



Council Members Present

Nan Kennelly, Lisa Anderson, David Biberdorf, Shannon Cook, Jean Herauf, Austyn Kloehn, Sarah Ring, Representative Dick Anderson, Skipp Miller, Cheryl Hess-Anderson, Denise Harvey and Tami Conrad

Council Members Not Present

Nikki Brunelle and Mandy Slag

Others Present

Rebecca Quinn, Nickie Livedalen, Lynne Ostrem, and Elicia Jacobson

Call to Order

5:01pm by Nan Kennelly, Chair. Quorum is present by way of roll call.

Approve Agenda

Representative Anderson motioned to approve the agenda; Jean seconded. Motion passed.

Legislative Bills

House Bill 1032: To establish a sliding fee scale for those who are not eligible for Medicaid but receive Service Payments for the Elderly and Disabled (SPED) services and may have to pay for a portion of the services they receive.

House Bill 1033: Pilot program to allow for Independent care managers for the SPED and Expanded SPED (Ex-SPED) programs. Representative Anderson stated that this goes along with House Bill 1032 to help keep people in their homes for longer.

Jean asked if this includes brain injury and Nan asked what services this includes.

Rebecca stated that it does include brain injury and is for in-home services that are similar to home health –assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) to be able to remain in a person’s home under the SPED and Ex-SPED program that are state funded. This bill also has language to include private case management which is new for ND. Right now, case managers are found through the County Social Service Offices and Representative Anderson states that there seems to be more need than what the County Case Managers can handle.

Representative Anderson states that he feels House Bill 1032 and House Bill 1033 will go through.

Nan stated that we will just keep these two bills highlighted to watch, but Representative Anderson felt that since it includes all disabilities, it is not one that we will need to testify at. The council will continue to follow though since it does include services for brain injury and is important.

House Bill 1034: Guidelines for long-term care (LTC) providers to deliver home and community-based services (HCBS)

Representative Anderson stated that this was heard on the floor and passed. This was developed by the Department of Human Services. Nan stated that this is definitely of interest, but not detrimental to traumatic brain injury (TBI). Just continue to follow.

House Bill 1099: Delegation of administration of routine meds to qualified service providers (QSPs), defines Agency foster home for adults, develops residential habilitation for older adults and adults with physical disabilities.

Would create mechanisms for QSPs to administer medications to individuals who receive services in their own homes. This would allow training and the ability to offer this service. Also includes the language for developing Agency Adult Foster Care. This is something that the Brain Injury Continuum of Care group has worked on and feels would be a real benefit for individuals with brain injury.

Nan stated that this feels quite relevant to what the council should be following and so will put a star by this bill.

House Bill 1359: Hyperbaric Oxygen Pilot Project. Representative Anderson introduced this bill to allow the Hyperbaric Clinic in Fargo to be able to treat up to 30 patients within the time frame under a Medicaid pilot project for hyperbaric oxygen treatment for brain injury. The bill would need to go through appropriations as well since there is funding attached to this bill. Representative Anderson states that he has been in contact with Sanford Health and Blue Cross Blue Shield about this project as well and they appear to be interested.

Lisa Anderson spoke about her daughter Hannah's experience. Last week, her daughter Hannah received treatments two times per day for five days. Hannah's headaches are finally gone. She has lived with a headache every day since her accident, so this is incredible to them. At work today, Hannah did not get overwhelmed once, and so they are definitely receiving positive results from the treatment.

There was some discussion regarding the wording in the bill that states treatment for severe brain injury when the documentation and data that Dr. Denham has is regarding concussion treatment.

Nan asked if this is typical to request insurance companies to fund clinical trials. David stated that that typically does occur during pharmaceutical trials. Representative Anderson stated that if insurance won't cover this, who will be able to receive the treatment? Only those who are able to pay out of pocket which is very limiting.

The question was asked if there is there is any opposition or research against this treatment? Representative Anderson did not have answer to that but feels that good outweighs the bad in this treatment.

Nan stated that the new results are exciting, at least in this testing phase. This will be something to track on for sure. The bill will be heard in House Human Services on Wednesday.

House Bill 1378: To implement supported decision making process that would benefit individuals who may not legally fit the criteria for guardianship. This would allow them to voluntarily select an individual to assist with shared decision making. Includes protection for both the individual and the appointed individual.

Denise stated that Protection and Advocacy is in support of this bill as a way of allowing individuals in need to be able to make their own choices in who they want as a support person and what level of support they need.

House Concurrent Resolution 3018: Representative Anderson stated that this is a resolution in support of the Veteran's Administration (VA) utilizing hyperbaric oxygen treatment with veterans.

Senate Bill 2012: This is the Department of Human Services budget – includes the money that is allotted for Social and Recreation funding for individuals with TBI, the Pre-Employment funding offered through Community Options, and the funding for the North Dakota Brain Injury Network.

This is something that the council will continue to track on.

Senate Bill 2027: Brain Injury Definition update that the council helped to develop new language for.

Rebecca stated that ND received its first definition of Traumatic Brain Injury in 1996. Then in 2015 the definition was changed to include Acquired Brain Injury but excluded Stroke and Aneurysms. This new definition would include stroke and aneurysms as the service need is the same and should not be exclusive. Representative Anderson stated that he believes why stroke and aneurysm was excluded was because it was felt that there was already a service system in place for stroke and aneurysm. In working the Heart and Stroke Association, it is believed that duplicate services do not need to be developed and including stroke and aneurysm is not going to be detrimental at all.

Nan states that she likes this version of the definition. Traumatic brain injuries get a lot of attention and acquired brain injuries tends to get lost. This definition would really bring ND up to date with other states and feels that this is definitely something the council should support and follow. All were in agreement.

Senate Bill 2029: Community Behavioral Health; Representative Anderson states that he is really cautious to support this bill due to the effect on rural hospitals. There is a large amount of money attached to this and does not want this taking away from our local hospitals.

The group wanted to know more about this and what it has to do with brain injury. Rebecca stated that this includes Mental Health, Addiction and Brain Injury. This would provide funding for a program similar to the Free Through Recovery program which include Care Coordination. This would be for those not in the criminal justice system – Free Through Recovery is only for those who have been in the criminal justice system.

Tami stated that this is meant to improve services in rural communities, not take anything away from rural hospitals. Free Through Recovery has seen great success and they would like to extend that to others in need as well. Peer supports would also be included as a service which has seen a lot of success

as well. This is developed as a Continuum of Need and could be beneficial for those with brain injury who need assistance in being kept on track. This is also something that the Continuum of Care subcommittee has worked on as well for brain injury.

Lisa asked the question; Does brain injury fit everywhere? Does Brain Injury fit in the Aged and Disability Home and Community Based Services and this program as well?

Rebecca stated that yes, brain injury does fit everywhere. The Continuum of Care subcommittee has worked to look for opportunities to ensure that there are options for individuals with where is the best place for that individual to receive services; and not be turned down because of their diagnosis of brain injury.

Senate Bill 2030: Implementation of recommendations to improve state's behavioral health system. Rebecca gave a quick overview of the bill. This was a systems study that included brain injury. The findings were a lack of services in ND, but also listed what ND was doing well – the pre-employment program and NDBIN. This is a bill that includes a strategy to move forward on the needs. This would include providing the right training to providers to work with individuals with brain injury.

Senate Bill 2032: For the development of peer support specialist certification for mental health, addiction, and brain injury.

Senate Bill 2060: For the development of a primary seatbelt law. This would make not wearing a seat a primary reason to get pulled over and changing the law to include everyone in the vehicle and not just for the driver and those under 18.

Senate Bill 2168: Adjustments to the reimbursement rate for QSPs.

Next meeting will be Friday, January 25th from Noon-3pm at HIT, Inc. in Mandan. Council members are asked to review the bills of interest and get educated for next meeting.

No public comment

Meeting adjourned at 6:17pm.