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.

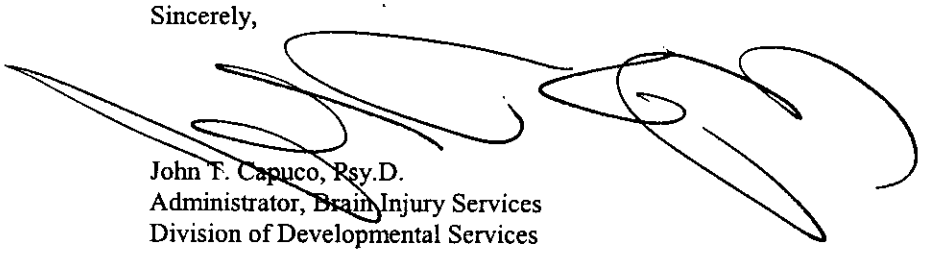
While much has been accomplished to support individuals with brain injury in New Hampshire, much work lies ahead. New Hampshire provides many services, but gaps remain in efforts to integrate them back into the community and work. The state's community care waiver program provides needed quality services, 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

Good Afternoon Chairman Prescott and other Senators of the Executive Department and Administrative Committee.

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

My son Jim is 29 years old and was involved in a motor vehicle accident 6 years , 4 months ago TODAY. He suffered a severe traumatic brain injury and is a quadriplegic. For a brain injured person, his brain is the best part that works. He is totally dependent on others for his activities of daily living, though he is one step better than Christopher Reeves. Jim breathes by himself.

His sense of humor is what gets us(his family and his care givers) 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.

Statistically, the Annual Occurrence of TBI (1,500,000) is more than breast cancer, HIV/AIDS, spinal cord injuries and multiple sclerosis combined. I have attached referenced information to my testimony.

Why am I here today , in support of the Brain and Spinal Cord Trust Fund bill ?
It is because- if this bill had been in place 6 years ago and these services were available, we would have been able to access information and assistance sooner and quicker as to how to navigate the multitude of state and federal agencies(SSI, SSDI), health and medical systems (private insurance and Medicaid), family support groups(that we are not alone in this dark morass), and community service coordination(or case management). Not many people can get through this on their own.

It took 2+ years to get Jim back to New Hampshire.
It took 5 years to get him registered with an Area Agency.
He has been on the ABD Waiver; he is now off the waiver, back on a waiting 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 <u>just</u> human rights and patient rights. I have just returned from Washington, DC, attending the national Brain Injury Association Public Policy and Advocacy conference, and talking to our Congressmen on Capital Hill. Because 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 junior at UNH , studying mechanical engineering.

But for many others, it 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.

Why do we need a statewide registry ?
Look at the numbers, again. Remember, TBI is greater than breast cancer, HIV/AIDS, spinal cord injuries and multiple sclerosis per year.
With the aging of the baby boomer generation, there will be a greater incidence of TBI or ABI (acquired brain injury). Particularly falls, amongst the elderly.

The current data is only collected from hospital discharge and ER reports. A great number of falls and mild TBIs(sports accidents, shaken babies, etc) are seen at the doctor's office and never get into the statistical data stream. We need to go out and collect the 'forgotten',unrecorded' cases and see that they get the care before, down the road, they become problems in schools, delinquents, homeless or unemployable.

What has happened to the concept of:

"An ounce of prevention, is worth a pound of cure" ? Which 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; parents; teachers; doctors; nurses; athletic coaches and trainers need to be educated and re-educated in some instances, about the what, how and when of TBI.

OFTEN and EARLY

The Police Standards and Training Council have taken issue with this bill. ~~I would like to know on what sound basis, they can make their assessments and conclusions.~~ In a recent telephone conversation with a local chief of police, he stated that neither he nor any of his officers are reluctant to write tickets based on the fine structure or possibility of not being able to collect those fines and assessments.

In another conversation , with a district court judge, he stated that it is a rare exception that he waives the penalty assessment part of a fine. His jurisdictional court does approximately $2,500 per day. If you do the math...that's approximately $720,000 per year, from only one court.!

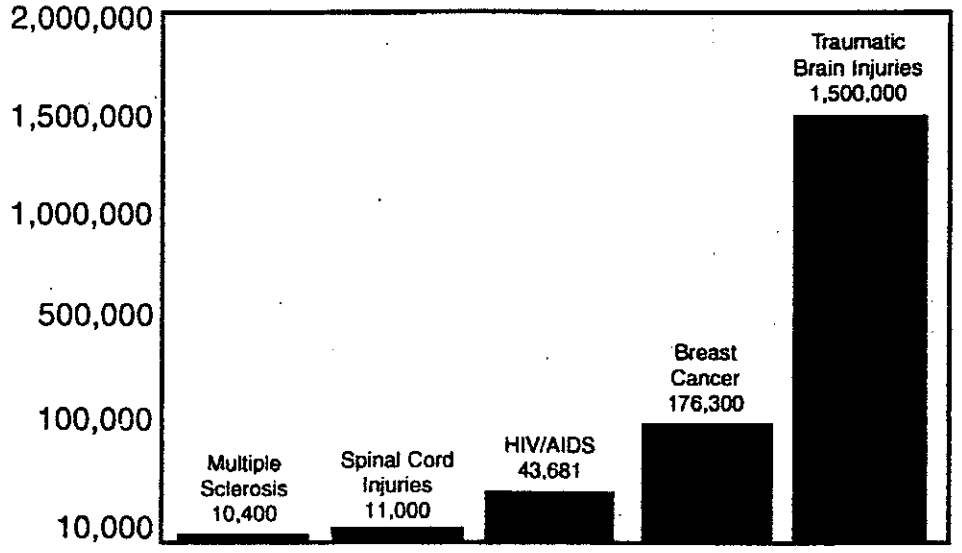
I shall close by asking the committee to carefully review this bill proposal, the benefits gained by the people involved and not consider whose **turf** is being encroached upon.

Deirdre Clark

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]

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:

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.
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
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
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
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
National Multiple Sclerosis Society. "MS, The Diease," WWW: National Multiple Sclerosis Society. (January 16, 2001) http://63.141.175.23/MS%20the%20Disease.asp

Senate Bill 182

Testimony of Carolyn M. Ramsay

April 11, 2001

As the President of The Brain Injury Association of New Hampshire, I am in support of SB 182. This trust fund will assist individuals in New Hampshire who have no other means for receiving care and treatment after a brain or spinal cord injury. Brain injury is the leading cause of death and disability for children and young adults. It exceeds heart disease, AIDS and cancer combined. It is often referred to as the "silent epidemic", since there is unfortunately, little public awareness about brain injury.

National statistics developed by the Centers for Disease Control and Prevention state that 1.5 million people sustain a brain injury annually; 5.3 million people are living with permanent disability as a result of their brain injury; 50,000 people will die annually from brain injury; another 80,000 will live but will have long-term disabilities.

The current system in New Hampshire that provides for individuals with an acquired brain disorder-the ABD Waiver Program- supports approximately 75 individuals, however, many more remain on a wait list with no support.

Many other states (approximately 15-20) have developed Trust Funds to support individuals with brain injury. Services provided through these Trust Funds range from a comprehensive set of services including acute care, inpatient and outpatient rehabilitation care, transitional living services, adaptive equipment, home modifications and other services for community integration. Some trust funds will only pay for direct services for people with brain injury while others will include education, awareness and prevention activities.

The current proposal for the Trust Fund in New Hampshire would target services in the areas of vocational retraining and support, case management and family support. Our goal is to keep families together, to support parents with the care of their children who have sustained brain injuries and to do so in the most cost effective manner possible.

The Burnhams
37 Marshall Road
Kingston, NH 03848
(603) 642-8007

April 11, 2001

Dear Honorable Members of the Committee:

My son and his care attendant stood before this committee 2 years ago, testifying to the need for passage of the Brain and Spinal Cord Injury Trust Fund Bill. The fact that I am here with my son today is real cause for celebration, because it means this bill is still alive and well, ready to once again be considered as a good and reasonable way to fund services for the ever-growing number of families suffering from brain and spinal cord injury – the vast majority a result of reckless driving.

For those families, now and in the future, suffering from the lack of services necessary to provide quality of life for our loved ones, the hope is that this trust fund will lay the groundwork for what we think is sound planning. Yes, the medical needs are taken care of by health insurance companies and Medicaid and Medicare. But there is no cure, and the non-medical needs like home modifications, assistive technology, recreation, family support, respite, and case management are lifetime needs.

We have been working very hard to bring the numbers of these injuries into the public consciousness, for it can happen to anyone. I would like to see New Hampshire join the growing list of states in which families just like us have fought and won this first step toward recognizing the epidemic proportions traumatic brain injury (TBI) has reached in the last two decades. Indeed, it is #1 affliction of our young people.

Let me just say here, that we as a family are also working very hard to prevent these injuries from happening in the future. Jamey works for the Brain Injury Association of New Hampshire by presenting prevention programs at schools. It is our hope that through our efforts and the efforts of many others, that we won't need the fund! But for now, the needs are great, and they are being neglected. We need your help.

Thank you,

Martha, Steve, Jessica, & Jamey Burnham

Martha Burnham's Bio Page

Back to Bio Index

Martha & Steve Burnham

Email: sburnham@ma.ultranet.com



Kingston, NH, U.S.A.
Married 30 years
Son Jamey TBI, 28 yrs. old, 8 yrs. post mva and misintubation in the ER
Daughter Jessica, 24 years old, Living in Florida

Jamey was 19 at the time of the accident in May '91 -- a passenger in the back seat of a car going 90 mph down a backroad that lost control and went into the woods -- just finished his sophomore year at Norwich University in Vermont, on a 4 year ROTC Navy Scholarship. His injury was DIFFUSE AXONAL complicated by anoxia. He spent 6 wks in ICU; 3 weeks in the vent unit at a post acute rehab; 6 more months in a minimally responsive state, cortically blind for 3 of those months; and 8 months in the cog unit. Due to his severe cerebral spasticity, he could not, and still cannot, use his left arm or his legs. He received a full hip replacement early in the rehab process due to damage incurred in the accident and severe spasticity. He also experienced a case of acute pancreatitis probably due to an anti-seizure med called valproic acid.

In the meantime, we hired a lawyer, who worked on securing under-insurance money from our auto insurance company, and bringing a medical malpractice lawsuit against the hospital in whose ER Jamey was misintubated. With the money we bought a wheelchair van and a new house to bring him home to in October of '92.

He was still on a feeding tube, level 4, barely able to talk or think. Finally in December he began to eat; then the talking started. It wasn't long before he began to smile and laugh. In the spring of '93 he was invited to receive an honorary diploma with his class at graduation, but he didn't have the presence of mind to appreciate it or even remember it. That summer we decided to wean him off the muscle relaxant, dantrium, and his cerebral spasticity got so bad that by January we were ready to call Dr. Kevorkian. It crept up on him so gradually that we didn't know why he was so edgy. But when he had to sleep in his wheelchair instead of a bed to be comfortable, we were able to get an ITP (interthecal pump) trial. It changed his life (and ours).

In the 7 years that we have had him home, Jamey has progressed to a level 7, has

much better presence of mind, drives around in a power wheelchair that he calls his Ferrari, and does brain injury presentations in high schools sponsored by the BIA. He is the "straight man" to a very talented and compassionate hired friend named Hilary. He has another hired friend named Matthew who does the "guy things" with him -- primarily sports events.

On his 21st birthday, barely able to talk, highly agitated by the pain of spasticity, he managed to tell us that he was glad to be alive. We're glad too. Jamey makes a very positive impact on everyone he meets as he seeks to educate the public about brain injury. We are very proud of him.

Martha

Top of Page
Back to Bio Index

Copyright © 1998 TBI information Network. All rights reserved.
For Site information, contact: *webmaster@tbinet.org*
Revised: Saturday, April 07, 2001

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

Voting Sheets

Senate Executive Depts. & Admin. Committee

EXECUTIVE SESSION

Bill # SB 182-FN-A

Hearing date: _____ **Room:** _____

Motion of: OTP/A

Made by Senator:		***Seconded by Senator:***	
Prescott	☐	Prescott	☐
Flanders	☒	Flanders	☐
Francoeur	☐	Francoeur	☐
Larsen	☐	Larsen	☐
D'Allesandro	☐	D'Allesandro	☒

OTP/A

4-0

Jamie Burnham

Committee Member	***Present***	***Vote***	***Reported out by***
Senator R. Prescott, Chairman	☒		Senator Prescott
Senator R. Flanders, Vice-Chair	☒		
Senator Gary Francoeur	☒		
Senator Sylvia B. Larsen	☐		
Senator Lou D'Allesandro	☒		

***Amendments:** _____

NOTES: _____

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE

Date:

THE COMMITTEE ON Executive Departments and Administration

to which was referred Senate Bill SB 182-FN-A

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

VOTE: 4-0

2001-1102s

Having considered the same, report the same with the following amendment and recommend that the bill: **AS AMENDED OUGHT TO PASS.**

Senator Russell E. Prescott
For the Committee

|SB182 Docket

Next|Prev|Results List|Main|Bill Status

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

Date	Body	Description
3/15/2001	**S**	Introduced and Ref. to Executive Departments & Administration; SJ 6, Pg.67
4/4/2001	**S**	Hearing; April 11, 2001, Room 104, LOB, 2:15 p.m.; SC16
5/7/2001	**S**	Committee Report; Ought to Pass with Amendment {1102}, (New Title), [05/09/01]; SC22-A, Pg.29-30
5/9/2001	**S**	Ought to Pass with Amendment {1102}, (New Title), AA, VV; OT3rdg, MA,VV; SJ 12, Pg.184-185
5/10/2001	**H**	5/3/2001 Introduced and ref to Health HS&EA; HJ47, p1418
5/10/2001	**H**	Copy to Chairman on 5/10/2001 due Early
5/10/2001	**H**	Hearing May 15 11:15 RM205,LOB
5/15/2001	**H**	SubComm Work Session May 16 10:00 RM205,LOB
5/23/2001	**H**	Maj Report OTP for May 31 (vote 16-0;Reg)
5/31/2001	**H**	Passed and ref to Finance VV; HJ52, p1581
5/31/2001	**H**	Retained in Committee
11/13/2001	**H**	Fin Div III Subcom Work & Exec Session Nov 28 10:00 RMs210-211,LOB

Next|Prev|Results List|Main|Bill Status

Docket Abbreviations