# Summary of 2007-2008

**and Other State Public Policy Initiatives Impacting Individuals with Traumatic Brain Injury and Their Families**

***Compiled by the***

## National Association of State Head Injury Administrators

**July 2009**

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# State Legislation

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## Nation Association of State Head Injury Administrators


Maria Crowley, President
Susan L. Vaughn, Director of Public Policy
**4330 East West Highway, Suite 205**
**Bethesda, MD 20814**
Phone: 301-657-8855, ext. 1202
http://www.nashia.org


*The National Association of State Head Injury Administrators assists state government in promoting partnerships and building systems to meet the needs of individuals with brain injury and their families.*

**July 2009**

# Preface

This report is a summary of State legislation pertaining to traumatic brain injury that was signed into law or vetoed during the 2007 and 2008 State legislative sessions. These bills and other State initiatives have been reported in past issues of *State Watch* that were produced and distributed by the Traumatic Brain Injury (TBI) Technical Assistance Center (TAC) at the National Association of State Head Injury Administrators (NASHIA).

In keeping with the format of previous issues of State Watch this summary is organized by the main topic of the legislation, although some bills may carry more than one relevant topic. Obviously, there may be bills that passed that may be missed. However, the intent of this report is to provide an overview of trends in State public policy issues and serve as a resource for those States interested in pursuing similar legislation. This publication follows a similar report that summarized State legislation passed during 2005-2006 calendar years.

NASHIA, a non profit organization, was created by State government employees with the intent of helping one another plan, implement and administer public programs and services for individuals with brain injuries and their families. Other interested professionals, organizations, families and individuals with brain injury belong as associate members. NASHIA offers a national statewide meeting, known as State of the States (SOS) in Head Injury, regional meetings, a web site, State contacts, publications and materials for States and others to use. NASHIA tracks State and federal public policy and legislation and produces updates and reports on these activities. NASHIA has also published the *Guide to State Government Brain Injury Policies, Funding and Services* (2003, 2005) and the 2007 *Directory of State Government Brain Injury Contacts*.

For further information on how to join NASHIA or to obtain information and materials visit the web site at http://www.nashia.org.

***Disclaimer***
This report is not comprehensive. Submit omissions or share what brain injury-related legislation (or the status thereof) being considered in your State for future editions by contacting Susan L. Vaughn, NASHIA's Director of Pubic Policy, at slvaughn@nashia.org or 573-636-6946.

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# Overview

Since the 1980s, State legislatures have passed bills establishing public policy to address the array of needs of individuals with traumatic brain injury (TBI) and their families. Through these efforts, States have created, improved and expanded traumatic brain injury initiatives addressing prevention, data, statewide planning, and funding to support an array of rehabilitative treatment, services and supports. This report is a summary of legislation passed (or vetoed) during the 2007-2008 sessions and other public policy initiatives that impact service delivery for individuals with traumatic brain injury and their families.

During the 2006-2007 sessions, State lawmakers continued to introduce legislation to create or to increase revenue for brain injury trust funds, which are generally supported by designated fines, surcharges or fees associated with traffic-related and criminal offenses earmarked for TBI services. Since the 1980's, almost half of the States have implemented statewide programs that are funded by trust funds or a dedicated source of revenue for an array of services, public awareness, family supports, prevention, or research. Almost half of the States have also implemented TBI Home- and Community-Based Services (HCBS) waiver programs for individuals who are Medicaid eligible. The first brain injury waiver program was implemented by Kansas in 1991. A few States require legislation in order for the Medicaid agency to submit a waiver proposal. Advocates have also pursued legislation as a way to get a waiver program developed in their States. State legislatures also appropriate general revenue (State dollars) for purposes of funding services, as well as for State match for Medicaid waiver or State plan services.

An emerging issue during this time period is the number of returning servicemembers from the wars in Iraq and Afghanistan who may have sustained a TBI. Increasingly, States have begun to address outreach, screening and other services that may be needed for servicemembers who are misdiagnosed or undiagnosed. Governors have convened task forces and State legislatures have also passed legislation or resolutions calling for studies to assess needs and resources for returning servicemembers who may have problems associated with TBI, Post Traumatic Stress Disorders (PTSD) and substance abuse.

As the result of the TBI Act of 1996, as amended in 2000 and reauthorized in 2008, the Health Resources and Services Administration (HRSA) Federal TBI Program has identified four core components necessary for service delivery: advisory board; State needs and resources assessment; State action plan, and a designated lead State agency for organizing TBI services. Since 1997, HRSA has awarded competitive grants to States to establish these core components and to further address identified gaps in service delivery. Some of the bills introduced reflect these efforts.

There were two lawsuits settled during this time frame on behalf of individuals with TBI who desire community-based services in lieu of institutional or nursing home care. On September 18, 2008, a federal judge granted final approval of the settlement agreement in the civil rights class action filed to prevent unnecessary institutionalization of people with disabilities, including individuals with TBI, residing at Laguna Honda Hospital and Rehabilitation Center, a public hospital, in San Francisco, California. The lawsuit was filed in the Northern District of California by six individual plaintiffs, as well as the Independent Living Resource Center of San Francisco (ILRCSF). (Co-counsel on the case included the Disability Rights California, AARP Foundation Litigation, Bazelon Center for Mental Health Law, Disability Rights Education and Defense Fund (DREDF), and the law firm of Howrey LLP, pro bono.) The settlement calls for the City to establish an innovative program to coordinate services across city departments to enable individuals with disabilities who live at, or who are referred to Laguna Honda, to receive community-based housing and services.

Also settled in 2008, was a class action lawsuit initiated by the Brain Injury Association of Massachusetts in 2007, alleging that the State failed to provide adequate services for individuals with TBI who wanted to live in community settings in lieu of structured residential or nursing home settings. The lawsuit was filed on behalf of the approximately 2000 individuals with TBI residing in nursing homes. The judge ruled in favor of the plaintiffs.

Both courts cited the county/city (San Francisco) and State (Massachusetts) for being in violation of the Americans with Disabilities Act (ADA), which requires individuals with disabilities to be provided services in the least restrictive environment. The US Supreme Court had previously upheld this view in the Olmstead Decision (*Olmstead v. L.C. and E.W.)* in 1999, which stated that unnecessary institutionalization violates the ADA. The Olmstead Decision directed States to initiate efforts to offer individuals with disabilities community choices in lieu of institutional services.

In 2001, President Bush signed an Executive Order announcing the New Freedom Initiative as a nationwide effort to remove barriers to community living for people of all ages with disabilities and long-term illnesses. The Centers for Medicare and Medicaid Services (CMS) has since provided grant opportunities to assist States in implementing systemic changes to better serve individuals with disabilities in the setting of their choosing. These grants include Money Follows the Person, Real Choice Systems Change and employment initiatives that provide funds to States through the Medicaid Infrastructure Grants and Demonstration to Maintain Independence and Employment Program to support employment for people with disabilities. Funds for the Employment Program are authorized under the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA).

In response States have enacted legislation to streamline and coordinate services, provide adequate funding for alternative community services, and to provide individuals with disabilities choice and opportunities to self-direct their care and supports.

Most States continued to experience significant budget shortfalls during this timeframe and the outlook for 2009 is bleak. Declining revenues relating to the recession and increasing costs for Medicaid are common themes across States. State funded public health and programs that provide services to people with disabilities, including TBI, and who are elderly, are most vulnerable to proposed budget cuts to offset declining revenues.

# Summary of 2007-2008 Legislation

The following summarizes legislation that was passed or vetoed during the 2008-2008 legislative sessions as reported in *State Watch* produced by NASHIA. There may be other legislation or appropriations for TBI programs and services that was enacted, but not noted. However, the intent is to provide a summary of that which is known so as to capture trends in State legislation affecting TBI programs, and to help States who may be interested in similar legislation within their States.

## 2008 Vetoed

**Health Care**
A number of State legislatures passed legislation addressing health care. Some of these bills were vetoed. **California** Governor Arnold Schwarzenegger vetoed A.B. 8 that would have established a "pay or play" system and allow employees of firms that "pay" to enroll in a newly created California Cooperative Health Insurance Purchasing Program (Cal-CHIPP) to receive coverage. A.B. 8 would have expanded eligibility for public health insurance programs for children and parents. The proposal also aimed to improve access to coverage on the individual insurance market by standardizing medical underwriting, clarifying eligibility for the high-risk pool, and facilitating comparison shopping.

On October 14, 2007, Governor Schwarzenegger also vetoed A.B. 423 that would have expanded the coverage requirement for a health care service plan contract and a health insurance policy issued, amended, or renewed on or after January 1, 2008, to include the diagnosis and treatment of a mental illness of a person of any age. On May 8, 2007, **Minnesota** Governor Tim Pawlenty vetoed S.B. 2171 providing for health care reform, as well as a number of other issues, including changes of coverage for children and family, licensing requirements; mental health benefits, and family supportive services. The bill would have also allowed small businesses to purchase MinnesotaCare for their employees.

On October 13, 2007, **California** Governor Arnold Schwarzenegger vetoed A.B. 1113 relating to the Medi-Cal "250% Working Disabled Program". The bill removed the September 2008 sunset clause in order to make the program permanent eligibility. Governor Schwarzenegger said he vetoed the bill due to a drafting error that would result in unequal treatment of similarly situated aged persons, which would be in direct conflict with Federal Medicaid law. The "250% California Working Disabled Program" was implemented on April 1, 2000, and was designed for persons with disabilities who work (or want to work) with countable family income of up to 250% of the Federal poverty level. The Governor directed the Department of Health Care Services to pursue legislation to continue and improve the program. Subsequently, in 2008, the Governor signed A.B. 1183 (Chapter 758, Statutes of 2008) that eliminated the January 1, 2009 sunset date, thereby allowing the WDP to operate indefinitely as a permanent Medi-Cal program.

**Motorcycle Helmet Repeal**
On June 13, 2008, **Michigan** Gov. Jennifer Granholm, vetoed H.B. 4749 which would have repeal the motorcycle helmet mandate for motorcyclists riders age 21 and older. The American Bikers Aiming Toward Education (ABATE) of Michigan advocated to change the State's mandatory helmet law. Governor Granholm vetoed similar legislation 2006.

**TBI Funding**
In 2007, **Alaska** Governor Sarah Palin vetoed almost all of the health and social service requests under the Fiscal Year 2008 capital works budget, including a request for $50,000 for a virtual program center to provide information on community brain injury services.

## Bills Enacted and Resolutions Adopted

The HRSA Federal TBI program has identified core components relating to infrastructure necessary to develop and expand services for individuals with TBI and their families. These core components include an advisory board or council, needs assessment, state action plan and a lead agency. In keeping with these identified necessities, the following is organized first around core components, then alphabetically addressing a range of issues. In some instances, the legislation addressed more than one provision of service delivery.

### Core Components

**Advisory Councils/Boards**
Legislatures in two States passed legislation relating to the termination dates of their TBI advisory board or council, and two States enacted legislation creating an advisory body. **Maryland** legislators passed S.B. 903 that repealed the sunset provision of the Maryland Traumatic Brain Injury Board. Governor Martin O'Malley signed be the bill on April 24, 2008. **Tennessee** Governor Phil Bredesen signed S.B. 2522, same as H.B. 2691, which extended the Traumatic Brain Injury Advisory Council until 2015.

On May 8, 2007, **Washington** Governor Christine Gregoire signed H.B. 2055, which created the Washington Traumatic Brain Injury (TBI) Strategic Partnership Advisory Council within the Department of Social and Health Services to consist of a wide variety of individuals who are appointed by the Governor. The department is to designate a staff person to coordinate policies, programs and services and to provide staff support to the Council. The bill delineates several activities to be conducted by the Council and the department including a preliminary report to the legislature and the governor, as well as a final report by December 1, 2008, containing recommendations for a comprehensive statewide plan to address the needs of individuals with traumatic brain injury.

The legislation also calls for a public awareness campaign; support groups; information and referral services to individuals; and created the TBI Account for purposes of providing these services. Funding for the Account is to be from fees collected as part of a reissuing fee on licenses that have been suspended for driving under the influence. The reissuing fee is increased from $150 to $200. Twenty-four percent of each fee collected must be deposited in the TBI Account.

On June 6, 2007, **Maine** Governor John Baldacci signed S.B. 709, establishing the Acquired Brain Injury Advisory Council to provide independent oversight and advice on issues related to brain injury, including prevention. The Council is to recommend methods that will enhance health and well-being, promote independence and self-sufficiency, protect and care for those at risk and provide effective and efficient methods of prevention, service and support. The manager of the Brain Injury Services in the Office of Adults with Cognitive and Physical Disability Services is to provide administrative support. The Commissioner of the Department of Health and Human Services is to appoint 16 persons to serve as members.

**Legislative Committee**
On February 19, 2007, **Arkansas** Governor Mike Beebe signed H.B. 1131, which established a Legislative Committee on Brain Injury to study the rates and severity of traumatic brain injuries in Arkansas and develop a strategic statewide plan to ensure an appropriately prepared workforce to treat individuals with traumatic brain injury and to provide for rehabilitation services. The bill called for the committee to have representatives of the House, Senate, emergency medical services of the Department of Health, Arkansas Hospital Association and 12 members to be appointed by the governor to represent, Brain Injury Association of Arkansas, physician, nurse, psychology, physical therapist, speech-language therapist and ambulance association.

## Other TBI Legislation

### Appropriations

In 2008, at least four State legislatures appropriated increased funding for traumatic brain injury (TBI) programs and/or specific funding to their veterans state agency for returning troops with TBI. In **Alaska**, S.B. 221, the capital and supplemental appropriations bill, which was approved May 22, included $50,000 for the Alaska Brain Injury Network, Inc. (ABIN), to develop of Brain Injury Online Resources. The focus of this project is to help communities in rural areas to access brain injury information, as well as to link individuals with brain injury across the State. ABIN serves as the advisory board in Alaska and currently provides Information & Referral (I & R) services through a Resource Navigator. In addition, the Alaska Mental Health Trust Authority approved $100,000 for brain injury training for providers. This money will be administered by the Department of Health and Social Services, Division of Behavioral Health, the lead TBI agency.

On May 29, 2008, **Minnesota** Governor Tim Pawlenty signed H.B. 1812 (same as S.B. 1475), relating to appropriations, approving $500,000 for casework services for veterans. The services are to provide community-based services, including in-home counseling. The bill also directed the veterans' agency to design a treatment program for veterans with TBI within the State Veterans Homes. Other budget items included:

- $220,000 for the operations of the Linkvet telephone line service for veterans;
- $250,000 for a grant to the Minnesota Assistance Council for Veterans for their work in helping veterans and their families affected by homelessness;
- $250, 000 for the veterans claims office for outreach and training to improve services and benefits;
- $25,000 to develop a pilot program for peer-to-peer counseling among combat veterans; and
- $200,000 for an intergovernmental and veterans strategic planning study for the Minnesota Veterans Homes, with special emphasis on exploring alternative models, such as home-based services to help veterans to live more independently.

In addition, the Department of Military Affairs received $180,000 in permanent funding for a "State Navigator". This position will coordinate State agency programs and activities to support and assist soldiers and their families during and after the reintegration process. The "State Navigator" position is viewed as an extension of the nationally recognized "Beyond the Yellow Ribbon" program. It will integrate and coordinate the intragovernmental actions in conjunction with the non-governmental and private efforts to bring the warriors all the way home.

In **Virginia,** the General Assembly appropriated:

- $4.5 million for wounded warrior legislation, H.B. 475, which is reported further in this report, that provides assistance for soldiers with TBI, and
- $200,000 in new funding for the Department of Rehabilitative Services brain injury program for FY 2009 and $400,000 for FY 2010.

Virginia lawmakers included budget language requiring the Public Safety Director to look at the prevalence of brain injury in correctional facilities throughout Virginia. In addition, Virginia legislators included budget language directing the Commissioner of Health to review current funding provided to trauma centers to offset uncompensated care losses, report on feasible long-term financing mechanisms, and examine and identify potential funding sources on the federal, State and local level that may be available to Virginia's trauma centers to support the system's capacity to provide quality trauma services to Virginia citizens. As sources are identified, the Commissioner is to work with any federal and State agencies and the Trauma System Oversight and Management Committee to assist in securing additional funding for the trauma system.

In **Texas** Governor Rick Perry approved the budget for Health and Human Services Commission to include an Office of Brain Injury. The Texas Traumatic Brain Injury Advisory Council supported the

funding and establishment of the "Office of Acquired Brain Injury" to house the Texas Traumatic Brain Injury Advisory Council and to provide a permanent resource that will more effectively serve persons with a traumatic brain injury and their families.

The Texas Department of Assistive and Rehabilitative Services (DARS) also received increased funding to reduce its waiting list for individuals seeking services from the Comprehensive Rehabilitation Service (CRS) program, which assists Texans with brain and spinal cord injuries. The CRS program funding has been increased by approximately $3 million per year, making the overall funding a total of $16 million for Fiscal Year 2008. In 2007, CRS had already served 562 clients and expected to serve more before the end of August 31, 2007, the end of FY 2007.

On May 4, 2007, **Minnesota** Governor Tim Pawlenty signed H.B. 2227, an appropriations bill that appropriated $80,000 for suicide prevention and psychological support for returning veterans. Of this amount, $50,000 will fund a study on the mental health needs of returning servicemen and women to be conducted by the National Guard Adjutant General and the Commissioner of Veterans Affairs, and the remaining $30,000 will be used to create a telephone hotline to refer veterans to available mental health services.

## Children

**Co-occurring Conditions -- Mental Health Juvenile Justice Systems**
On May 30, 2007, **Colorado** Governor Bill Ritter signed H.B. 1057, which created program demonstration grants for an integrated system of care for the Colorado mental health juvenile justice population. The grants are to be implemented and monitored by the Division of Mental Health (DMH) in the Department of Human Services, with input, cooperation, and support services from the Division of Criminal Justice (DCJ) in the Department of Public Safety, family advocacy coalitions and the task force for the continuing examination of the treatment of persons with mental illness who are involved in the criminal and juvenile justice systems in Colorado. Co-occurring disorders includes traumatic brain injury, substance abuse, developmental disabilities and fetal alcohol syndrome.

The purpose is to help Colorado families and youth who have difficulties navigating the mental health, physical health, substance abuse, developmental disabilities, education, juvenile justice, child welfare and other State and local systems that are compounded when the youth has a mental illness or co-occurring disorders. By January 1, 2008, the DMH is to have prepared an initial report of the demonstration programs. The DCJ, by June 1, 2010, is to compile a report of the collected outcome data and the evaluations of the demonstration programs.

**Education**
May 31, 2007, **Colorado** Governor Bill Ritter signed S.B. 255 expanding responsibilities of the Department of Education for identifying children with disabilities, "child find", as required by the Individuals with Disabilities Education Improve Act of 2004 (IDEA). IDEA requires States to find, identify, locate, evaluate and serve all children with disabilities from birth to 21-years of age. Colorado includes brain injury in the definition of "specific learning disability", defined as a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, and includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

On July 16, 2007, **New Hampshire** Governor John Lynch signed H.B. 661, establishing an executive planning commission on special education to develop a plan providing for an improved comprehensive, systemic and sustained approach for delivering student-specific and general technical assistance. The plan is also to address pre-service and in-service education and strategies to address educational personnel shortages.

The commission is also to address a regional model for addressing children with particularly low-incidence disabilities, which shall include, but not be limited to, children with emotional disabilities, autism, multiple disabilities, traumatic or acquired brain injury, deafness, deaf-blindness, and blindness.

On April 9, 2007, **North Dakota** Governor John Hoeven signed S.B. 2108, which added traumatic brain injury to the list of disabilities under the categorical definition of students with a disability who are at least three years of age, but are under the age of twenty-one and who requires special education and related services. The bill also adopted a non-categorical delay eligibility criteria for a student who is at least three years of age, but less than ten years of age exhibiting a developmental profile in which cognitive, fine motor, vision, hearing, communication, pre-academic, socialization or adaptive skill acquisitions are significantly below that of same-age peers, and if the individual needs special education and related services. School districts may determine that an individual who meet this criteria is a student with a disability as a result of a non-categorical delay.

## Community-Based Services

**Community Services for TBI Study**

On June 20, 2007, **Maine** Governor John Baldacci signed H.B. 295, to promote community integration for individuals with brain injuries. The bill requires the Department of Health and Human Services to complete a comprehensive plan to address the needs of persons with disabilities due to brain injuries by January 1, 2008. The planning process shall provide information to and seek input from a broadly representative group of interested parties, including MaineCare members with brain injuries, families and friends, advocates, providers and all other State agencies that provide services to people with brain injuries.

The planning process is to include a thorough evaluation of Home and Community-Based Services (HCBS) waiver or any other Medicaid program from the US Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) that will promote community integration for individuals with brain injuries, as well as a thorough evaluation of services available to people with brain injuries under MaineCare. The department is to provide reports to the legislature by January 15, 2008, and again in January 15, 2009 and April 15, 2009, regarding its progress implementing the elements of the plan.

**Cost-Based Reimbursement Study**

On February 15, 2007, **Wyoming** Governor Dave Freudenthal signed H.B. 40, requiring a select committee on developmental programs to conduct a feasibility study on implementation of cost-based reimbursement mechanisms for adult, child and acquired brain injury programs administered by the Division of Developmental Disabilities. The study was due December 1, 2007.

**Personal Care**

On May 17, 2007, **Nevada** Governor Jim Gibbons signed S.B. 220, expanding the personal assistance program for persons with severe functional disabilities to include traumatic brain injury. The Personal Assistance Services (PAS) program, administered by the Office of Disability Services within the Department of Health and Human Services provides home-based care for individuals with disabilities who do not qualify for other resources, such as Medicaid. Some individuals served under the program share in the cost, on a sliding scale.

In addition, the bill requires the Office of Disability Services to publish a single report concerning persons with disabilities, instead of separate reports for traumatic brain injury and other disabilities.

## Employment

**Outcome-based Employment Model**

On April 10, 2008, **Colorado** Governor Bill Ritter signed S.B. 5 that creates a pilot program to implement an outcome-based employment model for persons with disabilities and to recommend a payment system for supported employment services. The department is to establish a reimbursement schedule based on

an outcome-based employment model for community centered boards and agencies that provide employment services to persons with developmental disabilities, mental disabilities and brain injuries. The bill requires the Division of Vocational Rehabilitation within the Department of Human Services to report annually to the department on the employment outcomes achieved and for the department to report that information to the Colorado General Assembly.

In 2008, **California** Governor Arnold Schwarzenegger signed A.B. 1183 (Chapter 758, Statutes of 2008) that eliminated the January 1, 2009 sunset date for the Medi-Cal "250% Working Disabled Program." The Governor had vetoed similar legislation in 2007. The Medi-Cal 250% California Working Disabled Program was implemented on April 1, 2000, and was designed for persons with disabilities who work (or want to work) with countable family income of up to 250% of the federal poverty level. This program allows disabled workers to buy into Medi-Cal health coverage by paying a monthly premium and is an expansion of the federal Medicaid program authorized by the Federal Balanced Budget Act of 1997.

## Health Care

### Expanded Health Care

On November 19, 2007, three weeks after calling a Special Session, **Maryland** Governor Martin O'Malley signed S.B. 6A, the Working Families and Small Business Health Coverage Act, to expand health care for and to make health care more affordable for small businesses.

The bill also increases, as part of the overall expansion of eligibility for the Maryland Medical Assistance Program, access to long-term care services, including HCBS for individuals who meet the current Medicaid financial requirements of the program and who need 24-hour supervision due to Alzheimer's Disease and related dementias, significant brain injury or serious mental illness.

### Medicaid Reform

On May 24, 2007**, Florida** Governor Charlie Crist signed H.B. 7065, requiring the Agency for Health Care Administration to implement Federal waivers to administer integrated; fixed-payment delivery program for Medicaid recipients 60 years of age or older; requiring payment of certain nursing home claims within a certain time frame; and requiring counties to participate in Medicaid payments for certain nursing home or intermediate facilities care for both health maintenance members and fee-for-service beneficiaries. Individuals who are 60 years of age or older or dually eligible for Medicare and Medicaid and enrolled in the TBI, consumer-directed care, family and supported-living waiver and other specified waiver programs are excluded from the integrated program established under the bill.

### Mental Health Coverage

In 2007, several States passed legislation expanding mental health insurance coverage. These States include **Colorado** (S.B. 36), **Tennessee** (S.B. 1305) and **Washington** (H.B. 1460). **North Carolina** also passed legislation providing mental health and chemical dependency parity. **New York** and **Ohio** passed legislation providing for mental health parity for biologically-based mental illnesses. The Tennessee law increased the number of visits a mental health or chemically dependent patient can have after a utilization review episode. Colorado's legislation requires health insurance cover mental disorders as defined by the ICD-9. Effective January 1, 2008, the Colorado law adds the following mental disorders to be covered at parity by certain large group insurance plans:

- Post-Traumatic Stress Disorder (PTSD)
- Drug and Alcohol Disorders
- Dysthymia
- Cyclothymia
- Social Phobia
- Agoraphobia with Panic Disorder
- General Anxiety Disorder
- Anorexia Nervosa and Bulimia Nervosa

Colorado law continues to require that these health plans cover the following six biologically based mental illnesses at parity:

- Schizophrenia
- Schizoaffective disorder
- Bi-polar affective disorder
- Major Depressive disorder
- Specific obsessive-compulsive disorder
- Panic disorder

**Rehab Coverage for ABI**
On June 15, 2007, **Texas** Governor Rick Perry signed H.B. 1919, adding additional benefits related to treatment of an acquired brain injury required under a health benefit plan. The bill specifies that community reintegration is to include outpatient day treatment or other post-acute care treatment as necessary. H.B. 1919 prohibits any lifetime limitation on the number of days of acute or post-acute care treatment covered under the plan. Any limitation imposed under the plan on days of post-acute care treatment must be separately stated in the plan.

The new law clarifies that a health benefit must include coverage for cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy and rehabilitation, neurobehavioral, neurophysiological, neuropsychological and psychophysiological testing and treatment, neurofeedback therapy required for and related to treatment of acquired brain injury.

## Long-term Care

**Assisted Living**
On July 25, 2007, **Pennsylvania** Governor Edward Rendell signed S.B. 704 that would formally establish assisted living as a separate form of long-term care. The bill favors assisted living as an alternative to nursing-home care. The bill supports individuals to remain in a homelike atmosphere of their choice for as long as possible.

**Study on Long-term Service Needs**
On March 11, 2008, **Oregon** Governor Ted Kulongoski signed S.B. 1061A that requires the Department of Human Services to develop a comprehensive plan for long-term care system for seniors and persons with physical disabilities, including a provision instructing the department to develop a plan for improving services for TBI.

On April 24, 2007, **Maryland** Governor Martin O'Malley signed H.B. 594, requiring the Department of Health and Mental Hygiene, in consultation with certain stakeholders, to conduct a study and a comprehensive analysis of the options that may be available to increase access to long-term services, including Home and Community-Based Services, such as medical day care, for individuals who are at high risk of institutionalization because of cognitive impairments, mental illness, traumatic brain injury or other conditions. The report is to be submitted to the governor and key legislative committees with an interim report due on or before October 1, 2007, and a final report is due on or before December 1, 2007.

The **West Virginia** legislature passed H.C.R. 21 requesting the Joint Committee on Government and Finance to undertake a study of long-term care as it relates to the number of State residents in out-of-state long-term health facilities to include a review of the costs and options for their care in this state and consideration of measures to reduce the cost of health care for residents being cared for in long-term health facilities in other States.

## Mental Health Needs of Inmates, Includes TBI

**Study**
On June 4, 2007, **Vermont** Governor Jim Douglas signed S.B. 97, requiring the Joint Legislative Corrections Oversight Committee to develop recommendations regarding the current and future needs of persons with mental illnesses who are or will be involved in the criminal justice or corrections systems. The Committee is to assess current and accurate data on the prevalence of inmates who are in need of

inpatient care and the number of inpatient psychiatric beds that are needed for inmates and criminal defendants committed for pre-trail forensic evaluation in an in-patient setting.

The Committee is also to review policies from other States of similar population profiles that address issues of mental health in inmate populations. And, the Committee may consider whether "serious mental illness, " as defined should be amended to include other mental impairments that significantly and negatively affect daily functioning, including all forms of developmental disabilities, mental retardation, traumatic brain injury, autism and various forms of dementia.

## Neurobehavioral Services – Study/Interagency Assistance

**Georgia** Senators adopted S.R. 788 creating the Senate Study Committee on Brain Injury Related Neurobehavioral Issues in Georgia for the purpose of determining the infrastructure and funding necessary to develop and implement a coordinated system of care for people with brain injury related neurobehavioral issues and to recommend any action or legislation which the committee deems necessary or appropriate to implement the recommendations.

On March 6, 2007, **Alabama** Governor Bob R. Riley signed S.J.R. 8, urging State agencies and public or private organizations receiving State funds to assist in the development of behavioral health services for individuals with traumatic brain injuries and collaborating with the Alabama Head Injury Foundation in that effort.

## Olmstead Initiatives/Rebalancing Community Services

**Discharge Planning**
On October 11, 2007, **California** Governor Arnold Schwarzenegger signed S.B. 633, which declares the intent of the legislature regarding the State's commitment to providing services for persons with disabilities and seniors in the most integrated setting. The bill requires a hospital to provide every patient anticipated to be in need of long-term care at the time of discharge with contact information for at least one public or nonprofit agency or organization dedicated to providing information or referral services relating to community-based long-term care options in the patient's county of residence and appropriate to the needs and characteristics of the patient.

**Medicaid Home and Community-Based Services (HCB) Waivers**
**Minnesota** Governor Tim Pawlenty signed S.B. 3563 on May 15, 2008, which made some changes to the HCBS waivers including the TBI HCBS Medicaid waiver. The bill changed the adult day care service to structured day service. The bill requires providers to demonstrate evidence of being able to meet basic health, safety and protection standards through independent living skills services, supported employment, prevocational service and structured day service.

On October 14, 2007, **California** Governor Arnold Schwarzenegger signed A.B. 1410 that requires the Department of Health Care Services to submit a Medicaid Home and Community-Based Services (HCBS) waiver application to serve at least 100 adults with acquired traumatic brain injury, who otherwise would require care in a Medi-Cal funded facility including a nursing facility and an intermediate care facility for persons with developmental disabilities to the Federal government. The department is to submit the application by March 15, 2008.

**Wyoming** Governor Dave Freudenthal signed H.B. 41 February 21, 2007, that contains a provision for emergency services for developmental disabilities and adults with brain injuries eligible for HCBS Waiver services. If the Department of Health determines that an emergency exists, the department shall make necessary expenditures for the recipient from the Emergency Contingency Account established for such purposes by the legislature. The Emergency Contingency Account is limited to those services necessary to provide authorized customary services as provided by HCB waivers until the emergency no longer exists or eligibility can be determined and any necessary services provided from non-emergency funds.

**Hawaii** senators adopted S.R. 143 on April 3, 2007, calling for the Department of Health and Human Services to collaborate and apply for a Federal Medicaid TBI HCBS Waiver no later than December 31, 2008. The Departments of Health and Human Services are requested to consult with community stakeholders, such as the Traumatic Brain Injury Advisory Board and the Neurotrauma Advisory Board, to determine services that need to be included in the waiver. In 2006, the Governor vetoed a measure that was passed by the Legislature that directed moneys from the special fund be used by the Departments of Health and Human Services to apply for a Federal waiver.

**Money Follows the Person**
On April 20, 2007, **Mississippi** Governor Haley Barbour signed H.B. 528, which authorizes the Division of Medicaid to transfer funds allocated for nursing facility services for eligible residents to cover the cost of services available through the independent living, traumatic brain injury/spinal cord injury, elderly and disabled and the assisted living waiver programs when eligible residents choose those community services.

**Unified Budgeting to Rebalance Community Services**
On June 27, 2007, **Rhode Island** Governor Donald Carcieri signed S.B. 253, the Medical Assistance - Long-Term Care Service and Finance Reform, requiring a unified long-term care budget to be combined in a single line-item appropriation within the Department of Human Services budget, annual Medicaid appropriations for nursing facility and community-based long-term care services for elderly sixty-five (65) years and older and younger persons at risk of nursing home admissions (including adult day care, home health, and personal care in assisted living settings).

Beginning on July 1, 2007, the total system savings attributable to the value of the reduction in nursing home days, including hospice nursing home days paid for by Medicaid, was to be allocated in the budget enacted by the General Assembly for the ensuing fiscal year for the express purpose of promoting and strengthening community- based alternatives.

Beginning on January 1, 2008, the allocation was to include, but not be limited to, the establishment of presumptive eligibility criteria for the purposes of accessing home and community care. The home and community care service presumptive eligibility criteria was to be developed through rule or regulation on or before September 30, 2007. Governor Carcieri signed a similar bill, H.B. 6278, on July 2, 2007.

**Waiting List**
On July 27, 2007, **New Hampshire** Governor John Lynch signed S.B. 138 requiring the Department of Health and Human Services to provide services to persons with developmental disabilities and acquired brain disorders within certain time limits. To ensure that the service delivery system has the capability of recruiting and retaining a sufficient number of qualified personnel at all levels and to address related issues, the a legislative oversight committee is to review the allocation of funds to persons with developmental disabilities or acquired brain disorder to assure that eligible persons receive timely services in accordance with their needs.

## Prevention

**ATV Safety**
Signed by **Oklahoma** Governor Brad Henry on May 14, 2007, H.B. 1686 prohibits passengers from riding four-wheelers on public land that are not specifically made to carry more than one person. H.B. 1686 also makes it mandatory for riders under 18 to wear helmets. Young all-terrain vehicles riders and their parents could be fined up to $25, if the youth is not wearing a helmet. The bill was effective November 1, 2007.

**Boating Under the Influence -- CO**
On Aril 25, 2008 **Colorado Governor** Bill Ritter signed S.B. 159 that lowers the blood alcohol limit at which a person operating a boat is deemed to be under the influence from a blood alcohol content of 0.10 to 0.08.

**Child Booster Seats**
On March 27, 2008, **Michigan** Jennifer M. Granholm signed S.B. 82 requiring the use of approved booster seats for children who are between the ages of four and eight and less than 4 feet 9 inches tall, effective July 1. The new law, Public Act 43 of 2008, made Michigan the 40th state with some form of a child passenger safety law that protects older children. The law is designed to ensure children are properly restrained and kept safe while riding in cars as traffic crashes continue to be the largest cause of death for children under eight.

On March 17, 2008, **Utah** Governor Jon Huntsman signed H.B. 140, requiring children up to age 8 to be restrained in a booster seat or a car seat effective May 5. According to the Utah Department of Public Safety's 2005 Utah Crash Summary, safety restraint usage among children involved in crashes decreases as children grow older. The report shows that 88.1% of children ages birth to 1 were in a child safety seat at the time of the crash, compared to 73.9% of 2- to 4-year-olds, and only 18.8% of 5- to 8-year-olds.

**Massachusetts** Governor Deval Patrick signed S. B. 2018, requiring a child under the age of eight and measuring less than fifty-seven inches in height to be properly fastened and secured on April 11, 2008. Three days later, on April 14, 2008, **Kentucky** Governor Steve Beshear signed S.B. 120, requiring that a child under age 7 years between 40 and 50 inches in height be secured in a child booster seat. On May 8, 2008, **Mississippi** Governor Haley Barbour signed H.B. 558, requiring persons transporting a child in a passenger motor vehicle to provide protection for the child by properly using a belt positioning booster seat system if the child meets certain age, height, and weight criteria, provides an exception when a vehicle is transporting more that a specified number of children who are required to use a booster seat, and reduces the minimum age of a child who must wear a safety belt if the child is not required to use a booster seat.

**Child Helmets for Bicycle, Skateboard, Scooters**
In January 2008, the **Virginia** House adopted H.J.R. 54 commending the Epilepsy Foundation of Virginia for sponsoring the "Use A Helmet: Prevent Epilepsy Campaign" over the past ten years in an effort to raise awareness of epilepsy and providing fourth graders and their families with information on the correct use of protective helmets, brain injury prevention and first aid techniques in the even of seizures.

On July 3, 2008, **Delaware** Governor Ruth Ann Minner signed S.B. 174 expanding the State's bicycle helmet law, which required that children ride helmets while on bikes, scooters and skateboards until they are 16 to the age of 18. The law cited the National Conference on State Legislatures report that bicycle helmets decrease the risk of head and brain injuries by 85 to 88 percent and middle and upper face injuries by 67 percent and the National Safe Kids Campaign estimate that 75 percent of bicycle-related fatalities among children could be prevented with a bicycle helmet. The National Center for Injury Prevention and Control study found a high fatality rate for bicyclists between the ages of 15 and 19.

Effective July 1, 2007, the **New Mexico** Child Helmet Safety Act of 2007 (S.B. 397) requires helmets for all minors under age 18 riding on bicycles, skateboards, scooters, skates and tricycles in New Mexico. New Mexico will have a maximum of a civil fine (no record) of $10 that can be waived with proof of purchase of a helmet and a municipal option of "verbal warnings only". The New Mexico SAFE KIDS Coalition estimates that the new law will approximately double the number of children wearing helmets and reduce by half the number of brain injuries and deaths associated with these vehicles among children.

Twenty-two States, including New Mexico, as well as over 140 municipalities, have helmet laws for some or all minors, covering about 60 percent of the United States' population of youth. Seven State laws apply to children under the age of 12 to under the age of 15, while 13 of the State laws and for the District of Columbia apply to children under the age of 16. **California** and **New Mexico** have the only State laws requiring helmets for all minors under the age of 18.

**Impaired Persons Licensing Act**
**Utah** Governor Jon Huntsman signed S.B. 34 on March 14, 2008, that modifies the Impaired Persons Licensing Act by adding that a person may notify the Driver License Division if the person is aware of a physical, mental, or emotional impairment of another person that is an imminent threat to driver safety. The Division may require the subject of the report to submit to certain tests, and provides a procedure for making a protected notification and states that it is a crime to make a notification with the intent to annoy, intimidate, or harass a person.

**Interlock Devices**
On June 16, 2008, **Alaska** Governor Sarah Palin signed H.B. 19, limiting driver's license privileges when a person knowingly circumvents or tampers with the interlock device or rents a motor vehicle to a person who has an ignition interlock limited license due to driving under the influence of an alcohol. **Hawaii** Governor Linda Lingle signed H.B. 3377 on May 7, 2008, which requires the use of an ignition interlock device to prevent drivers previously arrested for driving under the influence from starting or operating a motor vehicle with more than a minimal alcohol concentration while their case is pending or while their license is revoked.

**Motorcycle Helmets**
On May 31, 2007 **Colorado** Governor Bill Ritter signed H.B. 1117, requiring helmets for motorcycle riders for persons under the age of 18. Colorado had not had helmet restrictions since 1977. The legislation sets the penalty and surcharge for failing to wear a protective helmet at $100 and $15, respectively. An additional $10 surcharge for each violation is to be deposited in the Colorado Traumatic Brain Injury Trust Fund.

**Safety Belts**
On July 16, 2007, **New Hampshire** Governor John Lynch signed H.B. 533**,** establishing a commission to recommend a comprehensive program for increasing the use of passenger restraints in New Hampshire. The bill requires one member of the Brain Injury Association of New Hampshire to be appointed by such association to be a member of the commission. Among its duties, the commission is to study the effective strategies to increase the use of passenger restraints. New Hampshire is the only State to not have a seat belt law for adults.

On May 10, 2007, **Indiana** Governor Mitch Daniels signed H.B. 1237, which closes loopholes in Indiana's seat belt laws by mandating seat belt use in trucks and the back seats of all vehicles into law on, which became effective July 1, 2007. The new law requires each occupant of a motor vehicle equipped with a safety belt to have the safety belt properly fastened about the occupant's body at all times. This means that every passenger of all motor vehicles must be properly restrained by a seat belt or by an appropriate child restraint system, regardless of where they are seated in the vehicle. The safety belt must be standard equipment installed by the manufacturer.

As part of House Bill 1237, law enforcement will no longer be permitted to conduct seat belt enforcement zones as a means of detecting unbelted motorists after July 1, 2007. However, as Indiana is a primary seat belt law State, motorists can still be specifically stopped and cited for failing to wear their seat belts.

**Text Messaging**
On September 3rd, 2008, **Alaska** became the sixth State to ban text messaging by all drivers. The legislature passed H.B. 88 which prohibits unlawful installation of television, monitor or "similar" devices. It is legal to read text messages while driving, but not to type them, which is considered a primary offense. A driver who is texting is committing a misdemeanor punishable by a fine of up to $5,000 and one year in jail. If a driver hurts or kills someone or causes a crash that kills someone, the offense is increased to a felony.

Effective January 1, 2009, **California** joined Alaska and five other States (Connecticut, Louisiana, Minnesota, New Jersey, and Washington) in banning text messaging by all drivers. S.B. 28, known as

the Wireless Communications Device Law, makes it an infraction to write, send, or read text-based communication on an electronic wireless communications device, such as a cell phone, while driving a motor vehicle.

## Public Awareness Education

**Brain Injury Awareness**
On February 27, 2008, the **Alaska** legislature adopted S.C.R. 17, establishing March 2008 as Brain Injury Awareness Month. On February 26, 2008, **Virginia** legislators adopted S.J.R. 132 designating March 2008, and in each succeeding year, as Brain Injury Awareness Month in Virginia.

In 2007, several States adopted resolutions in their house or senate or a joint concurrent resolution in recognition of March Brain Injury Awareness Month. These include: **Alaska** S.C.R. 2; **California** S.C.R. 12; **Colorado** (S.J.R. 25); **Pennsylvania** S.R. 58 and **Washington** S.R. 8665.

On August 30, 2007, **North Carolina** Governor Mike Easley signed S.B. 103, authorizing the Division of Motor Vehicles to issue a special registration plate ($20) for brain injury awareness. The plate shall bear the phrase "Brain Injury Awareness" and logo of the Brain Injury Association of North Carolina, Inc. At least 300 applications for the plate must be received before the plate is developed. Money derived from the plate sales is to be transferred to the Collegiate and Cultural Attraction Plate Account and then to the Brain Injury Association of North Carolina for support services to individuals with TBI.

## Registry

**Reporting Requirements**
**Nebraska** Governor Dave Heineman signed L.B. 928 on April 21, 2008, that made technical amendments to the brain injury registry. A new section was added that requires the Department of Health to provide relevant and timely information to the person with a brain injury within 30 days after receiving a report, in order to assist the person in accessing necessary and appropriate services. The department may develop such information or use information developed by other sources and approved by the department. The department may provide the information directly or contract with an appropriate entity using cash funds, fights and grants, but not general funds.

The purpose of the Nebraska Brain Injury Registry is to provide a central data bank of accurate, precise and current information to assist in the statistical identification of persons with brain or head injury, planning for the treatment and rehabilitation of such persons and the prevention of such injury.

On March 11, 2008, **Virginia** Governor Tim Kaine signed S.B. 197, which requires information contained in the Virginia Statewide Trauma Registry to be shared with the Virginia Department of Rehabilitation Services so that the department may develop and implement program and services for persons with brain injuries. On March 20, 2007 **Virginia** Governor Tim Kaine signed H.B. 2732, relating to a central registry of persons who sustain brain or spinal cord injury or both. The bill requires hospitals to report to the Department of Rehabilitative Services within 30 days after identification of any person sustaining brain or spinal cord injury. Previously, hospitals were to report spinal cord injuries within seven days.

Virginia was the first State in the country to have a registry for people with brain injuries. Since 1984, the hospitals have been required to report the patients they treat for certain types of traumatic brain injury to the Central Registry. This Registry is maintained by the Brain Injury and Spinal Cord Injury Services Unit of the Virginia Department of Rehabilitative Services.

## Trauma System

On June 6, 2007, **Alabama** Governor Bob R. Riley signed H.B. 448, to establish a statewide trauma system to be administered by the State Board of Health, the Statewide Trauma Advisory Council and to provide for its membership and responsibilities. The bill created a statewide trauma registry, provided for regional trauma advisory councils and funding through the State Board of Health.

The registry is to be used to improve the availability and delivery of pre-hospital or out-of-hospital care and hospital trauma care services. Every health care facility that is designated by the department as a trauma center shall furnish data to the registry. All other health care facilities shall furnish trauma data as required by rule of the department. The bill also creates the StatewideTrauma System Fund for the purpose of creating, administering, maintaining or enhancing the statewide trauma system.

## Trust Funds

In 2008, two State legislatures passed legislation creating TBI trust funds, and one State changed the funding stream for the trust fund created the previous year. **Utah** Governor Jon M. Huntsman, Jr. signed H.B. 174 on March 18, 2008, creating the Traumatic Brain Injury Fund within the Department of Health. However, the legislation did not provide a funding mechanism.

**Vermont** Governor Jim Douglas signed H.B. 691, May 20, 2008, creating the Traumatic Brain Injury Fund to serve Vermonters with TBI, including residents who have served in the Armed Forces in Operation Iraqi Freedom and Operation Enduring Freedom. The Human Services Agency is to develop a policy for disbursement of monies from the fund.

On March 19, 2008, **Indiana** Governor Mitch Daniels signed **H.B. 1318** which eliminated the fee on motorcycles designated for the Spinal Cord and Brain Injury Research Fund, established during the previous year, and replaced the funding source with increased court costs for certain traffic offenses and infractions and provides for a registration fee for trucks of a certain size, all of which are to be deposited in the spinal cord and brain injury fund. The purpose of the legislation is to provide more broad based funding streams, rather than just one source generated through motorcycle registration fees. On May 11, 2007, **Indiana** Governor Mitch Daniels signed H.B. 1001, an appropriations bill that initially established the spinal cord and brain injury trust fund. The fund created a nine member spinal cord and brain injury research board under the Indiana Department of Health to receive, review and approve applications for research projects related to treatments and cures, including acute management, medical complications, rehabilitation and recovery.

Initially, H.B. 1813 was introduced to create a trust fund to help finance research in the study of spinal cord and brain injuries and the funding was to come from additional fees for motor vehicle violations, including driving under the influence (DUI), speeding and running a red light. In the House Public Health Committee, the bill was amended to include a $10 increase in the motorcycle registration fee. This language, including fee increases for motorcycle registrations and motor vehicle violations, was included in the State budget bill, H.B. 1001. The first conference committee report that was distributed contained the motorcycle registration fee increase and the increased fees for motor vehicle violations. However, the provision for motor vehicle violation fees was removed as the source of funding from the conference committee report during negotiations.

***Also See Washington, Page 10.***

## Veterans and Returning Servicemembers

**Reintegration and Resources for Returning Troops**

On June 15, 2007, **Texas** Governor Rick Perry signed S.B. 1058, relating to reintegration counseling services and related resources for military servicemembers. The new law requires the State to develop a program to refer returning veterans and their families to counseling services. The services must be evidence-based practices and be carried out, when possible, in community rather than military settings.

The new legislation will also enable veterans in parts of Texas that are served by the Texas Information and Referral Network (2-1-1) to call that service to receive information on services for veterans and military personnel. SB. 1058 requires a comprehensive array of governmental agencies to identify State, local and private or government resources--medical, social and economic--that are available to military personnel and their immediate families. The agencies must coordinate the compilation of a directory of these resources to disseminate the information through the Texas Information and Referral Network.

**Screening**
**California** Governor Arnold Schwarzenegger signed S.B. 1401, on September 30, 2008, requireing the Secretary of the State Department of Veterans Affairs to assist an eligible member or veteran in obtaining an appropriate health screening for traumatic brain injury. The bill further provides that a member or veteran would be eligible to receive assistance when he or she returns to the State after service in specified combat zones, and to develop a plan for outreach to eligible members and veterans, including a plan for outreach to National Guard members who remain on active duty.

On May 28, 2008, **Michigan** Governor Jennifer M. Granholm signed S.B. 731, that requires the Department of Military and Veterans Affairs to administer a Post Traumatic Stress Disorder (PTSD) and a TBI questionnaire to an officer or enlisted person serving in the National Guard and who has returned from operation Iraqi Freedom or Operation Enduring Freedom, unless he or she has completed similar questionnaires approved by the US Department of Veterans Affairs or the US Department of Defense.

**Services and Supports**
On March 12, 2008, **Virginia** Governor Tim Kaine signed H.B. 475 and on March 12, 2008, he signed S.B. 297, that require the Department of Veterans Services, in cooperation with the Department of Mental Health, Mental Retardation and Substance Abuse and the Department of Rehabilitative Services to establish a program to monitor and coordinate mental health and rehabilitative services support for Virginia veterans, members of the Virginia National Guard and Virginia residents in the Armed Forces Reserves not in Federal service. The program shall also support family members affected by covered military members' service and deployments. The purpose of the program is to ensure that adequate and timely assessment, treatment and support for stress-related injuries and TBI resulting from service in combat areas are available to veterans, service members and affected family members. Subject to the availability of public and private funds appropriated for them, these services include case management services, outpatient, family support and other appropriate behavioral health and brain injury services necessary to provide individual services and support to military service members and their families.

On September 30, 2008, **California** Governor Arnold Schwarzenegger signed A.B. 3083, extending county mental health care services to veterans with PTSD. This legislation requires counties to assist veterans in accessing Federal services and specifically includes Bi-Polar Disorder and PTSD in the definition of "serious mental disorder." By imposing new duties upon each county, this bill would create a State-mandated local program.

**Study**
**New Hampshire** Governor signed H.B. 1335 establishing a commission to study the effects of PTSD and TBI suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan on June 26, 2008.

**New Jersey** Governor Jon Corzine signed A.B. 3281 requiring State officials to study community-based care alternatives for the State's disabled veterans. The Adjutant General of the Department of Military and Veterans' Affairs, in consultation with the Commissioner of Health and Senior Services, shall examine and evaluate the resources available and the costs and benefits of providing home health care services to elderly or disabled veterans through approved agencies, organizations or other entities for the purpose of enabling these veterans to remain in their homes and communities and to avoid placement in a nursing home or other long-term care facility.

**Veterans Health Care Resolutions to Congress**
**Alaska** lawmakers adopted S.J.R. 11 also expressing its profound gratitude for the sacrifices made by veterans who suffer from medical or mental problems resulting from injuries that occurred while serving in the United States Armed Forces; and urges Congress to ensure adequate funding for veterans' health care. The resolution was adopted March 18, 2008. On April 8, 2008, **Louisiana** legislators adopted H.C.R. 23 urging Congress to ensure adequate funding for veterans' health care, including specialized services such as TBI, and to express gratitude to veterans for sacrifices made while serving in the United States Armed Forces.

**Vermont** legislators adopted H.J.R. 57 that urges the US Department of Defense to screen all military personnel leaving a combat theater for traumatic brain injury, urges the US Department of Veterans Affairs to create a traumatic brain injury registry; a comprehensive program to provide long-term traumatic brain injury rehabilitation; and a pilot program in Vermont to deliver traumatic brain injury screening, readjustment counseling, mental health services, and benefits outreach to rural veterans through mobile Vet Centers.

In 2007, several States also adopted resolutions calling for adequate health care for veterans. **Texas** passed S.R. 594 in recognition of military veterans who have served their country honorably and who were promised and have earned health care and benefits from the Federal government through the Department of Veterans Affairs. The resolution urges Congress to support legislation for veterans' health care budget reform to allow assured funding.

On June 15, 2007, **Texas** Governor Rick Perry signed H.C.R. 1 urging members of Congress to collectively resolve the problem of discretionary funding and jointly fashion an acceptable formula for funding the medical programs of the Department of Veterans Affairs; support legislation for veterans' health care budget reform to allow assured funding; and to send copies of the resolution to the secretary of Veterans Affairs, to the President of the United States, to the Speaker of the US House of Representatives and the President of the US Senate, and to all the members of the Texas congressional delegation. The Texas Senate adopted a similar resolution, S.R. 594.

On September 25, 2007, **Michigan** representatives adopted H.R. 175, urging Congress to reestablish medical care for certain veterans whose income and disability status disqualified them for US Department of Veterans Affairs medical care as of January 17, 2003. The resolution noted that veterans with combat wounds such as traumatic brain injury (TBI) from blast effects or post-traumatic stress disorder (PTSD) may not display symptoms for years. Without early access to the VA healthcare system, veterans may not have the benefits of medical monitoring and early intervention in developing health issues.

**West Virginia** passed H.C.R. 75 requesting the Joint Committee on Government and Finance to make a study of the needs of soldiers and veterans who have been injured in the Iraq/Afghanistan wars for the purpose of making recommendations on how the State of West Virginia can assist in getting them the care they deserve. The Division of Veterans Affairs, West Virginia Congressional Delegation and the State National Guard are to be enlisted to help with the study and recommendations.

## Miscellaneous Legislation

**Guardianship Study**
**Minnesota** Governor Tim Pawlenty signed H.B. 1396 requiring a study to make recommendations regarding conservatorship and guardianship on May 25, 2007, which may include the rights of wards and protected persons, powers and duties of conservators and guardians; certification and registration; and pre-screening and diversion from guardianship or conservatorship. The study group, among other legal representatives, is to include advocates for people with a range of disabilities, including TBI. The study group is to report to the House and the Senate Committees by March 15, 2008.

**Reorganization of Human Services**
On March 15, 2007, **Nebraska** Governor signed L.B. 296 which creates the Department of Health and Human Services and reorganized the human services system under a chief executive officer who would oversee six separate divisions. Those divisions are public health, Medicaid and long-term care, children and family services, behavioral health, developmental disabilities and veterans' homes.

# Appendix

**Sample Legislation and Resolutions**

Advisory Boards/Legislative Committee
Children with Co-occurring Conditions & Mental Health Juvenile Justice Systems
Community Services Study
Health Care – Rehabilitation Coverage
Neurobehavioral Health
Olmstead and Rebalancing Community Services
(Discharge Planning, Waivers, Money Follows the Person)
Prevention – Text Messaging
Public Awareness – Brain Injury Awareness
Veterans and Returning Servicemembers – Screening, Resources & I&R

**State Index**

## Advisory Board/Legislative Committee

## THE STATE OF WASHINGTON

WASHINGTON 60TH FIRST REGULAR SESSION

**HOUSE BILL 2055**

SECOND SUBSTITUTE HOUSE BILL 2055
AS AMENDED BY THE SENATE
PASSED LEGISLATURE - 2007 REGULAR SESSION
BY HOUSE COMMITTEE ON APPROPRIATIONS (ORIGINALLY SPONSORED BY REPRESENTATIVES
FLANNIGAN, AHERN, MCCOY, ORMSBY AND SANTOS)
READ FIRST TIME 3/5/07.

**VERSION:** Enacted

**VERSION-DATE:** May 8, 2007

**SYNOPSIS:** AN ACT Relating to traumatic brain injury; amending RCW 46.63.110; reenacting and amending RCW 43.84.092; adding a new section to chapter 46.20 RCW; adding a new chapter to Title 74 RCW; and creating a new section.

**NOTICE:**
[A> UPPERCASE TEXT WITHIN THESE SYMBOLS IS ADDED <A]

**TEXT:** BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1. The center for disease control estimates that at least five million three hundred thousand Americans, approximately two percent of the United States population, currently have a long-term or lifelong need for help to perform activities of daily living as a result of a traumatic brain injury. Each year approximately one million four hundred thousand people in this country, including children, sustain traumatic brain injuries as a result of a variety of causes including falls, motor vehicle injuries, being struck by an object, or as a result of an assault and other violent crimes, including domestic violence. Additionally, there are significant numbers of veterans who sustain traumatic brain injuries as a result of their service in the military.

Traumatic brain injury can cause a wide range of functional changes affecting thinking, sensation, language, or emotions. It can also cause epilepsy and increase the risk for conditions such as Alzheimer's disease, Parkinson's disease, and other brain disorders that become more prevalent with age. The impact of a traumatic brain injury on the individual and family can be devastating.

The legislature recognizes that current programs and services are not funded or designed to address the diverse needs of this population. It is the intent of the legislature to develop a comprehensive plan to help individuals with traumatic brain injuries meet their needs. The legislature also recognizes the efforts of many in the private sector who are providing services and assistance to individuals with traumatic brain injuries. The legislature intends to bring together those in both the public and private sectors with expertise in this area to address the needs of this growing population.

NEW SECTION. Sec. 2. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Department" means the department of social and health services.

(2) "Department of health" means the Washington state department of health created pursuant to RCW 43.70.020.

(3) "Secretary" means the secretary of social and health services.

(4) "Traumatic brain injury" means injury to the brain caused by physical trauma resulting from, but not limited to, incidents involving motor vehicles, sporting events, falls, and physical assaults. Documentation of traumatic brain injury shall be based on adequate medical history, neurological examination, mental status testing, or neuropsychological evaluation. A traumatic brain injury shall be of sufficient severity to result in impairments in one or more of the following areas: Cognition; language memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; or information processing. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

(5) "Traumatic brain injury account" means the account established under section 7 of this act.

(6) "Council" means the Washington traumatic brain injury strategic partnership advisory council created under section 3 of this act.

NEW SECTION. Sec. 3. (1) The Washington traumatic brain injury strategic partnership advisory council is established as an advisory council to the governor, the legislature, and the secretary of the department of social and health services.

(2) The council shall be composed of the following members who shall be appointed by the governor:

(a) The secretary or the secretary's designee, and representatives from the following: Children's administration, mental health division, aging and disability services administration, and vocational rehabilitation;

(b) The executive director of a state brain injury association;

(c) A representative from a nonprofit organization serving individuals with traumatic brain injury;

(d) The secretary of the department of health or the secretary's designee;

(e) The secretary of the department of corrections or the secretary's designee;

(f) A representative of the department of community, trade, and economic development;

(g) A representative from an organization serving veterans;

(h) A representative from the national guard;

(i) A representative of a Native American tribe located in Washington;

(j) The executive director of the Washington protection and advocacy system;

(k) A neurologist who has experience working with individuals with traumatic brain injuries;

(l) A neuropsychologist who has experience working with persons with traumatic brain injuries;

(m) A social worker or clinical psychologist who has experience in working with persons who have sustained traumatic brain injuries;

(n) A rehabilitation specialist, such as a speech pathologist, vocational rehabilitation counselor, occupational therapist, or physical therapist who has experience working with persons with traumatic brain injuries;

(o) Two persons who are individuals with a traumatic brain injury;

(p) Two persons who are family members of individuals with traumatic brain injuries; and

(q) Two members of the public who have experience with issues related to the causes of traumatic brain injuries.

(3) Council members shall not be compensated for serving on the council, but may be reimbursed for all reasonable expenses related to costs incurred in participating in meetings for the council.

(4) Initial appointments to the council shall be made by July 30, 2007. The terms of appointed council members shall be three years, except that the terms of the appointed members who are initially appointed shall be staggered by the governor to end as follows:

(a) Four members on June 30, 2008;

(b) Three members on June 30, 2009; and

(c) Three members on June 30, 2010.

(5) No member may serve more than two consecutive terms.

(6) The appointed members of the council shall, to the extent possible, represent rural and urban areas of the state.

(7) A chairperson shall be elected every two years by majority vote from among the council members. The chairperson shall act as the presiding officer of the council.

(8) The duties of the council include:

(a) Collaborating with the department to develop a comprehensive statewide plan to address the needs of individuals with traumatic brain injuries;

(b) By November 1, 2007, providing recommendations to the department on criteria to be used to select programs facilitating support groups for individuals with traumatic brain injuries and their families under section 6 of this act;

(c) By December 1, 2007, submitting a report to the legislature and the governor on the following:

(i) The development of a comprehensive statewide information and referral network for individuals with traumatic brain injuries;

(ii) The development of a statewide registry to collect data regarding individuals with traumatic brain injuries, including the potential to utilize the department of information services to develop the registry;

(iii) The efforts of the department to provide services for individuals with traumatic brain injuries;

(d) By December 30, 2007, reviewing the preliminary comprehensive statewide plan developed by the department to meet the needs of individuals with traumatic brain injuries as required in section 4 of this act and submitting a report to the legislature and the governor containing comments and recommendations regarding the plan.

(9) The council may utilize the advice or services of a nationally recognized expert, or other individuals as the council deems appropriate, to assist the council in carrying out its duties under this section.

NEW SECTION. Sec. 4. (1) By July 30, 2007, the department shall designate a staff person who shall be responsible for the following:

(a) Coordinating policies, programs, and services for individuals with traumatic brain injuries; and

(b) Providing staff support to the council created in section 3 of this act.

(2) The department shall provide data and information to the council established under section 3 of this act that is requested by the council and is in the possession or control of the department.

(3) By December 1, 2007, the department shall provide a preliminary report to the legislature and the governor, and shall provide a final report by December 1, 2008, containing recommendations for a comprehensive statewide plan to address the needs of individuals with traumatic brain injuries, including the use of public-private partnerships and a public awareness campaign. The comprehensive plan should be created in collaboration with the council and should consider the following:

(a) Building provider capacity and provider training;

(b) Improving the coordination of services;

(c) The feasibility of establishing agreements with private sector agencies to develop services for individuals with traumatic brain injuries; and

(d) Other areas the council deems appropriate.

(4) By December 1, 2007, the department shall:

(a) Provide information and referral services to individuals with traumatic brain injuries until the statewide referral and information network is developed. The referral services may be funded from the traumatic brain injury account established under section 7 of this act; and

(b) Encourage and facilitate the following:

(i) Collaboration among state agencies that provide services to individuals with traumatic brain injuries;

(ii) Collaboration among organizations and entities that provide services to individuals with traumatic brain injuries; and

(iii) Community participation in program implementation.

(5) By December 1, 2007, and by December 1st each year thereafter, the department shall issue a report to the governor and the legislature containing the following:

(a) A summary of action taken by the department to meet the needs of individuals with traumatic brain injuries; and

(b) Recommendations for improvements in services to address the needs of individuals with traumatic brain injuries.

NEW SECTION. Sec. 5. By December 1, 2007, in collaboration with the council, the department shall institute a public awareness campaign that utilizes funding from the traumatic brain injury account to leverage a private advertising campaign to persuade Washington residents to be aware and concerned about the issues facing individuals with traumatic brain injuries through all forms of media including television, radio, and print.

NEW SECTION. Sec. 6. (1) By March 1, 2008, the department shall provide funding to programs that facilitate support groups to individuals with traumatic brain injuries and their families.

(2) The department shall use a request for proposal process to select the programs to receive funding. The council shall provide recommendations to the department on the criteria to be used in selecting the programs.

(3) The programs shall be funded solely from the traumatic brain injury account established in section 7 of this act, to the extent that funds are available.

NEW SECTION. Sec. 7. A new section is added to chapter 46.20 RCW to read as follows:

The traumatic brain injury account is created in the state treasury. Two dollars of the fee imposed under RCW 46.63.110(7)(b) must be deposited into the account. Moneys in the account may be spent only after appropriation, and may be used only to provide a public awareness campaign and services relating to traumatic brain injury under sections 5 and 6 of this act, for information and referral services, and for costs of required department staff who are providing support for the council and information and referral services under sections 3 and 4 of this act. The secretary of the department of social and health services has the authority to administer the funds.

Sec. 8. RCW 46.63.110 and 2005 c 413 s 2 are each amended to read as follows:

(1) A person found to have committed a traffic infraction shall be assessed a monetary penalty. No penalty may exceed two hundred and fifty dollars for each offense unless authorized by this chapter or title.

(2) The monetary penalty for a violation of (a) RCW 46.55.105(2) is two hundred fifty dollars for each offense; (b) RCW 46.61.210(1) is five hundred dollars for each offense. No penalty assessed under this subsection (2) may be reduced.

(3) The supreme court shall prescribe by rule a schedule of monetary penalties for designated traffic infractions. This rule shall also specify the conditions under which local courts may exercise discretion in assessing fines and penalties for traffic infractions. The legislature respectfully requests the supreme court to adjust this schedule every two years for inflation.

(4) There shall be a penalty of twenty-five dollars for failure to respond to a notice of traffic infraction except where the infraction relates to parking as defined by local law, ordinance, regulation, or resolution or failure to pay a monetary penalty imposed pursuant to this chapter. A local legislative body may set a monetary penalty not to exceed twenty-five dollars for failure to respond to a notice of traffic infraction relating to parking as defined by local law, ordinance, regulation, or resolution. The local court, whether a municipal, police, or district court, shall impose the monetary penalty set by the local legislative body.

(5) Monetary penalties provided for in chapter 46.70 RCW which are civil in nature and penalties which may be assessed for violations of chapter 46.44 RCW relating to size, weight, and load of motor vehicles are not subject to the limitation on the amount of monetary penalties which may be imposed pursuant to this chapter.

(6) Whenever a monetary penalty, fee, cost, assessment, or other monetary obligation is imposed by a court under this chapter it is immediately payable. If the court determines, in its discretion, that a person is not able to pay a monetary obligation in full, and not more than one year has passed since the later of July 1, 2005, or the date the monetary obligation initially became due and payable, the court shall enter into a payment plan with the person, unless the person has previously been granted a payment plan with respect to the same monetary obligation, or unless the person is in noncompliance of any existing or prior payment plan, in which case the court may, at its discretion, implement a payment plan. If the court has notified the department that the person has failed to pay or comply and the person has subsequently entered into a payment plan and made an initial payment, the court shall notify the department that the infraction has been adjudicated, and the department shall rescind any suspension of the person's driver's license or driver's privilege based on failure to respond to that infraction. "Payment plan," as used in this section, means a plan that requires reasonable payments based on the financial ability of the person to

pay. The person may voluntarily pay an amount at any time in addition to the payments required under the payment plan.

(a) If a payment required to be made under the payment plan is delinquent or the person fails to complete a community restitution program on or before the time established under the payment plan, unless the court determines good cause therefor and adjusts the payment plan or the community restitution plan accordingly, the court shall notify the department of the person's failure to meet the conditions of the plan, and the department shall suspend the person's driver's license or driving privilege until all monetary obligations, including those imposed under subsections (3) and (4) of this section, have been paid, and court authorized community restitution has been completed, or until the department has been notified that the court has entered into a new time payment or community restitution agreement with the person.

(b) If a person has not entered into a payment plan with the court and has not paid the monetary obligation in full on or before the time established for payment, the court shall notify the department of the delinquency. The department shall suspend the person's driver's license or driving privilege until all monetary obligations have been paid, including those imposed under subsections (3) and (4) of this section, or until the person has entered into a payment plan under this section.

(c) If the payment plan is to be administered by the court, the court may assess the person a reasonable administrative fee to be wholly retained by the city or county with jurisdiction. The administrative fee shall not exceed ten dollars per infraction or twenty-five dollars per payment plan, whichever is less.

(d) Nothing in this section precludes a court from contracting with outside entities to administer its payment plan system. When outside entities are used for the administration of a payment plan, the court may assess the person a reasonable fee for such administrative services, which fee may be calculated on a periodic, percentage, or other basis.

(e) If a court authorized community restitution program for offenders is available in the jurisdiction, the court may allow conversion of all or part of the monetary obligations due under this section to court authorized community restitution in lieu of time payments if the person is unable to make reasonable time payments.

(7) In addition to any other penalties imposed under this section and not subject to the limitation of subsection (1) of this section, a person found to have committed a traffic infraction shall be assessed [A> : <A]

[A> (A) A <A] fee of five dollars per infraction. Under no circumstances shall this fee be reduced or waived. Revenue from this fee shall be forwarded to the state treasurer for deposit in the emergency medical services and trauma care system trust account under RCW 70.168.040 [A> ; AND <A]

[A> (B) A FEE OF TWO DOLLARS PER INFRACTION. REVENUE FROM THIS FEE SHALL BE FORWARDED TO THE STATE TREASURER FOR DEPOSIT IN THE TRAUMATIC BRAIN INJURY ACCOUNT ESTABLISHED IN SECTION 7 OF THIS ACT <A] .

(8)(a) In addition to any other penalties imposed under this section and not subject to the limitation of subsection (1) of this section, a person found to have committed a traffic infraction other than of RCW 46.61.527 shall be assessed an additional penalty of twenty dollars. The court may not reduce, waive, or suspend the additional penalty unless the court finds the offender to be indigent. If a court authorized community restitution program for offenders is available in the jurisdiction, the court shall allow offenders to offset all or a part of the penalty due under this subsection (8) by participation in the court authorized community restitution program.

(b) Eight dollars and fifty cents of the additional penalty under (a) of this subsection shall be remitted to the state treasurer. The remaining revenue from the additional penalty must be remitted under chapters 2.08, 3.46, 3.50, 3.62, 10.82, and 35.20 RCW. Money remitted under this subsection to the state treasurer must be deposited as provided in RCW 43.08.250. The balance of the revenue received by the

county or city treasurer under this subsection must be deposited into the county or city current expense fund. Moneys retained by the city or county under this subsection shall constitute reimbursement for any liabilities under RCW 43.135.060.

(9) If a legal proceeding, such as garnishment, has commenced to collect any delinquent amount owed by the person for any penalty imposed by the court under this section, the court may, at its discretion, enter into a payment plan.

(10) The monetary penalty for violating RCW 46.37.395 is: (a) Two hundred fifty dollars for the first violation; (b) five hundred dollars for the second violation; and (c) seven hundred fifty dollars for each violation thereafter.

Sec. 9. RCW 43.84.092 and 2006 c 337 s 11, 2006 c 311 s 23, 2006 c 171 s 10, 2006 c 56 s 10, and 2006 c 6 s 8 are each reenacted and amended to read as follows:

(1) All earnings of investments of surplus balances in the state treasury shall be deposited to the treasury income account, which account is hereby established in the state treasury.

(2) The treasury income account shall be utilized to pay or receive funds associated with federal programs as required by the federal cash management improvement act of 1990. The treasury income account is subject in all respects to chapter 43.88 RCW, but no appropriation is required for refunds or allocations of interest earnings required by the cash management improvement act. Refunds of interest to the federal treasury required under the cash management improvement act fall under RCW 43.88.180 and shall not require appropriation. The office of financial management shall determine the amounts due to or from the federal government pursuant to the cash management improvement act. The office of financial management may direct transfers of funds between accounts as deemed necessary to implement the provisions of the cash management improvement act, and this subsection. Refunds or allocations shall occur prior to the distributions of earnings set forth in subsection (4) of this section.

(3) Except for the provisions of RCW 43.84.160, the treasury income account may be utilized for the payment of purchased banking services on behalf of treasury funds including, but not limited to, depository, safekeeping, and disbursement functions for the state treasury and affected state agencies. The treasury income account is subject in all respects to chapter 43.88 RCW, but no appropriation is required for payments to financial institutions. Payments shall occur prior to distribution of earnings set forth in subsection (4) of this section.

(4) Monthly, the state treasurer shall distribute the earnings credited to the treasury income account. The state treasurer shall credit the general fund with all the earnings credited to the treasury income account except:

(a) The following accounts and funds shall receive their proportionate share of earnings based upon each account's and fund's average daily balance for the period: The capitol building construction account, the Cedar River channel construction and operation account, the Central Washington University capital projects account, the charitable, educational, penal and reformatory institutions account, the Columbia river basin water supply development account, the common school construction fund, the county criminal justice assistance account, the county sales and use tax equalization account, the data processing building construction account, the deferred compensation administrative account, the deferred compensation principal account, the department of retirement systems expense account, the developmental disabilities community trust account, the drinking water assistance account, the drinking water assistance administrative account, the drinking water assistance repayment account, the Eastern Washington University capital projects account, the education construction fund, the education legacy trust account, the election account, the emergency reserve fund, the energy freedom account, The Evergreen State College capital projects account, the federal forest revolving account, the freight mobility investment account, the freight mobility multimodal account, the health services account, the public health services account, the health system capacity account, the personal health services account, the state higher education construction account, the higher education construction account, the highway

infrastructure account, the high-occupancy toll lanes operations account, the industrial insurance premium refund account, the judges' retirement account, the judicial retirement administrative account, the judicial retirement principal account, the local leasehold excise tax account, the local real estate excise tax account, the local sales and use tax account, the medical aid account, the mobile home park relocation fund, the multimodal transportation account, the municipal criminal justice assistance account, the municipal sales and use tax equalization account, the natural resources deposit account, the oyster reserve land account, the pension funding stabilization account, the perpetual surveillance and maintenance account, the public employees' retirement system plan 1 account, the public employees' retirement system combined plan 2 and plan 3 account, the public facilities construction loan revolving account beginning July 1, 2004, the public health supplemental account, the public works assistance account, the Puyallup tribal settlement account, the real estate appraiser commission account, the regional mobility grant program account, the resource management cost account, the rural Washington loan fund, the site closure account, the small city pavement and sidewalk account, the special wildlife account, the state employees' insurance account, the state employees' insurance reserve account, the state investment board expense account, the state investment board commingled trust fund accounts, the supplemental pension account, the Tacoma Narrows toll bridge account, the teachers' retirement system plan 1 account, the teachers' retirement system combined plan 2 and plan 3 account, the tobacco prevention and control account, the tobacco settlement account, the transportation infrastructure account, the transportation partnership account, [A> THE TRAUMATIC BRAIN INJURY ACCOUNT, <A] the tuition recovery trust fund, the University of Washington bond retirement fund, the University of Washington building account, the volunteer fire fighters' and reserve officers' relief and pension principal fund, the volunteer fire fighters' and reserve officers' administrative fund, the Washington fruit express account, the Washington judicial retirement system account, the Washington law enforcement officers' and fire fighters' system plan 1 retirement account, the Washington law enforcement officers' and fire fighters' system plan 2 retirement account, the Washington public safety employees' plan 2 retirement account, the Washington school employees' retirement system combined plan 2 and 3 account, the Washington state health insurance pool account, the Washington state patrol retirement account, the Washington State University building account, the Washington State University bond retirement fund, the water pollution control revolving fund, and the Western Washington University capital projects account. Earnings derived from investing balances of the agricultural permanent fund, the normal school permanent fund, the permanent common school fund, the scientific permanent fund, and the state university permanent fund shall be allocated to their respective beneficiary accounts. All earnings to be distributed under this subsection (4)(a) shall first be reduced by the allocation to the state treasurer's service fund pursuant to RCW 43.08.190.

(b) The following accounts and funds shall receive eighty percent of their proportionate share of earnings based upon each account's or fund's average daily balance for the period: The aeronautics account, the aircraft search and rescue account, the county arterial preservation account, the department of licensing services account, the essential rail assistance account, the ferry bond retirement fund, the grade crossing protective fund, the high capacity transportation account, the highway bond retirement fund, the highway safety account, the motor vehicle fund, the motorcycle safety education account, the pilotage account, the public transportation systems account, the Puget Sound capital construction account, the Puget Sound ferry operations account, the recreational vehicle account, the rural arterial trust account, the safety and education account, the special category C account, the state patrol highway account, the transportation 2003 account (nickel account), the transportation equipment fund, the transportation fund, the transportation improvement account, the transportation improvement board bond retirement account, and the urban arterial trust account.

(5) In conformance with Article II, section 37 of the state Constitution, no treasury accounts or funds shall be allocated earnings without the specific affirmative directive of this section.

NEW SECTION. Sec. 10. Sections 1 through 6 of this act constitute a new chapter in Title 74 RCW.

NEW SECTION. Sec. 11. This act may be known and cited as the Tommy Manning act.

**SPONSOR:** Flannigan

## THE STATE OF ARKANSAS

ARKANSAS 2007 REGULAR SESSION - 86TH GENERAL ASSEMBLY

**HOUSE BILL 1131**

STATE OF ARKANSAS AS ENGROSSED: H1/18/07 H1/24/07 S2/1/07
BY: REPRESENTATIVES S. PRATER, ADCOCK, ROSENBAUM, GEORGE, WOOD, BURRIS, D. CREEKMORE, S. DOBBINS, R. GREEN, HARDY, HARRELSON, MEDLEY, RAGLAND, REEP, J. ROEBUCK, WEBB
BY: SENATORS FARIS, WHITAKER, J. JEFFRESS, BROADWAY, SALMON

**VERSION:** Enacted

**VERSION-DATE:** February 19, 2007

**SYNOPSIS:**

For An Act To Be Entitled

AN ACT TO ESTABLISH THE ARKANSAS LEGISLATIVE TASK FORCE ON TRAUMATIC BRAIN INJURY; AND FOR OTHER PURPOSES.

Subtitle

AN ACT TO ESTABLISH THE ARKANSAS LEGISLATIVE TASK FORCE ON TRAUMATIC BRAIN INJURY.

**NOTICE:**
[A> UPPERCASE TEXT WITHIN THESE SYMBOLS IS ADDED <A]

**TEXT:** BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. [A> PURPOSE. <A]

[A> THE PURPOSES OF THIS ACT ARE: <A]

[A> (1) TO STUDY THE RATES AND SEVERITY OF TRAUMATIC BRAIN INJURIES IN ARKANSAS; <A]

[A> (2) TO PROJECT THE INCIDENCE OF TRAUMATIC BRAIN INJURIES OVER THE NEXT TEN (10) YEARS; <A]

[A> (3) TO DEVELOP A STRATEGIC STATEWIDE PLAN TO ENSURE AN APPROPRIATELY PREPARED WORKFORCE TO TREAT TRAUMATIC BRAIN INJURIES AND PROVIDE FOR REHABILITATION SERVICES TO THE EXTENT POSSIBLE; AND <A]

[A> (4) TO CONVENE STAKEHOLDERS FROM HEALTH CARE PROVIDERS, THE HEALTH CARE INDUSTRY, BUSINESS, THE LEGISLATURE, AND THE PUBLIC. <A]

SECTION 2. [A> ARKANSAS LEGISLATIVE TASK FORCE ON TRAUMATIC BRAIN INJURY**.** <A]

[A> (A) THERE IS ESTABLISHED THE ARKANSAS LEGISLATIVE TASK FORCE ON TRAUMATIC BRAIN INJURY TO BE COMPOSED OF THE FOLLOWING MEMBERS: <A]

[A> (1) AS VOTING MEMBERS: <A]

[A> (A) TWO (2) MEMBERS OF THE HOUSE INTERIM COMMITTEE ON PUBLIC HEALTH, WELFARE, AND LABOR APPOINTED BY THE CHAIR OF THE COMMITTEE; <A]

[A> (B) TWO (2) MEMBERS OF THE SENATE INTERIM COMMITTEE ON PUBLIC HEALTH, WELFARE, AND LABOR APPOINTED BY THE CHAIR OF THE COMMITTEE; <A]

[A> (C) THE PRESIDENT OF THE ARKANSAS HOSPITAL ASSOCIATION OR THE PRESIDENT'S DESIGNEE; <A]

[A> (D) ONE (1) MEMBER WHO SHALL REPRESENT THE SECTION OF EMERGENCY MEDICAL SERVICES OF THE DIVISION OF HEALTH OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES; AND <A]

[A> (E) TWELVE (12) MEMBERS APPOINTED BY THE GOVERNOR, AS FOLLOWS: <A]

[A> (I) THREE (3) MEMBERS, AT LEAST ONE (1) OF WHOM SHALL BE ACTIVELY INVOLVED AS A CAREGIVER TO A FAMILY MEMBER, WHO SHALL REPRESENT CONSUMERS FROM A LIST OF NINE (9) PROVIDED BY THE BRAIN INJURY ASSOCIATION OF ARKANSAS; <A]

[A> (II) ONE (1) LICENSED PHYSICIAN MEMBER INTIMATELY FAMILIAR WITH TRAUMATIC BRAIN INJURY FROM A LIST OF THREE (3) PROVIDED BY THE ARKANSAS MEDICAL SOCIETY; <A]

[A> (III) ONE (1) LICENSED REGISTERED NURSE MEMBER INTIMATELY FAMILIAR WITH TRAUMATIC BRAIN INJURY FROM A LIST OF THREE (3) PROVIDED BY THE ARKANSAS NURSES ASSOCIATION; <A]

[A> (IV) ONE (1) LICENSED PSYCHOLOGIST MEMBER INTIMATELY FAMILIAR WITH TRAUMATIC BRAIN INJURY FROM A LIST OF THREE (3) PROVIDED BY THE ARKANSAS PSYCHOLOGY BOARD; <A]

[A> (V) ONE (1) MEMBER INTIMATELY FAMILIAR WITH TRAUMATIC BRAIN INJURY FROM A LIST OF THREE (3) PROVIDED BY THE ARKANSAS STATE BOARD OF PHYSICAL THERAPY; <A]

[A> (VI) ONE (1) MEMBER INTIMATELY FAMILIAR WITH TRAUMATIC BRAIN INJURY TO REPRESENT OCCUPATIONAL THERAPISTS FROM A LIST OF THREE (3) PROVIDED BY THE STATE MEDICAL BOARD; <A]

[A> (VII) ONE (1) MEMBER INTIMATELY FAMILIAR WITH TRAUMATIC BRAIN INJURY TO REPRESENT SPEECH-LANGUAGE PATHOLOGISTS FROM A LIST OF THREE (3) PROVIDED BY THE BOARD OF EXAMINERS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY; <A]

[A> (VIII) ONE (1) MEMBER WHO SHALL REPRESENT THE ARKANSAS AMBULANCE ASSOCIATION; <A]

[A> (IX) ONE (1) MEMBER WHO SHALL REPRESENT BAPTIST HEALTH REHABILITATION INSTITUTE; <A]

[A> (X) ONE (1) MEMBER WHO SHALL REPRESENT TIMBER RIDGE RANCH NEUROREHABILITATION CENTER; AND <A]

[A> (XI) ONE (1) MEMBER WHO SHALL REPRESENT EASTER SEALS' CHILDREN'S REHABILITATION CENTER; AND <A]

[A> (2) AS NONVOTING MEMBERS: <A]

[A> (A) THE PRESIDENT OF THE STATE MEDICAL BOARD OR THE PRESIDENT'S DESIGNEE; <A]

[A> (B) THE PRESIDENT OF THE STATE BOARD OF NURSING OR THE PRESIDENT'S DESIGNEE; <A]

[A> (C) THE PRESIDENT OF THE ARKANSAS HEALTHCARE ASSOCIATION OR THE PRESIDENT'S DESIGNEE; <A]

[A> (D) THE COMMISSIONER OF EDUCATION OR THE COMMISSIONER'S DESIGNEE; <A]

[A> (E) THE COMMISSIONER OF THE ARKANSAS REHABILITATION SERVICES OF THE DEPARTMENT OF WORKFORCE EDUCATION OR THE COMMISSIONER'S DESIGNEE; <A]

[A> (F) THE PRESIDENT OF THE HOMECARE ASSOCIATION OF ARKANSAS OR THE PRESIDENT'S DESIGNEE; <A]

[A> (G) ONE (1) MEMBER WHO SHALL REPRESENT THE COLLEGE OF PUBLIC HEALTH OF THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES TO BE NAMED BY THE DEAN OF THE COLLEGE OF PUBLIC HEALTH; AND <A]

[A> (H) THE CHIEF OF THE INJURY PREVENTION BRANCH OF THE DIVISION OF HEALTH OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. <A]

[A> (B) THE TASK FORCE SHALL: <A]

[A> (1) RECEIVE STAFF AND CLERICAL SUPPORT FROM THE LEGISLATIVE COUNCIL; AND <A]

[A> (2) REPORT ITS FINDINGS AND STRATEGIC PLAN FOR MEETING THE TRAUMATIC BRAIN INJURY NEEDS OF THE STATE TO THE LEGISLATIVE COUNCIL BY NOVEMBER 1, 2008. <A]

[A> (C) THE TASK FORCE SHALL EXPIRE ON JUNE 30, 2009. <A]

[A> (D) THE TASK FORCE SHALL SELECT A CHAIR FROM ITS LEGISLATIVE MEMBERSHIP. <A]

[A> (E)(1) A MAJORITY OF THE MEMBERSHIP OF THE TASK FORCE SHALL CONSTITUTE A QUORUM. <A]

[A> (2) A MAJORITY VOTE OF THE MEMBERS PRESENT SHALL BE REQUIRED FOR ANY ACTION OF THE TASK FORCE. <A]

[A> (F) VACANCIES ON THE TASK FORCE DUE TO DEATH, RESIGNATION, OR OTHER CAUSES SHALL BE FILLED IN THE SAME MANNER AS IS PROVIDED IN THIS ACT FOR INITIAL APPOINTMENTS. <A]

[A> (G) TASK FORCE MEETINGS SHALL BE HELD IN PULASKI COUNTY, ARKANSAS, AND AT OTHER LOCATIONS IN THE STATE AS THE TASK FORCE SHALL DEEM NECESSARY. <A]

[A> (H) LEGISLATIVE MEMBERS SHALL BE ENTITLED TO REIMBURSEMENT FOR EXPENSES AND PER DIEM AT THE SAME RATE AND FROM THE SAME SOURCE AS PROVIDED BY LAW FOR MEMBERS OF THE GENERAL ASSEMBLY ATTENDING MEETINGS OF INTERIM COMMITTEES. <A]

**SPONSOR:** Prater

## Children and Co-occurring Conditions

## THE STATE OF COLORADO

COLORADO 1ST REGULAR SESSION OF THE 66TH GENERAL ASSEMBLY

**HOUSE BILL 1057**

AN ACT
BY REPRESENTATIVE(S) STAFFORD, JAHN, SOLANO, BUTCHER, CARROLL T., CASSO, GIBBS, GREEN, HICKS, LABUDA, MADDEN, POMMER, RICE, TODD, AND FRANGAS;
ALSO SENATOR(S) WINDELS, KESTER, TAKIS, BACON, BOYD, GROFF, KELLER, SANDOVAL, SHAFFER, TOCHTROP, AND WILLIAMS.

**VERSION:** Enrolled

**VERSION-DATE:** May 15, 2007

**SYNOPSIS:** CONCERNING DEMONSTRATION PROGRAMS FOR INTEGRATED SYSTEMS OF CARE FAMILY ADVOCACY PROGRAMS FOR MENTAL HEALTH JUVENILE JUSTICE POPULATIONS, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

**NOTICE:**
[A> UPPERCASE TEXT WITHIN THESE SYMBOLS IS ADDED <A]
[D> Text within these symbols is deleted <D]

**TEXT:** Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Title 26, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW ARTICLE to read:

[A> ARTICLE 22 <A]

[A> INTEGRATED SYSTEM OF CARE FAMILY ADVOCACY DEMONSTRATION PROGRAMS FOR MENTAL HEALTH JUVENILE JUSTICE POPULATIONS <A]

[A> 26-22-101. LEGISLATIVE DECLARATION. (1) THE GENERAL ASSEMBLY HEREBY FINDS AND DECLARES THAT: <A]

[A> (A) COLORADO FAMILIES AND YOUTH HAVE DIFFICULTIES NAVIGATING THE MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES, EDUCATION, JUVENILE JUSTICE, CHILD WELFARE, AND OTHER STATE AND LOCAL SYSTEMS THAT ARE COMPOUNDED WHEN THE YOUTH HAS A MENTAL ILLNESS OR CO-OCCURRING DISORDER; <A]

[A> (B) PRELIMINARY RESEARCH DEMONSTRATES THAT FAMILY ADVOCATES INCREASE FAMILY AND YOUTH SATISFACTION, IMPROVE FAMILY PARTICIPATION, AND IMPROVE SERVICES TO HELP YOUTH AND FAMILIES SUCCEED AND ACHIEVE POSITIVE OUTCOMES. ONE PRELIMINARY STUDY IN COLORADO FOUND THAT THE WIDE ARRAY OF USEFUL CHARACTERISTICS AND VALUED ROLES PERFORMED BY FAMILY ADVOCATES, REGARDLESS OF WHERE THEY ARE LOCATED INSTITUTIONALLY, PROVIDED EVIDENCE FOR CONTINUING AND EXPANDING THE USE OF FAMILY ADVOCATES IN SYSTEMS OF CARE. <A]

[A> (C) INPUT FROM FAMILIES, YOUTH, AND STATE AND LOCAL COMMUNITY AGENCY REPRESENTATIVES IN COLORADO DEMONSTRATES THAT FAMILY ADVOCATES HELP FAMILIES GET THE SERVICES AND SUPPORT THEY NEED AND WANT, HELP FAMILIES TO BETTER

NAVIGATE COMPLEX STATE AND LOCAL SYSTEMS, IMPROVE FAMILY AND YOUTH OUTCOMES, AND HELP DISENGAGED FAMILIES AND YOUTH TO BECOME ENGAGED FAMILIES AND YOUTH; <A]

[A> (D) STATE AND LOCAL AGENCIES AND SYSTEMS NEED TO DEVELOP MORE STRENGTHS-BASED, FAMILY-CENTERED, INDIVIDUALIZED, CULTURALLY COMPETENT, AND COLLABORATIVE APPROACHES THAT BETTER MEET THE NEEDS OF FAMILIES AND YOUTH; <A]

[A> (E) A FAMILY ADVOCATE HELPS STATE AND LOCAL AGENCIES AND SYSTEMS ADOPT MORE STRENGTHS-BASED-TARGETED PROGRAMS, POLICIES, AND SERVICES TO BETTER MEET THE NEEDS OF FAMILIES AND THEIR YOUTH WITH MENTAL ILLNESS OR CO-OCCURRING DISORDERS AND IMPROVE OUTCOMES FOR ALL, INCLUDING FAMILIES, YOUTH, AND THE AGENCIES THEY UTILIZE; <A]

[A> (F) THERE IS A NEED TO DEMONSTRATE THE SUCCESS OF FAMILY ADVOCATES IN HELPING AGENCIES AND SYSTEMS IN COLORADO TO BETTER MEET THE NEEDS OF FAMILIES AND YOUTH AND HELP STATE AND LOCAL AGENCIES STRENGTHEN PROGRAMS. <A]

[A> (2) IT IS THEREFORE IN THE STATE'S BEST INTEREST TO ESTABLISH DEMONSTRATION PROGRAMS FOR SYSTEM OF CARE FAMILY ADVOCATES FOR MENTAL HEALTH JUVENILE JUSTICE POPULATIONS WHO NAVIGATE ACROSS MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES, JUVENILE JUSTICE, EDUCATION, CHILD WELFARE, AND OTHER STATE AND LOCAL SYSTEMS TO ENSURE SUSTAINED AND THOUGHTFUL FAMILY PARTICIPATION IN THE PLANNING PROCESSES OF THE CARE FOR THEIR CHILDREN AND YOUTH. <A]

[A> 26-22-102. DEFINITIONS. AS USED IN THIS ARTICLE UNLESS THE CONTEXT OTHERWISE REQUIRES: <A]

[A> (1) "CO-OCCURRING DISORDERS" MEANS DISORDERS THAT COMMONLY COINCIDE WITH MENTAL ILLNESS AND MAY INCLUDE, BUT ARE NOT LIMITED TO, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES, FETAL ALCOHOL SYNDROME, AND TRAUMATIC BRAIN INJURY. <A]

[A> (2) "DEMONSTRATION PROGRAMS" MEANS PROGRAMS THAT ARE INTENDED TO EXEMPLIFY AND DEMONSTRATE EVIDENCE OF THE SUCCESSFUL USE OF FAMILY ADVOCATES IN ASSISTING FAMILIES AND YOUTH WITH MENTAL ILLNESS OR CO-OCCURRING DISORDERS. <A]

[A> (3) "DIVISION OF CRIMINAL JUSTICE" MEANS THE DIVISION OF CRIMINAL JUSTICE CREATED IN SECTION 24-33.5-502, C.R.S., IN THE DEPARTMENT OF PUBLIC SAFETY. <A]

[A> (4) "DIVISION OF MENTAL HEALTH" MEANS THE UNIT WITHIN THE DEPARTMENT OF HUMAN SERVICES THAT IS RESPONSIBLE FOR MENTAL HEALTH SERVICES. <A]

[A> (5) "FAMILY ADVOCACY COALITION" MEANS A COALITION OF FAMILY ADVOCATES OR FAMILY ADVOCACY ORGANIZATIONS WORKING TO HELP FAMILIES AND YOUTH WITH MENTAL HEALTH PROBLEMS, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES, AND OTHER CO-OCCURRING DISORDERS TO IMPROVE SERVICES AND OUTCOMES FOR YOUTH AND FAMILIES AND TO WORK WITH AND ENHANCE STATE AND LOCAL SYSTEMS. <A]

[A> (6) "FAMILY ADVOCATE" MEANS AN INDIVIDUAL WHO HAS BEEN TRAINED TO ASSIST FAMILIES IN ACCESSING AND RECEIVING SERVICES AND SUPPORT. FAMILY ADVOCATES ARE USUALLY INDIVIDUALS WHO HAVE RAISED OR CARED FOR CHILDREN AND YOUTH WITH MENTAL HEALTH OR CO-OCCURRING DISORDERS AND HAVE WORKED WITH MULTIPLE AGENCIES AND PROVIDERS, INCLUDING MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE

ABUSE, JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, AND OTHER STATE AND LOCAL SYSTEMS OF CARE. <A]

[A> (7) "LEGISLATIVE OVERSIGHT COMMITTEE" MEANS THE LEGISLATIVE OVERSIGHT COMMITTEE FOR THE CONTINUING EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS, CREATED IN SECTION 18-1.9-103, C.R.S. <A]

[A> (8) "PARTNERSHIP" MEANS A RELATIONSHIP BETWEEN A FAMILY ADVOCACY ORGANIZATION AND ANOTHER ENTITY WHEREBY THE FAMILY ADVOCACY ORGANIZATION WORKS DIRECTLY WITH ANOTHER ENTITY FOR OVERSIGHT AND MANAGEMENT OF THE FAMILY ADVOCATE AND FAMILY ADVOCACY DEMONSTRATION PROGRAM, AND THE FAMILY ADVOCACY ORGANIZATION EMPLOYS, SUPERVISES, MENTORS, AND PROVIDES TRAINING TO THE FAMILY ADVOCATE. <A]

[A> (9) "SYSTEM OF CARE" MEANS AN INTEGRATED NETWORK OF COMMUNITY-BASED SERVICES AND SUPPORT THAT IS ORGANIZED TO MEET THE CHALLENGES OF YOUTH WITH COMPLEX NEEDS, INCLUDING BUT NOT LIMITED TO THE NEED FOR SUBSTANTIAL SERVICES TO ADDRESS AREAS OF DEVELOPMENTAL, PHYSICAL, AND MENTAL HEALTH, SUBSTANCE ABUSE, CHILD WELFARE, AND EDUCATION AND INVOLVEMENT IN OR BEING AT RISK OF INVOLVEMENT WITH THE JUVENILE JUSTICE SYSTEM. IN A SYSTEM OF CARE, FAMILIES AND YOUTH WORK IN PARTNERSHIP WITH PUBLIC AND PRIVATE ORGANIZATIONS TO BUILD ON THE STRENGTHS OF INDIVIDUALS AND TO ADDRESS EACH PERSON'S CULTURAL AND LINGUISTIC NEEDS SO SERVICES AND SUPPORT ARE EFFECTIVE. <A]

[A> (10) "TASK FORCE" MEANS THE TASK FORCE FOR THE CONTINUING EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS IN COLORADO, CREATED IN SECTION 18-1.9-104, C.R.S. <A]

[A> 26-22-103. DEMONSTRATION PROGRAMS ESTABLISHED. THERE ARE HEREBY ESTABLISHED DEMONSTRATION PROGRAMS FOR SYSTEM OF CARE FAMILY ADVOCATES FOR MENTAL HEALTH JUVENILE JUSTICE POPULATIONS THAT SHALL BE IMPLEMENTED AND MONITORED BY THE DIVISION OF MENTAL HEALTH, WITH INPUT, COOPERATION, AND SUPPORT FROM THE DIVISION OF CRIMINAL JUSTICE, THE TASK FORCE, AND FAMILY ADVOCACY COALITIONS. <A]

[A> 26-22-104. PROGRAM SCOPE. (1) ON OR BEFORE SEPTEMBER 1, 2007, THE DIVISION OF MENTAL HEALTH, AFTER CONSULTATION WITH FAMILY ADVOCACY COALITIONS, THE TASK FORCE, AND THE DIVISION OF CRIMINAL JUSTICE, SHALL DEVELOP A REQUEST FOR PROPOSALS TO DESIGN DEMONSTRATION PROGRAMS FOR FAMILY ADVOCACY PROGRAMS THAT: <A]

[A> (A) FOCUS ON YOUTH WITH MENTAL ILLNESS OR CO-OCCURRING DISORDERS WHO ARE INVOLVED IN OR AT RISK OF INVOLVEMENT WITH THE JUVENILE JUSTICE SYSTEM AND THAT ARE BASED UPON THE FAMILIES' AND YOUTHS' STRENGTHS; AND <A]

[A> (B) PROVIDE NAVIGATION, CRISIS RESPONSE, INTEGRATED PLANNING, AND DIVERSION FROM THE JUVENILE JUSTICE SYSTEM FOR YOUTH WITH MENTAL ILLNESS OR CO-OCCURRING DISORDERS. <A]

[A> (2) THE DIVISION OF MENTAL HEALTH SHALL ACCEPT RESPONSES TO THE REQUEST FOR PROPOSALS FROM A PARTNERSHIP BETWEEN A FAMILY ADVOCACY ORGANIZATION AND ANY OF THE FOLLOWING ENTITIES OR INDIVIDUALS THAT OPERATE OR ARE DEVELOPING A FAMILY ADVOCACY PROGRAM: <A]

[A> (A) A NONPROFIT ENTITY; <A]

[A> (B) A GOVERNMENTAL ENTITY; <A]

[A> (C) A TRIBAL GOVERNMENT; <A]

[A> (D) AN INDIVIDUAL; OR <A]

[A> (E) A GROUP. <A]

[A> (3) THE RESPONSES TO THE REQUEST FOR PROPOSALS SHALL INCLUDE, BUT NEED NOT BE LIMITED TO, THE FOLLOWING INFORMATION: <A]

[A> (A) IDENTIFICATION OF THE KEY STAKEHOLDERS INVOLVED IN THE DEMONSTRATION PROGRAM TO ENSURE CONSISTENT DATA POINTS ACROSS ALL DEMONSTRATION PROGRAMS FOR CONSISTENT EVALUATION, WHICH SHALL INCLUDE, A FAMILY ADVOCACY ORGANIZATION AND AT A MINIMUM, REPRESENTATIVES OF THE JUVENILE COURT, THE PROBATION DEPARTMENT, THE DISTRICT ATTORNEY'S OFFICE, THE PUBLIC DEFENDER'S OFFICE, A SCHOOL DISTRICT, THE DIVISION OF YOUTH CORRECTIONS WITHIN THE DEPARTMENT OF HUMAN SERVICES, A COUNTY DEPARTMENT OF SOCIAL OR HUMAN SERVICES, A LOCAL COMMUNITY MENTAL HEALTH CENTER, AND A REGIONAL BEHAVIORAL HEALTH ORGANIZATION, AND MAY INCLUDE REPRESENTATIVES OF A LOCAL LAW ENFORCEMENT AGENCY, A COUNTY PUBLIC HEALTH DEPARTMENT, A SUBSTANCE ABUSE PROGRAM, A COMMUNITY CENTERED BOARD, A LOCAL JUVENILE SERVICES PLANNING COMMITTEE, AND OTHER COMMUNITY PARTNERS; <A]

[A> (B) PLANS FOR IDENTIFICATION OF THE TARGETED POPULATION, WHICH SHALL INCLUDE, AT A MINIMUM: <A]

[A> (I) A DESCRIPTION OF THE TARGETED POPULATION AND REGION TO BE SERVED, INCLUDING YOUTH WITH MENTAL ILLNESS OR CO-OCCURRING DISORDERS WHO ARE INVOLVED IN OR AT RISK OF INVOLVEMENT WITH THE JUVENILE JUSTICE SYSTEM AND OTHER STATE AND LOCAL SYSTEMS; AND <A]

[A> (II) A DESCRIPTION OF THE SPECIFIC POPULATION TO BE SERVED THAT IS FLEXIBLE AND DEFINED BY THE LOCAL COMMUNITY; <A]

[A> (C) A PLAN FOR FAMILY ADVOCATES THAT INCLUDES: <A]

[A> (I) EXPERIENCE AND HIRING REQUIREMENTS; <A]

[A> (II) THE PROVISION OF APPROPRIATE TRAINING; AND <A]

[A> (III) A DEFINITION OF ROLES AND RESPONSIBILITIES; <A]

[A> (D) A PLAN FOR FAMILY ADVOCATE PROGRAM SERVICES FOR TARGETED YOUTH AND THEIR FAMILIES, INCLUDING: <A]

[A> (I) STRENGTHS, NEEDS, AND CULTURAL ASSESSMENT; <A]

[A> (II) NAVIGATION AND SUPPORT SERVICES; <A]

[A> (III) EDUCATION PROGRAMS RELATED TO MENTAL ILLNESS, CO-OCCURRING DISORDERS, THE JUVENILE JUSTICE SYSTEM, AND OTHER RELEVANT SYSTEMS; <A]

[A> (IV) COOPERATIVE TRAINING PROGRAMS FOR FAMILY ADVOCATES AND FOR STAFF, WHERE APPLICABLE, OF MENTAL HEALTH, PHYSICAL HEALTH, SUBSTANCE ABUSE,

DEVELOPMENTAL DISABILITIES, EDUCATION, CHILD WELFARE, JUVENILE JUSTICE, AND OTHER STATE AND LOCAL SYSTEMS RELATED TO THE ROLE AND PARTNERSHIP BETWEEN THE FAMILY ADVOCATES AND THE SYSTEMS THAT AFFECT YOUTH AND THEIR FAMILY; <A]

[A> (V) INTEGRATED CRISIS RESPONSE SERVICES AND CRISIS PLANNING; <A]

[A> (VI) ACCESS TO DIVERSION AND OTHER SERVICES TO IMPROVE OUTCOMES FOR YOUTH AND THEIR FAMILIES; AND <A]

[A> (VII) OTHER SERVICES AS DETERMINED BY THE LOCAL COMMUNITY; <A]

[A> (E) A PLAN FOR PROVIDING THE DATA REQUIRED BY SECTION 26-22-105 (3), PLANS FOR A COMPARISON GROUP, AND PLANS FOR SUSTAINABILITY; AND <A]

[A> (F) A COMMITMENT TO PARTICIPATE IN THE COST OF THE DEMONSTRATION PROGRAM BY ALLOCATING, AS A GROUP, ANY MONEYS AVAILABLE TO THE ENTITY, BY PROVIDING SERVICES TO THE PROGRAM, OR BY A COMBINATION OF MONEYS AND SERVICES IN AN AMOUNT EQUAL TO TWENTY PERCENT OF THE TOTAL COST NECESSARY TO OPERATE THE PROGRAM. <A]

[A> (4) ON OR BEFORE NOVEMBER 15, 2007, THE DIVISION OF MENTAL HEALTH, AFTER CONSULTATION WITH FAMILY ADVOCACY COALITIONS, THE TASK FORCE, AND THE DIVISION OF CRIMINAL JUSTICE, SHALL SELECT THREE DEMONSTRATION PROGRAMS TO DELIVER JUVENILE JUSTICE FAMILY ADVOCACY SERVICES. THE DIVISION OF MENTAL HEALTH SHALL BASE THE SELECTION ON: <A]

[A> (A) THE PROGRAM'S DEMONSTRATION OF COLLABORATIVE PARTNERSHIPS THAT INTEGRATE FAMILY ADVOCATES INTO THE SYSTEMS OF CARE; <A]

[A> (B) THE PROGRAM'S ABILITY TO SERVE A SUFFICIENT POPULATION THAT WILL DEMONSTRATE THE SUCCESS OF FAMILY ADVOCACY PROGRAMS; AND <A]

[A> (C) ANY OTHER CRITERIA SET BY THE DIVISION OF MENTAL HEALTH. <A]

[A> (5) TO ENSURE ADEQUATE GEOGRAPHIC DISTRIBUTION, ONE OF THE SELECTED DEMONSTRATION PROGRAMS SHALL OPERATE IN RURAL COMMUNITIES, ONE SHALL OPERATE IN URBAN COMMUNITIES, AND ONE SHALL OPERATE IN SUBURBAN COMMUNITIES. <A]

[A> (6) THE SELECTED PROGRAMS SHALL PARTICIPATE IN THE COST OF THE DEMONSTRATION PROGRAM BY ALLOCATING, AS A GROUP, ANY MONEYS AVAILABLE TO THE ENTITY, BY PROVIDING SERVICES TO THE PROGRAM, OR BY A COMBINATION OF MONEYS AND SERVICES IN AN AMOUNT EQUAL TO TWENTY PERCENT OF THE TOTAL COST NECESSARY TO OPERATE THE PROGRAM. <A]

[A> 26-22-105. EVALUATION AND REPORTING. (1) ON OR BEFORE JANUARY 1, 2008, THE DIVISION OF MENTAL HEALTH SHALL PREPARE AN INITIAL DESCRIPTIVE REPORT OF THE SELECTED DEMONSTRATION PROGRAMS AND PROVIDE THE REPORT TO THE LEGISLATIVE OVERSIGHT COMMITTEE, THE TASK FORCE, THE FAMILY ADVOCACY COALITION, AND THE DEMONSTRATION PROGRAMS SELECTED PURSUANT TO SECTION 26-22-104 (4). <A]

[A> (2) THE INITIAL REPORT SHALL INCLUDE, BUT NEED NOT BE LIMITED TO, THE FOLLOWING FACTORS: <A]

[A> (A) A DESCRIPTION OF THE SELECTED DEMONSTRATION PROGRAMS AND THE ENTITIES WORKING WITH THE PROGRAMS; AND <A]

[A> (B) THE NUMBER OF FAMILIES EXPECTED TO BE SERVED. <A]

[A> (3) EACH SELECTED DEMONSTRATION PROGRAM SHALL REGULARLY FORWARD THE FOLLOWING DATA TO THE DIVISION OF CRIMINAL JUSTICE: <A]

[A> (A) SYSTEM UTILIZATION OUTCOMES, INCLUDING BUT NOT LIMITED TO AVAILABLE DATA ON SERVICES PROVIDED RELATED TO MENTAL HEALTH, PHYSICAL HEALTH, JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, SUBSTANCE ABUSE, CHILD WELFARE, TRAUMATIC BRAIN INJURIES, SCHOOL SERVICES, AND CO-OCCURRING DISORDERS; <A]

[A> (B) YOUTH AND FAMILY OUTCOMES, RELATED TO, BUT NOT LIMITED TO, MENTAL HEALTH, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES, JUVENILE JUSTICE, AND TRAUMATIC BRAIN INJURY ISSUES; <A]

[A> (C) FAMILY AND YOUTH SATISFACTION AND ASSESSMENT OF FAMILY ADVOCATES; <A]

[A> (D) PROCESS AND LEADERSHIP OUTCOMES, INCLUDING BUT NOT LIMITED TO MEASURES OF PARTNERSHIPS, SERVICE PROCESSES AND PRACTICES AMONG PARTNERING AGENCIES, LEADERSHIP INDICATORS, AND SHARED RESPONSES TO RESOURCES AND OUTCOMES; AND <A]

[A> (E) OTHER OUTCOMES, INCLUDING BUT NOT LIMITED TO IDENTIFICATION OF THE COST AVOIDANCE OR COST SAVINGS, IF ANY, ACHIEVED BY THE DEMONSTRATION PROGRAM, THE APPLICABLE OUTCOMES ACHIEVED, THE TRANSITION SERVICES PROVIDED, AND THE SERVICE UTILIZATION TIME FRAMES. <A]

[A> (4) ON OR BEFORE JANUARY 15, 2009, AND ON OR BEFORE JANUARY 15, 2010, THE DIVISION OF CRIMINAL JUSTICE SHALL SUBMIT A COMPILATION OF THE DATA PROVIDED PURSUANT TO SUBSECTION (3) OF THIS SECTION, WITH AN EXECUTIVE SUMMARY, TO THE LEGISLATIVE OVERSIGHT COMMITTEE, THE TASK FORCE, FAMILY ADVOCACY COALITIONS, AND THE SELECTED DEMONSTRATION PROGRAMS. <A]

[A> (5) ON OR BEFORE JUNE 1, 2010, THE DIVISION OF CRIMINAL JUSTICE SHALL COMPLETE A COMPREHENSIVE EVALUATION OF THE SELECTED DEMONSTRATION PROGRAMS BASED ON THE DATA PROVIDED PURSUANT TO SUBSECTION (3) OF THIS SECTION. PRIOR TO PREPARING THE EVALUATION, THE DIVISION OF CRIMINAL JUSTICE SHALL DEVELOP WITH THE SELECTED DEMONSTRATION PROGRAMS THE COMPARISON GROUPS FOR THE EVALUATION. THE EVALUATION SHALL INCLUDE ANALYSIS OF THE COMPARISON GROUPS. THE DIVISION OF CRIMINAL JUSTICE SHALL SUBMIT A FINAL REPORT, INCLUDING AN EXECUTIVE SUMMARY AND RECOMMENDATIONS, TO THE TASK FORCE, THE DEMONSTRATION PROGRAMS, AND FAMILY ADVOCACY COALITIONS FOR REVIEW. THE DIVISION OF CRIMINAL JUSTICE, THE DIVISION OF MENTAL HEALTH, FAMILY ADVOCACY COALITIONS, AND THE TASK FORCE SHALL REVIEW THE EVALUATION FINDINGS AND JOINTLY DEVELOP RECOMMENDATIONS TO BE MADE TO THE LEGISLATIVE OVERSIGHT COMMITTEE. <A]

[A> (6) ON OR BEFORE JULY 1, 2010, THE LEGISLATIVE OVERSIGHT COMMITTEE, AFTER RECEIVING A RECOMMENDATION FROM THE TASK FORCE, SHALL MAKE RECOMMENDATIONS TO THE CHAIRS OF THE HEALTH AND HUMAN SERVICES COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND THE SENATE, OR ANY SUCCESSOR COMMITTEES, AND THE CHAIRS OF THE JUDICIARY COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND THE SENATE, OR ANY SUCCESSOR COMMITTEES, RELATED TO CONTINUATION OR EXPANSION THROUGHOUT THE STATE OF THE SELECTED DEMONSTRATION PROGRAMS. <A]

[A> (7) THE DIVISION OF CRIMINAL JUSTICE SHALL COMPLY WITH THE PROVISIONS OF THIS SECTION ONLY IF SUFFICIENT FUNDS ARE APPROPRIATED TO IMPLEMENT THIS SECTION. <A]

[A> 26-22-106. REPEAL OF ARTICLE. THIS ARTICLE IS REPEALED, EFFECTIVE JULY 1, 2011. <A]

SECTION 2. 25-36-101, Colorado Revised Statutes, as enacted by Senate Bill 07-097, enacted at the First Regular Session of the Sixty-sixth General Assembly, is amended BY THE ADDITION OF A NEW SUBSECTION to read:

25-36-101. Short-term grants for innovative health programs - grant fund - creation. [A> (3) (A) FOR THE 2007-08 FISCAL YEAR, OF THE MONEYS TRANSFERRED PURSUANT TO SECTIONS 24-22-115 (1) (B) AND 24-75-1104.5 (1.5) (A) (IX) AND (1.5) (B), C.R.S., THE LESSER OF ONE HUNDRED THIRTY-FOUR THOUSAND TWO HUNDRED TWELVE DOLLARS OR THIRTEEN POINT FOUR PERCENT OF THE TOTAL AMOUNT TRANSFERRED TO THE FUND SHALL BE APPROPRIATED TO THE DIVISION OF MENTAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES FOR IMPLEMENTATION OF ARTICLE 22 OF TITLE 26, C.R.S., AND THE LESSER OF THIRTY-EIGHT THOUSAND FIVE HUNDRED THREE DOLLARS OR THREE POINT NINE PERCENT OF THE TOTAL AMOUNT TRANSFERRED TO THE FUND SHALL BE APPROPRIATED TO THE DIVISION OF CRIMINAL JUSTICE IN THE DEPARTMENT OF PUBLIC SAFETY FOR IMPLEMENTATION OF ARTICLE 22 OF TITLE 26, C.R.S. <A]

[A> (B) FOR THE 2008-09 FISCAL YEAR, THE 2009-10 FISCAL YEAR, AND THE 2010-11 FISCAL YEAR, OF THE MONEYS TRANSFERRED PURSUANT TO SECTIONS 24-22-115 (1) (B) AND 24-75-1104.5 (1.5) (A) (IX) AND (1.5) (B), C.R.S., THE LESSER OF ONE HUNDRED EIGHTY-FIVE THOUSAND SEVENTEEN DOLLARS OR EIGHT POINT EIGHT PERCENT OF THE TOTAL AMOUNT TRANSFERRED TO THE FUND SHALL BE ANNUALLY APPROPRIATED TO THE DIVISION OF MENTAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES FOR IMPLEMENTATION OF ARTICLE 22 OF TITLE 26, C.R.S., AND THE LESSER OF THIRTY-SIX THOUSAND SEVEN HUNDRED DOLLARS OR ONE POINT SEVEN PERCENT OF THE TOTAL AMOUNT TRANSFERRED TO THE FUND SHALL BE APPROPRIATED TO THE DIVISION OF CRIMINAL JUSTICE IN THE DEPARTMENT OF PUBLIC SAFETY FOR IMPLEMENTATION OF ARTICLE 22 OF TITLE 26, C.R.S. <A]

SECTION 3. Appropriation. (1) In addition to any other appropriation, there is hereby appropriated, out of any moneys in the short-term innovative health program grant fund created in section 25-36-101 (2), Colorado Revised Statutes, enacted by Senate Bill 07-097 at the first regular session of the sixty-sixth general assembly, not otherwise appropriated, to the department of human services, mental health and alcohol and drug abuse services, administration, for the fiscal year beginning July 1, 2007, the sum of twenty-nine thousand five hundred ninety-seven dollars ($ 29,597) and 0.5 FTE, or so much thereof as may be necessary, for implementation of this act.

(2) In addition to any other appropriation, there is hereby appropriated, to the department of human services, mental health and alcohol and drug abuse services, mental health community programs, for the fiscal year beginning July 1, 2007, the sum of one hundred thirty thousand seven hundred sixty-nine dollars ($ 130,769), or so much thereof as may be necessary, for implementation of this act. Of said sum, one hundred four thousand six hundred fifteen dollars ($ 104,615) shall be out of any moneys in the short-term innovative health program grant fund created in section 25-36-101 (2), Colorado Revised Statutes, enacted by Senate Bill 07-097 at the first regular session of the sixty-sixth general assembly, not otherwise appropriated, and twenty-six thousand one hundred fifty-four dollars ($ 26,154) shall be cash funds exempt from local funds.

(3) In addition to any other appropriation, there is hereby appropriated, out of any moneys in the short-term innovative health program grant fund created in section 25-36-101 (2), Colorado Revised Statutes, enacted by Senate Bill 07-097 at the first regular session of the sixty-sixth general assembly, not otherwise appropriated, to the department of public safety, division of criminal justice, for the fiscal year beginning July 1, 2007, the sum of thirty-eight thousand five hundred three dollars ($ 38,503), or so much thereof as may be necessary, for implementation of this act.

SECTION 4. Section 14 (5) (c) of Senate Bill 07-097, enacted at the First Regular Session of the Sixty-

sixth General Assembly, is amended to read:

Section 14. Appropriation. (5) (c) In addition to any other appropriation, there is hereby appropriated, out of any moneys in the short-term innovative health program grant fund created in section 25-36-101 (2), Colorado Revised Statutes, not otherwise appropriated, to the department of public health and environment, for the fiscal year beginning July 1, 2007, the sum of [D> one million four hundred thousand dollars ($ 1,400,000), <D] [A> ONE MILLION TWO HUNDRED TWENTY-SEVEN THOUSAND TWO HUNDRED EIGHTY-FIVE DOLLARS ($ 1,227,285), <A] cash funds exempt, and 1.0 FTE, or so much thereof as may be necessary, for the implementation of this act.

SECTION 5. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

**SPONSOR:** Stafford

## Community Services

Study on Community Based Services Needs for TBI

## THE STATE OF MAINE

MAINE 123RD LEGISLATURE -- FIRST REGULAR SESSION

**HOUSE BILL 295**

**VERSION:** Enacted - Resolve

**VERSION-DATE:** June 20, 2007

**SYNOPSIS:**

Resolve, To Promote Community Integration for Individuals with Brain Injuries

**TEXT:** Sec. 1. Community integration Medicaid waiver. Resolved: That the Department of Health and Human Services shall:

1. Complete a comprehensive plan to address the needs of persons with disabilities due to *brain injuries* by January 1, 2008 that addresses:

A. Current and future gaps in services;

B. Advances in medical, rehabilitative knowledge and technologies; and

C. Models of effective, evidence-based practices and efficient approaches that respond to the wide range of needs of persons with brain injuries and their families.

The planning process shall provide information to and seek input from a broadly representative group of interested parties, including MaineCare members with brain injuries, families and friends of MaineCare members with brain injuries, advocates for people with brain injuries and providers of services to persons with brain injuries. The department shall also include all other agencies that provide services to people with brain injuries. The planning process shall include a thorough evaluation of waiver or any other Medicaid programs from the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services that will promote community integration for individuals with brain injuries, as well as a thorough evaluation of services available to people with brain injuries under MaineCare.

2. Provide reports to the Legislature by January 15, 2008, January 15, 2009 and April 15, 2009 regarding its progress implementing the elements of the plan; and be it further

Sec. 2. Authorization. Resolved: That the Joint Standing Committee on Health and Human Services is authorized to submit legislation regarding services to persons with brain injuries to the Second Regular Session of the 123rd Legislature.

**SPONSOR:** Craven

## Health Care

Rehabilitation Coverage for TBI

## THE STATE OF TEXAS

TEXAS 80TH LEGISLATURE

**HOUSE BILL 1919**

**VERSION:** Enacted

**VERSION-DATE:** June 15, 2007

**SYNOPSIS:**

AN ACT

relating to health benefit plan coverage for treatment for certain brain injuries and serious mental illnesses.

**NOTICE:**
[A> UPPERCASE TEXT WITHIN THESE SYMBOLS IS ADDED <A]
[D> Text within these symbols is deleted <D]

**TEXT:** BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 1352.001, Insurance Code, is amended to read as follows:

Sec. 1352.001. APPLICABILITY OF CHAPTER. [A> (A) <A] This chapter applies only to a health benefit plan, including [A> , SUBJECT TO THIS CHAPTER, <A] a small employer health benefit plan written under Chapter 1501, that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is offered by:

(1) an insurance company;

(2) a group hospital service corporation operating under Chapter 842;

(3) a fraternal benefit society operating under Chapter 885;

(4) a stipulated premium company operating under Chapter 884;

(5) a reciprocal exchange operating under Chapter 942;

(6) a Lloyd's plan operating under Chapter 941;

(7) a health maintenance organization operating under Chapter 843;

(8) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846; or

(9) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844.

[A> (B) NOTWITHSTANDING ANY PROVISION IN CHAPTER 1575, 1579, OR 1601 OR ANY OTHER LAW, THIS CHAPTER APPLIES TO: <A]

[A> (1) A BASIC PLAN UNDER CHAPTER 1575; <A]

[A> (2) A PRIMARY CARE COVERAGE PLAN UNDER CHAPTER 1579; AND <A]

[A> (3) BASIC COVERAGE UNDER CHAPTER 1601. <A]

SECTION 2. Section 1352.003, Insurance Code, is amended to read as follows:

Sec. 1352.003. [A> REQUIRED COVERAGES--HEALTH BENEFIT PLANS OTHER THAN SMALL EMPLOYER HEALTH BENEFIT PLANS <A] [D> EXCLUSION OF COVERAGE PROHIBITED <D] . (a) A health benefit plan [A> MUST INCLUDE <A] [D> may not exclude <D] coverage for cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy and rehabilitation, neurobehavioral, neurophysiological, neuropsychological, [A> AND <A] [D> or <D] psychophysiological testing [A> AND <A] [D> or <D] treatment, neurofeedback therapy, [A> AND <A] remediation [A> REQUIRED FOR AND RELATED TO TREATMENT OF AN ACQUIRED BRAIN INJURY. <A]

[A> (B) A HEALTH BENEFIT PLAN MUST INCLUDE COVERAGE FOR <A] [D> , <D] post-acute transition services, [D> or <D] community reintegration services [A> , INCLUDING OUTPATIENT DAY TREATMENT SERVICES, OR OTHER POST-ACUTE CARE TREATMENT SERVICES <A] necessary as a result of and related to an acquired brain injury.

[A> (C) A HEALTH BENEFIT PLAN MAY NOT INCLUDE, IN ANY LIFETIME LIMITATION ON THE NUMBER OF DAYS OF ACUTE CARE TREATMENT COVERED UNDER THE PLAN, ANY POST-ACUTE CARE TREATMENT COVERED UNDER THE PLAN. ANY LIMITATION IMPOSED UNDER THE PLAN ON DAYS OF POST-ACUTE CARE TREATMENT MUST BE SEPARATELY STATED IN THE PLAN. <A]

[A> (D) EXCEPT AS PROVIDED BY SUBSECTION (C), A HEALTH BENEFIT PLAN MUST INCLUDE THE SAME PAYMENT LIMITATIONS, DEDUCTIBLES, COPAYMENTS, AND COINSURANCE FACTORS FOR COVERAGE <A] [D> (b) Coverage <D] required under this chapter [A> AS <A] [D> may be subject to deductibles, copayments, coinsurance, or annual or maximum payment limits that are consistent with the deductibles, copayments, coinsurance, or annual or maximum payment limits <D] applicable to other similar coverage provided under the health benefit plan.

[A> (E) TO ENSURE THAT APPROPRIATE POST-ACUTE CARE TREATMENT IS PROVIDED, A HEALTH BENEFIT PLAN MUST INCLUDE COVERAGE FOR REASONABLE EXPENSES RELATED TO PERIODIC REEVALUATION OF THE CARE OF AN INDIVIDUAL COVERED UNDER THE PLAN WHO: <A]

[A> (1) HAS INCURRED AN ACQUIRED BRAIN INJURY; <A]

[A> (2) HAS BEEN UNRESPONSIVE TO TREATMENT; AND <A]

[A> (3) BECOMES RESPONSIVE TO TREATMENT AT A LATER DATE. <A]

[A> (F) A DETERMINATION OF WHETHER EXPENSES, AS DESCRIBED BY SUBSECTION (E), ARE REASONABLE MAY INCLUDE CONSIDERATION OF FACTORS INCLUDING: <A]

[A> (1) COST; <A]

[A> (2) THE TIME THAT HAS EXPIRED SINCE THE PREVIOUS EVALUATION; <A]

[A> (3) ANY DIFFERENCE IN THE EXPERTISE OF THE PHYSICIAN OR PRACTITIONER PERFORMING THE EVALUATION; <A]

[A> (4) CHANGES IN TECHNOLOGY; AND <A]

[A> (5) ADVANCES IN MEDICINE. <A]

[A> (G) <A] [D> (c) <D] The commissioner shall adopt rules as necessary to implement this [A> CHAPTER <A] [D> section <D] .

[A> (H) THIS SECTION DOES NOT APPLY TO A SMALL EMPLOYER HEALTH BENEFIT PLAN. <A]

SECTION 3. Chapter 1352, Insurance Code, is amended by adding Section 1352.0035 to read as follows:

[A> SEC. 1352.0035. REQUIRED COVERAGES--SMALL EMPLOYER HEALTH BENEFIT PLANS. (A) A SMALL EMPLOYER HEALTH BENEFIT PLAN MAY NOT EXCLUDE COVERAGE FOR COGNITIVE REHABILITATION THERAPY, COGNITIVE COMMUNICATION THERAPY, NEUROCOGNITIVE THERAPY AND REHABILITATION, NEUROBEHAVIORAL, NEUROPHYSIOLOGICAL, NEUROPSYCHOLOGICAL, OR PSYCHOPHYSIOLOGICAL TESTING OR TREATMENT, NEUROFEEDBACK THERAPY, REMEDIATION, POST-ACUTE TRANSITION SERVICES, OR COMMUNITY REINTEGRATION SERVICES NECESSARY AS A RESULT OF AND RELATED TO AN ACQUIRED BRAIN INJURY. <A]

[A> (B) COVERAGE REQUIRED UNDER THIS SECTION MAY BE SUBJECT TO DEDUCTIBLES, COPAYMENTS, COINSURANCE, OR ANNUAL OR MAXIMUM PAYMENT LIMITS THAT ARE CONSISTENT WITH THE DEDUCTIBLES, COPAYMENTS, COINSURANCE, OR ANNUAL OR MAXIMUM PAYMENT LIMITS APPLICABLE TO OTHER SIMILAR COVERAGE PROVIDED UNDER THE SMALL EMPLOYER HEALTH BENEFIT PLAN. <A]

[A> (C) THE COMMISSIONER SHALL ADOPT RULES AS NECESSARY TO IMPLEMENT THIS SECTION. <A]

SECTION 4. Section 1352.004(b), Insurance Code, is amended to read as follows:

(b) The commissioner by rule shall require a health benefit plan issuer to provide adequate training to personnel responsible for preauthorization of coverage or utilization review under the plan. The purpose of the training is to prevent denial of coverage in violation of Section 1352.003 and to avoid confusion of medical benefits with mental health benefits. [A> THE COMMISSIONER, IN CONSULTATION WITH THE TEXAS TRAUMATIC BRAIN INJURY ADVISORY COUNCIL, SHALL PRESCRIBE BY RULE THE BASIC REQUIREMENTS FOR THE TRAINING DESCRIBED BY THIS SUBSECTION. <A]

SECTION 5. Chapter 1352, Insurance Code, is amended by adding Sections 1352.005, 1352.006, 1352.007, and 1352.008 to read as follows:

[A> SEC. 1352.005. NOTICE TO INSUREDS AND ENROLLEES. (A) A HEALTH BENEFIT PLAN ISSUER SUBJECT TO THIS CHAPTER, OTHER THAN A SMALL EMPLOYER HEALTH BENEFIT PLAN ISSUER, MUST ANNUALLY NOTIFY EACH INSURED OR ENROLLEE UNDER THE PLAN IN WRITING ABOUT THE COVERAGES DESCRIBED BY SECTION 1352.003. <A]

[A> (B) THE COMMISSIONER, IN CONSULTATION WITH THE TEXAS TRAUMATIC BRAIN INJURY ADVISORY COUNCIL, SHALL PRESCRIBE BY RULE THE SPECIFIC CONTENTS AND WORDING OF THE NOTICE REQUIRED UNDER THIS SECTION. <A]

[A> (C) THE NOTICE REQUIRED UNDER THIS SECTION MUST INCLUDE: <A]

[A> (1) A DESCRIPTION OF THE BENEFITS LISTED UNDER SECTION 1352.003; <A]

[A> (2) A STATEMENT THAT THE FACT THAT AN ACQUIRED BRAIN INJURY DOES NOT RESULT IN HOSPITALIZATION OR RECEIPT OF A SPECIFIC TREATMENT OR SERVICE DESCRIBED BY SECTION 1352.003 FOR ACUTE CARE TREATMENT DOES NOT AFFECT THE RIGHT OF THE INSURED OR ENROLLEE TO RECEIVE BENEFITS DESCRIBED BY SECTION 1352.003

COMMENSURATE WITH THE CONDITION OF THE INSURED OR ENROLLEE; AND <A]

[A> (3) A STATEMENT OF THE FACT THAT BENEFITS DESCRIBED BY SECTION 1352.003 MAY BE PROVIDED IN A FACILITY LISTED IN SECTION 1352.007. <A]

[A> SEC. 1352.006. DETERMINATION OF MEDICAL NECESSITY; EXTENSION OF COVERAGE. (A) IN THIS SECTION, "UTILIZATION REVIEW" HAS THE MEANING ASSIGNED BY SECTION 4201.002. <A]

[A> (B) NOTWITHSTANDING CHAPTER 4201 OR ANY OTHER LAW RELATING TO THE DETERMINATION OF MEDICAL NECESSITY UNDER THIS CODE, A HEALTH BENEFIT PLAN SHALL RESPOND TO A PERSON REQUESTING UTILIZATION REVIEW OR APPEALING FOR AN EXTENSION OF COVERAGE BASED ON AN ALLEGATION OF MEDICAL NECESSITY NOT LATER THAN THREE BUSINESS DAYS AFTER THE DATE ON WHICH THE PERSON MAKES THE REQUEST OR SUBMITS THE APPEAL. THE PERSON MUST MAKE THE REQUEST OR SUBMIT THE APPEAL IN THE MANNER PRESCRIBED BY THE TERMS OF THE PLAN'S HEALTH INSURANCE POLICY OR AGREEMENT, CONTRACT, EVIDENCE OF COVERAGE, OR SIMILAR COVERAGE DOCUMENT. TO COMPLY WITH THE REQUIREMENTS OF THIS SECTION, THE HEALTH BENEFIT PLAN ISSUER MUST RESPOND THROUGH A DIRECT TELEPHONE CONTACT MADE BY A REPRESENTATIVE OF THE ISSUER. THIS SUBSECTION DOES NOT APPLY TO A SMALL EMPLOYER HEALTH BENEFIT PLAN. <A]

[A> SEC. 1352.007. TREATMENT FACILITIES. (A) A HEALTH BENEFIT PLAN MAY NOT DENY COVERAGE UNDER THIS CHAPTER BASED SOLELY ON THE FACT THAT THE TREATMENT OR SERVICES ARE PROVIDED AT A FACILITY OTHER THAN A HOSPITAL. TREATMENT FOR AN ACQUIRED BRAIN INJURY MAY BE PROVIDED UNDER THE COVERAGE REQUIRED BY THIS CHAPTER, AS APPROPRIATE, AT A FACILITY AT WHICH APPROPRIATE SERVICES MAY BE PROVIDED, INCLUDING: <A]

[A> (1) A HOSPITAL REGULATED UNDER CHAPTER 241, HEALTH AND SAFETY CODE, INCLUDING AN ACUTE OR POST-ACUTE REHABILITATION HOSPITAL; AND <A]

[A> (2) AN ASSISTED LIVING FACILITY REGULATED UNDER CHAPTER 247, HEALTH AND SAFETY CODE. <A]

[A> (B) THIS SECTION DOES NOT APPLY TO A SMALL EMPLOYER HEALTH BENEFIT PLAN. <A]

[A> SEC. 1352.008. CONSUMER INFORMATION. THE COMMISSIONER SHALL PREPARE INFORMATION FOR USE BY CONSUMERS, PURCHASERS OF HEALTH BENEFIT PLAN COVERAGE, AND SELF-INSURERS REGARDING COVERAGES RECOMMENDED FOR ACQUIRED BRAIN INJURIES. THE DEPARTMENT SHALL PUBLISH INFORMATION PREPARED UNDER THIS SECTION ON THE DEPARTMENT'S INTERNET WEBSITE. <A]

SECTION 6. The heading to Subchapter A, Chapter 1355, Insurance Code, is amended to read as follows:

SUBCHAPTER A. GROUP HEALTH BENEFIT PLAN COVERAGE FOR CERTAIN SERIOUS MENTAL ILLNESSES [A> AND OTHER DISORDERS <A]

SECTION 7. Section 1355.001, Insurance Code, is amended by amending Subdivision (1) and adding Subdivisions (3) and (4) to read as follows:

(1) "Serious mental illness" means the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM):

(A) bipolar disorders (hypomanic, manic, depressive, and mixed);

(B) depression in childhood and adolescence;

(C) major depressive disorders (single episode or recurrent);

(D) obsessive-compulsive disorders;

(E) paranoid and other psychotic disorders;

(F) [D> pervasive developmental disorders; <D]

[D> (G) <D] schizo-affective disorders (bipolar or depressive); and

[A> (G) <A] [D> (H) <D] schizophrenia.

[A> (3) "AUTISM SPECTRUM DISORDER" MEANS A NEUROBIOLOGICAL DISORDER THAT INCLUDES AUTISM, ASPERGER'S SYNDROME, OR PERVASIVE DEVELOPMENTAL DISORDER--NOT
OTHERWISE SPECIFIED. <A]

[A> (4) "NEUROBIOLOGICAL DISORDER" MEANS AN ILLNESS OF THE NERVOUS SYSTEM CAUSED BY GENETIC, METABOLIC, OR OTHER BIOLOGICAL FACTORS. <A]

SECTION 8. Subchapter A, Chapter 1355, Insurance Code, is amended by adding Section 1355.015 to read as follows:

[A> SEC. 1355.015. REQUIRED COVERAGE FOR CERTAIN CHILDREN. (A) AT A MINIMUM, A HEALTH BENEFIT PLAN MUST PROVIDE COVERAGE AS PROVIDED BY THIS SECTION TO AN ENROLLEE OLDER THAN TWO YEARS OF AGE AND YOUNGER THAN SIX YEARS OF AGE WHO IS DIAGNOSED WITH AUTISM SPECTRUM DISORDER. IF AN ENROLLEE WHO IS BEING TREATED FOR AUTISM SPECTRUM DISORDER BECOMES SIX YEARS OF AGE OR OLDER AND CONTINUES TO NEED TREATMENT, THIS SUBSECTION DOES NOT PRECLUDE COVERAGE OF TREATMENT AND SERVICES DESCRIBED BY SUBSECTION (B). <A]

[A> (B) THE HEALTH BENEFIT PLAN MUST PROVIDE COVERAGE UNDER THIS SECTION TO THE ENROLLEE FOR ALL GENERALLY RECOGNIZED SERVICES PRESCRIBED IN RELATION TO AUTISM SPECTRUM DISORDER BY THE ENROLLEE'S PRIMARY CARE PHYSICIAN IN THE TREATMENT PLAN RECOMMENDED BY THAT PHYSICIAN. AN INDIVIDUAL PROVIDING TREATMENT PRESCRIBED UNDER THIS SUBSECTION MUST BE A HEALTH CARE PRACTITIONER: <A]

[A> (1) WHO IS LICENSED, CERTIFIED, OR REGISTERED BY AN APPROPRIATE AGENCY OF THIS STATE; <A]

[A> (2) WHOSE PROFESSIONAL CREDENTIAL IS RECOGNIZED AND ACCEPTED BY AN APPROPRIATE AGENCY OF THE UNITED STATES; OR <A]

[A> (3) WHO IS CERTIFIED AS A PROVIDER UNDER THE TRICARE MILITARY HEALTH SYSTEM. <A]

[A> (C) FOR PURPOSES OF SUBSECTION (B), "GENERALLY RECOGNIZED SERVICES" MAY INCLUDE SERVICES SUCH AS: <A]

[A> (1) EVALUATION AND ASSESSMENT SERVICES; <A]

[A> (2) APPLIED BEHAVIOR ANALYSIS; <A]

[A> (3) BEHAVIOR TRAINING AND BEHAVIOR MANAGEMENT; <A]

[A> (4) SPEECH THERAPY; <A]

[A> (5) OCCUPATIONAL THERAPY; <A]

[A> (6) PHYSICAL THERAPY; OR <A]

[A> (7) MEDICATIONS OR NUTRITIONAL SUPPLEMENTS USED TO ADDRESS SYMPTOMS OF AUTISM SPECTRUM DISORDER. <A]

[A> (D) COVERAGE UNDER SUBSECTION (B) MAY BE SUBJECT TO ANNUAL DEDUCTIBLES, COPAYMENTS, AND COINSURANCE THAT ARE CONSISTENT WITH ANNUAL DEDUCTIBLES, COPAYMENTS, AND COINSURANCE REQUIRED FOR OTHER COVERAGE UNDER THE HEALTH BENEFIT PLAN. <A]

[A> (E) NOTWITHSTANDING ANY OTHER LAW, THIS SECTION DOES NOT APPLY TO A STANDARD HEALTH BENEFIT PLAN PROVIDED UNDER CHAPTER 1507. <A]

SECTION 9. This Act applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2008. A health benefit plan delivered, issued for delivery, or renewed before January 1, 2008, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 10. This Act takes effect September 1, 2007.

**SPONSOR:** Smith T

# Neurobehavioral Health

## THE STATE OF ALABAMA

ALABAMA FIRST SPECIAL SESSION 2007

**SENATE JOINT RESOLUTION 8A**

**SJR8**
AUTHOR: COLEMAN, SMITHERMAN, BARRON, BEASON, BEDFORD, BENEFIELD, BISHOP, BROOKS, BUTLER, BYRNE, DENTON, DIXON, ERWIN, FIGURES, FRENCH, GLOVER, GRIFFITH, HOLLEY, LINDSEY, LITTLE (T), LITTLE (Z), MARSH, MCCLAIN, MEANS, MITCHELL, MITCHEM, ORR, PENN, POOLE, PREUITT, ROSS, SANDERS, SINGLETON, SMITH, AND WAGGONER
ENROLLED, SJR8,

**VERSION:** Enrolled

**VERSION-DATE:** March 2, 2007

**SYNOPSIS:** URGING STATE AGENCIES AND PUBLIC OR PRIVATE ORGANIZATIONS RECEIVING STATE FUNDS TO ASSIST IN THE DEVELOPMENT OF BEHAVIORAL HEALTH SERVICES FOR SURVIVORS OF TRAUMATIC BRAIN INJURIES.

**TEXT:** WHEREAS, according to the Centers for Disease Control and Prevention, some 1.5 million Americans sustain a traumatic brain injury each year, with 50,000 of those individuals dying as a result of their injuries, and approximately 5.3 million Americans live with disabilities resulting from brain injury, including 74,000 Alabama residents; and

WHEREAS, individuals with severe brain injury may have serious physical, perceptual, cognitive, psychiatric, emotional, and behavioral complications, including impaired interpersonal and problem-solving skills, memory loss, decreased thought-processing abilities and speech, seizure disorders, and paralysis; and

WHEREAS, individuals with brain injuries often have disrupted cognitive functioning and, as a result, the ability to understand and control behavior is diminished; and

WHEREAS, the Traumatic Brain Injury Act, which was first enacted in 1996 and reauthorized in 2000, is the only federal law that specifically addresses the issues faced by children and adults with traumatic brain injury and represents a foundation for coordinated and balanced public policy in prevention, education, research, and community living for persons living with a traumatic brain injury and their families; and

WHEREAS, the Traumatic Brain Injury Act directs the Health Resources and Services Administration to make grants to the various states to coordinate, expand, and enhance service delivery systems to improve access to services and supports; and

WHEREAS, funding derived from the Traumatic Brain Injury Act has been used to benefit the brain injury community in Alabama, and has been used for the following specific purposes: To train and support teachers, domestic violence shelter workers, and mental health professionals; to provide outreach to target populations with high incidence of brain injury; to develop resources for families, clergy, and educators; to implement regional seminars for purposes of improving understanding of and response to persons with brain injury and their families; and to develop a system of response and support for children disabled by brain injury and their families; and

WHEREAS, in April 2006, the Health Resources and Services Administration announced an award to Alabama of funding to stimulate the development of appropriate, affordable, and accessible behavioral health services for Alabamians disabled by traumatic brain injury; and

WHEREAS, under the direction of the Alabama Department of Rehabilitation Services and, with the guidance of the Alabama Head Injury Task Force, the Alabama Head Injury Foundation has agreed to lead this effort in collaboration with the project's additional partners including the UAB Traumatic Brain Injury Model System, the UAB Injury Control Research Center, the Alabama Disability Advocacy Program, and the Alabama Impaired Drivers Trust Fund; and

WHEREAS, the full participation and cooperation of each state agency, department, board, and authority and public or private organizations receiving state funds is necessary to achieving success with this worthwhile project; and

WHEREAS, potential outreach and collaborative opportunities among numerous agencies will be explored; and

WHEREAS, a statewide strategic plan addressing this critical need will be developed, including agreements between and among key leadership in Alabama, and including recommendations for public policy initiatives to achieve the plan's goals; now therefore,

BE IT RESOLVED BY THE LEGISLATURE OF ALABAMA, BOTH HOUSES THEREOF CONCURRING, That we hereby urge each state agency, department, board, and authority and public or private organizations receiving state funds to participate with the Alabama Head Injury Foundation and the Alabama Head Injury Task Force in the development of plans and initiatives to address the behavioral health needs of Alabamians disabled by traumatic brain injury.

Section 13. BE IT FURTHER RESOLVED, That a copy of this resolution be sent forthwith to each state department and agency that they may know of our concerns in this matter.

**SPONSOR:** Coleman

## THE STATE OF GEORGIA

GEORGIA 149TH GENERAL ASSEMBLY -- 2007-08 REGULAR SESSION

**SENATE RESOLUTION 788**

08 LC 33 2321
SENATE RESOLUTION 788
BY: SENATORS THOMAS OF THE 54TH, GOGGANS OF THE 7TH, UNTERMAN OF THE 45TH, STATON OF THE 18TH, WILES OF THE 37TH AND OTHERS

**VERSION:** Introduced

**VERSION-DATE:** January 31, 2008

**SYNOPSIS:**

A RESOLUTION

Creating the Senate Study Committee on Brain Injury Related Neurobehavioral Issues in Georgia; and for other purposes.

**TEXT:** WHEREAS, there is concern over the unmet needs of people with brain injury related neurobehavioral issues in Georgia; and

WHEREAS, neurobehavioral issues are problems with a person's ability to behave socially, communicate, and control emotions, which can result in a threat to themselves or others and which are caused by an injury to the brain such as traumatic brain injury or acquired brain injury; and

WHEREAS, traumatic brain injury is the leading cause of death and disability for any American age 45 or younger; and

WHEREAS, the Centers for Disease Control and Prevention estimate that there are 1.5 million new traumatic brain injuries every year in the United States, which are primarily caused by motor vehicle accidents, falls, sports injuries, and violence; and

WHEREAS, among more than 42,000 Georgians with traumatic brain injury were treated and released from emergency departments in 2005, 6,320 sustained traumatic brain injuries were severe enough to require admission to the hospital; of these people with severe injuries, it is estimated that 34 percent of them will be permanently disabled; and

WHEREAS, in addition, approximately 15,000 other Georgians each year are discharged from hospitals after receiving treatment for acquired brain injuries that are the result of strokes, tumors, and other medical conditions; and

WHEREAS, these statistics only reveal the number of people treated for brain injuries in Georgia hospitals and do not include people who seek treatment from other medical facilities, out-of-state facilities, or not at all, nor do these figures include members of the military, where traumatic brain injury has been identified as the "signature wound" of the Iraq War; and

WHEREAS, it is estimated that approximately 187,000 Georgians have a long-term or lifelong disability relating to a traumatic brain injury, and that, of these, it is estimated that up to 18,700 of them will require ongoing, intensive services and supports due to the neurobehavioral issues they present to their families and communities, and that this number does not include the number of people with neurobehavioral issues caused by acquired brain injury; and

WHEREAS, in the United States, the average lifetime cost of care for a person with a moderate to severe brain injury can range from $ 600,000.00 to $ 1,875,000.00, and the costs for a person with a severe brain injury, including someone with significant neurobehavioral issues, can reach as high as $ 4,000,000.00, particularly when timely and appropriate services and rehabilitation have not been provided; and

WHEREAS, neurobehavioral issues caused by brain injury must be distinguished from other cognitive behavioral disabilities such as mental illness or developmental disabilities because the problems, needs, and support strategies are very different, as well as because people with brain injury are generally not eligible to receive services from the mental health or developmental disabilities service systems; and

WHEREAS, a coordinated system of care would significantly improve the quality of life for people with neurobehavioral issues, enable them to live in the community or the least restrictive and most appropriate community based setting possible, and reduce the use of state funds for inappropriate and ineffective services; and

WHEREAS, a coordinated system of care for people with neurobehavioral issues currently does not exist in Georgia, and as a result of the lack of sufficient funding and appropriate and effective services, a large number of Georgians with neurobehavioral issues are ending up in costly settings such as nursing homes, prisons, or state hospitals, or they are placed out of state or end up homeless; and

WHEREAS, such inappropriate placements are taking a significant toll on lives as well as the State of Georgia in terms of higher costs of care, lost wages, and lost opportunities to contribute both personally and economically to local communities; and

WHEREAS, the Brain and Spinal Injury Trust Fund Commission has issued a detailed report on the needs of Georgians with neurobehavioral issues entitled "Georgia's Neurobehavioral Crisis: Lack of Coordinated Care, Inappropriate Institutionalizations," which describes successful models for services and supports for people with neurobehavioral issues in other states.

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE that there is created the Senate Study Committee on Brain Injury Related Neurobehavioral Issues in Georgia to be composed of five members of the Senate appointed by the President of the Senate. The President of the Senate shall designate a member of the committee as chairperson of the committee. The chairperson shall call all meetings of the committee. In addition, the committee membership shall include four nonlegislative members to be comprised of the following: one person or the immediate family member of a person with neurobehavioral issues caused by brain injury, one provider of neurobehavioral services, one commission member of the Brain and Spinal Injury Trust Fund Commission, and one at-large member from a state agency that provides services to Georgians with acquired or traumatic brain injury. All nonlegislative members shall be appointed by the chairperson of the study committee.

BE IT FURTHER RESOLVED that the committee shall undertake a study of the conditions, needs, issues, and problems mentioned above or related thereto and as described in the Brain and Spinal Injury Trust Fund Commission's report for the purpose of determining the infrastructure and funding necessary to develop and implement a coordinated system of care for people with brain injury related neurobehavioral issues and to recommend any action or legislation which the committee deems necessary or appropriate to accomplish this.

BE IT FURTHER RESOLVED that the committee may conduct meetings at such places and at such times as it may deem necessary or convenient to enable it to exercise fully and effectively its powers, perform its duties, and accomplish the objectives and purposes of this resolution. The members of the committee shall receive the allowances provided for in Code Section 28-1-8 of the Official Code of Georgia Annotated. The allowances authorized by this resolution shall not be received by any member of the committee for more than five days unless additional days are authorized. The funds necessary to carry out the provisions of this resolution shall come from the funds appropriated to the Senate. In the

event the committee makes a report of its findings and recommendations, with suggestions for proposed legislation, if any, such report shall be made on or before December 31, 2008. The committee shall stand abolished on December 31, 2008.

**SPONSOR:** Thomas D

## Olmstead Initiatives and Rebalancing Community Services

Discharge Planning
HCBS Waiver
Money Follows the Person

**THE STATE OF CALIFORNIA**

CALIFORNIA 2007-08 REGULAR SESSION

**SENATE BILL 633**

CHAPTER 472
FILED WITH SECRETARY OF STATE OCTOBER 11, 2007
APPROVED BY GOVERNOR OCTOBER 11, 2007
PASSED THE SENATE SEPTEMBER 5, 2007
PASSED THE ASSEMBLY SEPTEMBER 4, 2007
AMENDED IN ASSEMBLY JULY 10, 2007
AMENDED IN ASSEMBLY JUNE 19, 2007
AMENDED IN SENATE MAY 16, 2007
AMENDED IN SENATE APRIL 24, 2007

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INTRODUCED BY SENATOR ALQUIST

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FEBRUARY 22, 2007

**VERSION:** Chaptered

VERSION-DATE: October 11, 2007

**SYNOPSIS:** An act to amend Section 1262.5 of the Health and Safety Code, relating to persons with disabilities.

**DIGEST:**

LEGISLATIVE COUNSEL'S DIGEST

**SB 633,** Alquist. Persons with disabilities: care in community settings and hospital discharge planning policies.

Existing law prohibits unjustified institutionalization of persons with disabilities and requires that services be provided in community settings when possible.

This bill would declare the intent of the Legislature regarding the state's commitment to providing services for persons with disabilities and seniors in the most integrated setting.

Existing law provides for the licensure and regulation of health facilities, including hospitals, as defined. Existing law requires each hospital to have a written discharge planning policy and process, as specified. Violation of the provisions relating to the licensure and regulation of health care facilities is a crime.

This bill would require a hospital to provide every patient anticipated to be in need of long-term care at the time of discharge with contact information for at least one public or nonprofit agency or organization dedicated to providing information or referral services relating to community-based long-term care options in the patient's county of residence and appropriate to the needs and characteristics of the patient. By changing the definition of an existing crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

**TEXT:** THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares all of the following:

(a) On June 22, 1999, the United States Supreme Court issued a decision in the case of Olmstead v. L.C., finding that the unjustified institutional isolation of people with disabilities and seniors is a violation of the Americans with Disabilities Act (ADA).

(b) The court found that under certain circumstances, regulations implementing Title II of the ADA require the placement of persons with disabilities and seniors in community settings rather than institutions.

(c) The decision challenged federal, state, and local governments to develop cost-effective community-based services to prevent or delay institutionalization.

(d) Unnecessary institutional placement, such as nursing homes, state hospitals, and other nonhome-like settings, of individuals with disabilities and seniors adversely affects the everyday life activities, family relations, social contacts, work options, economic independence, and cultural enrichment of those institutionalized persons.

(e) The state has a responsibility to protect against the unnecessary institutionalization of individuals with disabilities and seniors.

(f) The opportunity to direct one's own affairs, live independently, and attain economic self-sufficiency is an essential component of developing self-worth and personal responsibility.

(g) Direction has been provided to states under the Americans with Disabilities Act and the United States Supreme Court's decision in Olmstead v. L.C

(h) Community-based care and services can be more cost effective than institutional care, and result in a higher quality of life that promotes the values of community participation, inclusiveness, and respect for diversity.

(i) The active involvement of people with disabilities and seniors and their representatives in the development and implementation of activities designed to move people into, or allow them to remain in, community-based settings is critical to ensuring effective strategies.

(j) California has demonstrated only a mediocre record of success in providing services that support the full integration of persons with disabilities and seniors in community life.

(k) It is possible to build upon California's previous success to improve procedures and implement new tools that will enable more people to fully access their communities.

SEC. 2. (a) The state affirms its commitment to provide services to people with disabilities and seniors in the most integrated setting, and to adopt and adhere to policies and practices that make it possible for persons with disabilities and seniors to remain in their communities and avoid unnecessary institutionalization.

(b) It is the intent of this act to make proven case management services that help disabled persons and seniors who would otherwise be placed in an institutional setting, including, but not limited to, a nursing home, remain in their own homes or communities, available to all consumers who qualify for those services.

SEC. 3. Section 1262.5 of the Health and Safety Code is amended to read:

1262.5. (a) Each hospital shall have a written discharge planning policy and process.

(b) The policy required by subdivision (a) shall require that appropriate arrangements for posthospital care, including, but not limited to, care at home, in a skilled nursing or intermediate care facility, or from a hospice, are made prior to discharge for those patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning. If the hospital determines that the patient and family members or interested persons need to be counseled to prepare them for posthospital care, the hospital shall provide for that counseling.

(c) The process required by subdivision (a) shall require that the patient be informed, orally or in writing, of the continuing health care requirements following discharge from the hospital. The right to information regarding continuing health care requirements following discharge shall apply to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient, if the patient is unable to make those decisions for himself or herself. In addition, a patient may request that friends or family members be given this information, even if the patient is able to make his or her own decisions regarding medical care.

(d) (1) A transfer summary shall accompany the patient upon transfer to a skilled nursing or intermediate care facility or to the distinct part-skilled nursing or intermediate care service unit of the hospital. The transfer summary shall include essential information relative to the patient's diagnosis, hospital course, pain treatment and management, medications, treatments, dietary requirement, rehabilitation potential, known allergies, and treatment plan, and shall be signed by the physician.

(2) A copy of the transfer summary shall be given to the patient and the patient's legal representative, if any, prior to transfer to a skilled nursing or intermediate care facility.

(e) A hospital shall establish and implement a written policy to ensure that each patient receives, at the time of discharge, information regarding each medication dispensed, pursuant to Section 4074 of the Business and Professions Code.

(f) A hospital shall provide every patient anticipated to be in need of long-term care at the time of discharge with contact information for at least one public or nonprofit agency or organization dedicated to providing information or referral services relating to community-based long-term care options in the patient's county of residence and appropriate to the needs and characteristics of the patient. At a minimum, this information shall include contact information for the area agency on aging serving the patient's county of residence, local independent living centers, or other information appropriate to the needs and characteristics of the patient.

(g) A contract between a general acute care hospital and a health care service plan that is issued, amended, renewed, or delivered on or after January 1, 2002, may not contain a provision that prohibits or restricts any health care facility's compliance with the requirements of this section.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

**SPONSOR:** Alquist

## THE STATE OF CALIFORNIA

CALIFORNIA 2007-08 REGULAR SESSION

**ASSEMBLY BILL 1410**

CHAPTER 676
FILED WITH SECRETARY OF STATE OCTOBER 14, 2007
APPROVED BY GOVERNOR OCTOBER 14, 2007
PASSED THE SENATE SEPTEMBER 10, 2007
PASSED THE ASSEMBLY SEPTEMBER 12, 2007
AMENDED IN SENATE SEPTEMBER 5, 2007
AMENDED IN ASSEMBLY APRIL 24, 2007
AMENDED IN ASSEMBLY APRIL 10, 2007

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INTRODUCED BY ASSEMBLY MEMBER FEUER

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FEBRUARY 23, 2007

**VERSION:** Chaptered

**VERSION-DATE:** October 14, 2007

**SYNOPSIS:** An act to amend Sections 4354, 4355, and 4358.5 of, and to add Section 14132.992 to, the Welfare and Institutions Code, relating to traumatic brain injury.

**DIGEST:**

LEGISLATIVE COUNSEL'S DIGEST

AB 1410, Feuer. Traumatic brain injury.

Existing law requires the State Department of Mental Health to designate project sites in order to develop a system of postacute continuum-of-care models for adults 18 years of age or older with acquired traumatic brain injuries. Existing law also establishes the Traumatic Brain Injury Fund, to be used, upon appropriation by the Legislature for these purposes. These provisions are to be repealed as of January 1, 2012.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, pursuant to which medical benefits are provided to public assistance recipients and certain other low-income persons. The Medi-Cal program is partially governed and funded by federal Medicaid provisions.

This bill would require the department, by March 15, 2009, to submit to the federal Centers for Medicare and Medicaid Services a home- and community-based services waiver application or an amendment of the state plan for home- and community-based services, to serve at least 100 adults with acquired traumatic brain injuries who otherwise would require care in a Medi-Cal funded nursing facility or an intermediate care facility for persons with developmental disabilities. It would specify that the waiver or state plan amendment would be implemented only if certain conditions are met.

The bill would require that services under the waiver be provided by project sites providing services to adults with acquired traumatic brain injuries, as described in existing law, and would expand the services that these projects would be permitted to provide.

**TEXT:** THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 4354 of the Welfare and Institutions Code is amended to read:

4354. For purposes of this chapter, the following definitions shall apply:

(a) "Acquired traumatic brain injury" is an injury that is sustained after birth from an external force to the brain or any of its parts, resulting in cognitive, psychological, neurological, or anatomical changes in brain functions.

(b) "Department" means the State Department of Mental Health.

(c) "Director" means the Director of Mental Health.

(d) (1) "Vocational supportive services" means a method of providing vocational rehabilitation and related services that may include prevocational and educational services to individuals who are unserved or underserved by existing vocational rehabilitation services.

(2) "Extended supported employment services" means ongoing support services and other appropriate services that are needed to support and maintain an individual with an acquired traumatic brain injury in supported employment following that individual's transition from support provided as a vocational rehabilitation service, including job coaching, by the State Department of Rehabilitation, as defined in paragraphs (1) and (5) of subdivision (a) of Section 19150.

(e) The following four characteristics distinguish "vocational supportive services" from traditional methods of providing vocational rehabilitation and day activity services:

(1) Service recipients appear to lack the potential for unassisted competitive employment.

(2) Ongoing training, supervision, and support services must be provided.

(3) The opportunity is designed to provide the same benefits that other persons receive from work, including an adequate income level, quality of working life, security, and mobility.

(4) There is flexibility in the provision of support which is necessary to enable the person to function effectively at the worksite.

(f) "Community reintegration services" means services as needed by clients, designed to develop, maintain, increase, or maximize independent functioning, with the goal of living in the community and participating in community life. These services may include, but are not limited to, providing, or arranging for access to, housing, transportation, medical care, rehabilitative therapies, day programs, chemical dependency recovery programs, personal assistance, and education.

(g) "Fund" means the Traumatic Brain Injury Fund.

(h) "Supported living services" means a range of appropriate supervision, support, and training in the client's place of residence, designed to maximize independence.

(i) "Functional assessment" means measuring the level or degree of independence, amount of assistance required, and speed and safety considerations for a variety of categories, including activities of daily living, mobility, communication skills, psychosocial adjustment, and cognitive function.

(j) "Residence" means the place where a client makes his or her home, that may include, but is not limited to, a house or apartment where the client lives independently, assistive living arrangements, congregate housing, group homes, residential care facilities, transitional living programs, and nursing facilities.

SEC. 2. Section 4355 of the Welfare and Institutions Code is amended to read:

4355. (a) The department shall designate sites in order to develop a system of postacute continuum-of-care models for adults 18 years of age or older with an acquired traumatic brain injury.

(b) The project sites shall coordinate vocational supportive services, community reintegration services, and supported living services. The purpose of the project is to demonstrate the effectiveness of a coordinated service approach that furthers the goal of assisting those persons to attain productive, independent lives which may include paid employment.

(c) Project sites that are authorized to provide home- and community-based waiver services pursuant to Section 14132.992 shall also provide extended supported employment services, as defined in paragraph (2) of subdivision (d) of Section 4354.

SEC. 3. Section 4358.5 of the Welfare and Institutions Code is amended to read:

4358.5. (a) Funds deposited into the Traumatic Brain Injury Fund pursuant to paragraph (8) of subdivision (f) of Section 1464 of the Penal Code shall be matched by federal vocational rehabilitation services funds for implementation of the Traumatic Brain Injury program pursuant to this chapter. However, this matching of funds shall be required only to the extent it is required by other state and federal law, and to the extent the matching of funds would be consistent with the policies and priorities of the State Department of Rehabilitation regarding funding.

(b) The department shall seek and secure funding from available federal resources, including, but not limited to, Medicaid and drug and alcohol funds, utilizing the Traumatic Brain Injury Fund as the state's share for obtaining federal financial participation, and shall seek any necessary waiver of federal program requirements to maximize available federal dollars.

SEC. 4. Section 14132.992 is added to the Welfare and Institutions Code, to read:

14132.992. (a) (1) By March 15, 2009, the department shall submit to the federal Centers for Medicare and Medicaid Services a home- and community-based services waiver application pursuant to Section 1396n(c) of Title 42 of the United States Code, or an amendment of the state plan for home- and community-based services pursuant to Section 1396n(i) of Title 42 of the United States Code, to serve at least 100 adults with acquired traumatic brain injuries who otherwise would require care in a Medi-Cal funded nursing facility or an intermediate care facility for persons with developmental disabilities or, for the amendment of the state plan, who would meet the eligibility criteria in Section 1396n(i).

(2) As authorized by Section 1396n(c)(3) and 1396n(i)(3) of Title 42 of the United States Code, the waiver or amendment of the state plan shall waive the statewide application of this section as well as comparability of services so that waiver services may be provided by one or more of the sites designated to provide services to persons with acquired traumatic brain injury pursuant to Section 4356.

(3) The waiver services to be provided to eligible Medi-Cal recipients shall include case management services, community reintegration and supported living services, vocational supportive services including prevocational services, neuropsychological assessments, and rehabilitative services provided by project sites currently serving persons with acquired traumatic brain injuries pursuant to Chapter 5 (commencing with Section 4353).

(4) The waiver services to be provided shall include as a habilitation service pursuant to Section 1396n(c)(5) of Title 42 of the United States Code "extended supported employment services" to support and maintain an individual with an acquired traumatic brain injury in supported employment following that individual's transition from support provided as a vocational rehabilitation service, including job coaching, by the State Department of Rehabilitation pursuant to paragraphs (1) and (5) of subdivision (a) of Section 19150.

(5) The waiver services to be provided shall include rehabilitative therapies, including, but not limited to, occupational therapy, physical therapy, speech therapy, and cognitive therapy, that are different in kind and scope from state plan services.

(6) The waiver shall require an aggregate cost-effectiveness formula be used.

(b) The development process of the home- and community-based services waiver application or state plan amendment shall include the solicitation of the opinions and help of the affected communities, including the working group members pursuant to Section 4357.1 and representatives of project sites currently serving persons with acquired traumatic brain injuries pursuant to Chapter 5 (commencing with Section 4353) of Part 3 of Division 4.

(c) The waiver or state plan amendment shall be implemented only if the following conditions are met:

(1) Federal financial participation is available for the services under the waiver or state plan amendment.

(2) Cost neutrality is achieved in accordance with the terms and conditions of the waiver or state plan amendment and the requirements of the federal Centers for Medicare and Medicaid Services.

(3) State funds are appropriated, otherwise made available, or both, for this waiver or state plan amendment, including funds for staff to develop, implement, administer, monitor, and oversee the waiver or state plan amendment.

(d) It is the intent of the Legislature that the home- and community-based services waiver or state plan amendment augment funds available to meet the needs of persons with acquired traumatic brain injuries served by the participating project sites in accordance with subdivision (b) of Section 4358.5.

**SPONSOR:** Feuer

## THE STATE OF HAWAII

HAWAII THE 24TH STATE LEGISLATURE

**SENATE RESOLUTION 143**

**VERSION:** Adopted

**VERSION-DATE:** April 13, 2007

**SYNOPSIS:**

**SENATE RESOLUTION**

REQUESTING THE DEPARTMENTS OF HEALTH AND HUMAN SERVICES TO COLLABORATE AND APPLY FOR A FEDERAL TRAUMATIC BRAIN INJURY WAIVER.

**TEXT:** WHEREAS, every year approximately 1.9 million people in the United States experience traumatic brain injuries; and

WHEREAS, the physical consequences of a traumatic brain injury include impaired speech, vision and hearing loss, headaches, muscle spasticity, paralysis, and seizure disorders; and

WHEREAS, the cognitive consequences of a traumatic brain injury include memory deficits, limited concentration, impaired perception and communication, and difficulty reading, writing, planning, and with judgment; and

WHEREAS, the psycho, social, behavioral, and emotional consequences of a traumatic brain injury include fatigue, mood swings, denial, anxiety, depression, lack of motivation, and problems with interpersonal skills; and

WHEREAS, advances in neurosurgery and rehabilitation therapy have dramatically increased the number of traumatic brain injury survivors, but little has been accomplished to help them adjust to their lives after experiencing a traumatic brain injury; and

WHEREAS, there is a large community of individuals who are affected by traumatic brain injuries in Hawaii; and

WHEREAS, the State lacks effective, affordable treatment and rehabilitation programs and community support for these individuals, their families, and their caregivers that could facilitate their independent living; and

WHEREAS, in 1997, the Legislature passed Act 333, Session Laws of Hawaii, establishing the Traumatic Brain Injury Advisory Board to help the Department of Health develop and implement a comprehensive plan to address the needs of persons affected by traumatic brain injuries; and

WHEREAS, in 2002, the Legislature passed Act 160, Session Laws of Hawaii (Act 160), which recognized the needs of individuals who suffer from the physical, cognitive, and behavioral consequences of neurotrauma, which includes traumatic brain injuries; and

WHEREAS, the Neurotrauma Special fund was established to provide education, to help individuals and families identify and obtain access to services, and to create a neurotrauma registry; and

WHEREAS, while there was no specific provision in Act 160 to fund direct services to neurotrauma survivors, the Conference Committee Report for Act 160 noted that the Department of Health and the

Neurotrauma Advisory Board would gather data to determine the extent to which direct services could reasonably be funded within the limits of the resources in the special fund; and

WHEREAS, in 2006, the Governor vetoed a measure that was passed by the Legislature that directed moneys from the special fund be used by the Departments of Health and Human Services to apply for a federal waiver; and

WHEREAS, if the Departments of Health and Human Services apply for and receive a federal traumatic brain injury waiver, the State would be able to match federal funds; and

WHEREAS, this federal revenue maximization would yield approximately twice as much money for the provision of needed traumatic brain injury services; and

WHEREAS, the Departments of Health and Human Services should collaborate and apply for a federal traumatic brain injury waiver; now, therefore,

BE IT RESOLVED by the Senate of the Twenty-fourth Legislature of the State of Hawaii, Regular Session of 2007, that the Departments of Health and Human Services are requested to collaborate and apply for a federal traumatic brain injury waiver no later than December 31, 2008; and

BE IT FURTHER RESOLVED that in formulating an application for a federal traumatic brain injury waiver, the Departments of Health and Human Services are requested to consult with community stakeholders, such as the Traumatic Brain Injury Advisory Board and the Neurotrauma Advisory Board, to determine services that need to be included in the waiver; and

BE IT FURTHER RESOLVED that the Departments of Health and Human Services are requested to submit an interim report to the Legislature no later than twenty days prior to the convening of the 2008 Regular Session, and a final report to the Legislature no later than twenty days prior to the convening of the 2009 Regular Session; and

BE IT FURTHER RESOLVED that the interim report include:

(1) A detailed time line for completion of the waiver application;

(2) The number of individuals expected to be served by the waiver;

(3) The services that will be included in the waiver; and

(4) A recommendation regarding whether the State's portion of the waiver's financial commitment should be funded exclusively by general fund appropriations or using some portion of moneys from the Neurotrauma Special Fund; and

BE IT FURTHER RESOLVED that the Departments of Health and Human Services should include sufficient appropriations to meet the financial requirements under the terms of the waiver in their Executive Budget requests; and

BE IT FURTHER RESOLVED that certified copies of this Resolution be transmitted to the Director of Health, Director of Human Services, Chair of the Traumatic Brain Injury Advisory Board, and Chair of the Neurotrauma Advisory Board.

**SPONSOR:** Chun

## THE STATE OF MISSISSIPPI

MISSISSIPPI 2007 REGULAR SESSION OF MISSISSIPPI LEGISLATURE

**HOUSE BILL 528**

TO: MEDICAID
BY: REPRESENTATIVE DEDEAUX, HOLLAND, MORRIS, SCOTT, CLARK
HOUSE BILL 528
(AS SENT TO GOVERNOR)

**VERSION:** Enacted

**VERSION-DATE:** April 20, 2007

**SYNOPSIS:** AN ACT RELATING TO THE ADMINISTRATION OF THE MISSISSIPPI MEDICAID LAW; TO AMEND SECTION 43-13-107, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT THE EXECUTIVE DIRECTOR OF THE DIVISION OF MEDICAID SHALL SERVE AT THE WILL AND PLEASURE OF THE GOVERNOR; TO DELETE PROVISIONS RELATING TO THE POSITION OF DEPUTY DIRECTOR OF ADMINISTRATION OF THE DIVISION OF MEDICAID; TO PROVIDE THAT THE CHAIRMANSHIP OF THE MEDICAL CARE ADVISORY COMMITTEE SHALL BE ELECTED BY THE VOTING MEMBERS OF THE COMMITTEE ANNUALLY; TO EXTEND THE AUTOMATIC REPEALER ON THE SECTION THAT CREATES THE DIVISION OF MEDICAID; TO AMEND SECTION 43-13-117, MISSISSIPPI CODE OF 1972, AS AMENDED BY SENATE BILL NO. 2416, 2007 REGULAR SESSION, TO DELETE THE AUTHORITY OF THE DIVISION TO ALLOW A STATE AGENCY TO BE THE SOLE SOURCE PURCHASER AND DISTRIBUTOR OF CERTAIN MEDICATIONS; TO PROVIDE THAT THE DIVISION SHALL ESTABLISH A FEE SCHEDULE FOR DENTAL SERVICES PROVIDED TO CHILDREN THAT IS EQUAL TO A PERCENTILE OF NORMAL AND CUSTOMARY PRIVATE PROVIDER FEES DETERMINED BY THE DIVISION; TO PROVIDE THAT FOR EACH OF FISCAL YEARS 2008, 2009 AND 2010, THE AMOUNT OF STATE FUNDS APPROPRIATED FOR DENTAL SERVICES SHALL BE INCREASED BY 10% OF THE AMOUNT OF STATE FUND EXPENDITURES FOR THE PRECEDING FISCAL YEAR; TO PROVIDE THAT THE DIVISION SHALL INCLUDE DENTAL SERVICES AS A NECESSARY COMPONENT OF OVERALL HEALTH SERVICES PROVIDED TO CHILDREN WHO ARE ELIGIBLE FOR SERVICES; TO DIRECT THE PEER COMMITTEE TO CONDUCT A PERFORMANCE EVALUATION OF THE NONEMERGENCY TRANSPORTATION PROGRAM; TO DELETE THE PROVISIONS RELATING TO THE PRESCRIPTION DRUG HOME DELIVERY COMPONENT OF THE DISEASE MANAGEMENT PROGRAM; TO PROVIDE THAT THERAPY SERVICES WILL BE REIMBURSABLE UNDER MEDICAID; TO PROVIDE THAT THE PLAN OF CARE FOR THERAPY SERVICES MAY COVER A PERIOD OF TREATMENT FOR UP TO SIX MONTHS; TO CODIFY NEW SECTION 43-13-126, MISSISSIPPI CODE OF 1972, TO REQUIRE HEALTH INSURERS TO PROVIDE CERTAIN INFORMATION REGARDING INDIVIDUAL COVERAGE TO THE DIVISION OF MEDICAID AS A CONDITION OF DOING BUSINESS IN THE STATE, TO ACCEPT THE DIVISION'S RIGHT OF RECOVERY IN THIRD-PARTY ACTIONS AND NOT TO DENY A CLAIM SUBMITTED BY THE DIVISION ON THE BASIS OF CERTAIN ERRORS; TO AUTHORIZE THE EXECUTIVE DIRECTOR OF THE DIVISION TO TRANSFER FUNDS ALLOCATED FOR NURSING FACILITY SERVICES FOR ELIGIBLE RESIDENTS TO COVER THE COST OF SERVICES AVAILABLE THROUGH THE INDEPENDENT LIVING WAIVER, THE TRAUMATIC BRAIN INJURY/SPINAL CORD INJURY WAIVER, THE ELDERLY AND DISABLED WAIVER, AND THE ASSISTED LIVING WAIVER PROGRAMS WHEN ELIGIBLE RESIDENTS CHOOSE THOSE COMMUNITY SERVICES; TO DIRECT THE DIVISION TO STUDY THE FEASIBILITY OF IMPLEMENTING PILOT PROGRAMS TO PROVIDE CHRONIC DISEASE MANAGEMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND TO PROVIDE BARIATRIC SURGERY IN THE MORBIDLY OBESE AS A TREATMENT OPTION; TO DEFINE HEALTH DISCOUNT PLANS AND PROVIDE RESTRICTIONS ON THE MARKETING AND DISTRIBUTION OF THOSE HEALTH DISCOUNT PLANS; TO AUTHORIZE THE COMMISSIONER OF INSURANCE TO ADOPT REGULATIONS TO IMPLEMENT THE PRECEDING PROVISIONS AND TO ESTABLISH ADDITIONAL REQUIREMENTS INTENDED TO PROHIBIT UNFAIR OR DECEPTIVE PRACTICES

RELATING TO HEALTH DISCOUNT PLANS; TO AMEND SECTION 14 OF SENATE BILL NO. 2764, 2007 REGULAR SESSION, TO ALLOW FUNDING FOR THE TOBACCO EDUCATION, PREVENTION AND CESSATION PROGRAM TO BE APPORTIONED TO ADDITIONAL PROGRAMS AS DETERMINED BY THE STATE BOARD OF HEALTH; AND FOR RELATED PURPOSES.

**NOTICE:**
[A> UPPERCASE TEXT WITHIN THESE SYMBOLS IS ADDED <A]

**TEXT:** BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. Section 43-13-107, Mississippi Code of 1972, is amended as follows:

43-13-107. (1) The Division of Medicaid iscreated in the Office of the Governor and established to administer this article and perform such other duties as are prescribed by law.

(2) (a) The Governor shall appoint a full-time executive director, with the advice and consent of the Senate, who shall be either (i) a physician with administrative experience in a medical care or health program, or (ii) a person holding a graduate degree in medical care administration, public health, hospital administration, or the equivalent, or (iii) a person holding a bachelor's degree in business administration or hospital administration, with at least ten (10) years' experience in management-level administration of Medicaid programs. The executive director shall be the official secretary and legal custodian of the records of the division; shall be the agent of the division for the purpose of receiving all service of process, summons and notices directed to the division; * * * shall perform such other duties as the Governor may prescribe from time to time [A> ; AND <A] shall perform all other duties that are now or may be imposed upon [A> HIM OR HER <A] by law.

[A> (B) <A] The * * * executive director * * * shall [A> SERVE AT THE WILL AND PLEASURE <A] of the Governor * * *. * * *

[A> (C) <A] The executive director * * * shall, before entering upon the discharge of the duties of [A> THE OFFICE <A] , take and subscribe to the oath of office prescribed by the [A> MISSISSIPPI <A] Constitution and shall file the same in the Office of the Secretary of State, and * * * shall execute a bond in some surety company authorized to do business in the state in the penal sum of One Hundred Thousand Dollars ($ 100,000.00), conditioned for the faithful and impartial discharge of the duties of [A> THE OFFICE <A] . The premium on [A> THE BOND <A] shall be paid as provided by law out of funds appropriated to the Division of Medicaid for contractual services.

# Prevention

## THE STATE OF CALIFORNIA

CALIFORNIA 2007-08 REGULAR SESSION

**SENATE BILL 28**

FILED WITH SECRETARY OF STATE SEPTEMBER 24, 2008
APPROVED BY GOVERNOR SEPTEMBER 24, 2008
PASSED THE SENATE AUGUST 21, 2008
PASSED THE ASSEMBLY AUGUST 13, 2008
AMENDED IN ASSEMBLY AUGUST 4, 2008
AMENDED IN ASSEMBLY JUNE 19, 2008

INTRODUCED BY Senator Simitian

DECEMBER 4, 2006

**Version:** Chaptered 270

An act to amend Section 12810.3 of, and to add Section 23123.5 to, the Vehicle Code, relating to vehicles.

LEGISLATIVE COUNSEL'S DIGEST

SB 28, Simitian. Motor vehicles: electronic wireless communications device.
(1) Under existing law, on and after July 1, 2008, it is an infraction for any person to drive a motor vehicle while using a wireless telephone, unless that telephone is designed and configured to allow hands-free listening and talking operation, and is used in that manner while driving, except as otherwise provided. A violation point is not given for a violation. A violation is punishable by a base fine of $20 for a first offense and $50 for each subsequent offense. This bill would also prohibit a person from driving a motor vehicle while using an electronic wireless communications device to write, send, or read a text-based communication, except as specified. The bill would also provide that a violation point is not given for a violation of these provisions and would impose a base fine of $20 for a first offense and $50 for each subsequent offense. By creating a new infraction, the bill would impose a state-mandated local program.

(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 12810.3 of the Vehicle Code is amended to read:

12810.3. (a) Notwithstanding subdivision (f) of Section 12810, a violation point shall not be given for a conviction of a violation of subdivision (a) of Section 23123, subdivision (a) of Section 23123.5, or subdivision (b) of Section 23124.

(b) This section shall become operative on July 1, 2008.
SEC. 2. Section 23123.5 is added to the Vehicle Code, to read:

23123.5. (a) A person shall not drive a motor vehicle while using an electronic wireless communications device to write, send, or read a text-based communication.

(b) As used in this section "write, send, or read a text-based communication" means using an electronic wireless communications device to manually communicate with any person using a text-based communication, including, but not limited to, communications referred to as a text message, instant message, or electronic mail.

(c) For purposes of this section, a person shall not be deemed to be writing, reading, or sending a text-based communication if the person reads, selects, or enters a telephone number or name in an electronic wireless communications device for the purpose of making or receiving a telephone call.

(d) A violation of this section is an infraction punishable by a base fine of twenty dollars ($20) for a first offense and fifty dollars ($50) for each subsequent offense.

(e) This section does not apply to an emergency services professional using an electronic wireless communications device while operating an authorized emergency vehicle, as defined in Section 165, in the course and scope of his or her duties.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

# Public Awareness

**THE STATE OF ALASKA**

ALASKA 25TH LEGISLATURE -- SECOND SESSION

**SENATE CONCURRENT RESOLUTION 17**

**ENROLLED**

**VERSION:** Adopted

**VERSION-DATE:** February 27, 2008

**SYNOPSIS:**

AN ACT

Relating to establishing March 2008 as Brain Injury Awareness Month.

**TEXT:** BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:

WHEREAS traumatic brain injury is a leading cause of death and disability among children and young adults in the State of Alaska; and

WHEREAS an estimated 12,000 people in the State of Alaska have suffered a traumatic brain injury; and

WHEREAS approximately 800 people in the State of Alaska report traumatic brain injuries each year; and

WHEREAS the number of Alaskans with a traumatic brain injury is increasing significantly as military service members injured overseas return home to Alaska; and

WHEREAS 20 percent of traumatic brain injuries result in death; and

WHEREAS many people who suffer traumatic brain injuries live with permanent disabilities; and

WHEREAS most cases of traumatic brain injury are preventable; and

WHEREAS the lack of public awareness is so vast that traumatic brain injury is known in the disability community as the nation's "silent epidemic"; and

WHEREAS the Brain Injury Association of America has recognized the month of March each year as Brain Injury Awareness Month;

BE IT RESOLVED that the Alaska State Legislature recognizes the life-altering effect that traumatic brain injury may have on people living with disabilities resulting from traumatic brain injury and on their families; and be it

FURTHER RESOLVED that the Alaska State Legislature recognizes the need for enhanced

public awareness of the effects of traumatic brain injury; and be it

FURTHER RESOLVED that the Alaska State Legislature supports the designation of March 2008 as Brain Injury Awareness Month and encourages the people of the state to observe Brain Injury Awareness Month with appropriate programs and activities.

**SPONSOR:** McGuire

## THE STATE OF CALIFORNIA

CALIFORNIA 2007-08 REGULAR SESSION

**SENATE CONCURRENT RESOLUTION NO. 12**

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INTRODUCED BY SENATOR ALQUIST
(COAUTHORS: ASSEMBLY MEMBERS ADAMS, AGHAZARIAN, ALARCON, ANDERSON, ARAMBULA,
BASS, BEALL, BENOIT, BERG, BERRYHILL, BLAKESLEE, BROWNLEY, CABALLERO, CHARLES CALDERON, CARTER, COOK, COTO, DAVIS, DE?LA?TORRE, DE LEON, DESAULNIER, DEVORE, DUVALL, DYMALLY, EMMERSON, ENG, EVANS, FEUER, FULLER, GAINES, GARCIA, GARRICK, HAYASHI, HERNANDEZ, HORTON, HOUSTON, HUFF, HUFFMAN, JEFFRIES, JONES, KARNETTE, KEENE, KREKORIAN, LA MALFA, LAIRD, LENO, LIEBER, LIEU, MA, MAZE, MULLIN, NAKANISHI, NAVA, NIELLO, NUNEZ, PARRA, PLESCIA, PORTANTINO, PRICE, RICHARDSON, RUSKIN, SALAS, SALDANA, SILVA, SMYTH, SOTO, SPITZER, STRICKLAND, SWANSON, TRAN, WALTERS, AND WOLK)

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RESOLUTION CHAPTER 14
FILED WITH SECRETARY OF STATE MARCH 19, 2007
ADOPTED IN SENATE MARCH 15, 2007
ADOPTED IN ASSEMBLY MARCH 8, 2007
AMENDED IN ASSEMBLY MARCH 8, 2007
AMENDED IN ASSEMBLY FEBRUARY 27, 2007
FEBRUARY 15, 2007

**VERSION:** Chaptered

VERSION-DATE: March 19, 2007

**SYNOPSIS:** Relative to Brain Injury Awareness Month.

**DIGEST:**

LEGISLATIVE COUNSEL'S DIGEST

SCR 12, Alquist. Brain Injury Awareness Month. This measure would designate the month of March of each year as Brain Injury Awareness Month to raise awareness about the symptoms of, and ways of preventing, brain injuries.

**TEXT:** WHEREAS, According to the federal Centers for Disease Control and Prevention (CDC), 1.4 million Americans sustain a traumatic brain injury (TBI) each year, and 50,000 of those individuals die as a result of these injuries. In California alone, there are 22,400 reported TBIs per year; additionally, an estimated 10 million Americans are affected by acquired brain injury (ABI), which includes diagnoses of stroke, anoxia, and toxic exposure, as well as TBI. There are an additional 11,000 Californians that sustain ABIs per year. This makes ABI the second most prevalent injury and cause of disability in the United States; and WHEREAS, With the CDC reporting that a TBI occurs every 21 seconds, this public health concern is the leading cause of death and disability in children and young adults. In fact, the CDC estimates that approximately 5.3 million Americans live with disabilities resulting from brain injury; and WHEREAS, The CDC estimates that each year, one million children and adolescents are taken to emergency rooms with traumatic brain injuries resulting from motor vehicle accidents, falls, sports, and abuse. It is also estimated that TBI to children between birth and 19 years of age, annually result in 7,000

deaths, 150,000 hospitalizations, with approximately 30,000 becoming permanently disabled, and over $ 1 billion in hospital care; and WHEREAS, The costs relating to brain injury are staggering, and individuals with severe brain injury can typically face life-long disabilities, even after rehabilitation. The CDC also estimates that cumulative costs exceed $ 60 billion annually; and WHEREAS, Individuals with severe brain injury suffer from serious physical impairments and a variety of perceptual, cognitive, psychiatric, emotional, and behavioral complications, including impaired interpersonal and problem solving skills, memory loss, decreased thought processing abilities, speech and seizure disorders, and physical deficits; and WHEREAS, The only cure for brain injury is prevention, and public awareness is critical to the prevention of brain injury and to enhancing the recovery process of all individuals affected by TBI; and WHEREAS, The California Brain Injury Association is a statewide membership organization dedicated to providing prevention, research, education, advocacy, and support services to all individuals affected by brain injury and to the general public; now, therefore, be it

Resolved by the Senate of the State of California, the Assembly thereof concurring, That the Legislature designate March of each year as Brain Injury Awareness Month in the State of California and that public officials and the citizens of California are encouraged to observe the month with appropriate activities and programs to raise awareness about the symptoms of, and ways of preventing, brain injuries; and be it further

Resolved, That the Secretary of the Senate transmit copies of this resolution to the author for appropriate distribution.

**SPONSOR:** Alquist

# Veterans and Returning Servicemembers

**THE STATE OF CALIFORNIA**

CALIFORNIA 2007-08 REGULAR SESSION

Senate Bill 1401

CHAPTER 593
FILED WITH SECRETARY OF STATE SEPTEMBER 30, 2008
APPROVED BY GOVERNOR SEPTEMBER 30, 2008
PASSED THE SENATE AUGUST 7, 2008
PASSED THE ASSEMBLY JULY 15, 2008
AMENDED IN ASSEMBLY JUNE 26, 2008
AMENDED IN ASSEMBLY JUNE 19, 2008
AMENDED IN SENATE MARCH 27, 2008

INTRODUCED BY Senator Simitian
(Coauthor: Senator Cedillo)
(Coauthor: Assembly Member Salas)

**Version:** CHAPTERED

BILL TEXT

FEBRUARY 21, 2008

An act to add Section 399.5 to the Military and Veterans Code, relating to health screening.

LEGISLATIVE COUNSEL'S DIGEST

SB 1401, Simitian. Armed Forces: traumatic brain injury and post-traumatic stress disorder screening.
Existing law provides for certain rights and privileges for active members of the Armed Forces, reservists, and veterans of the Armed Forces, including members of the California National Guard.
This bill would require the Secretary of the California Department of Veterans Affairs, or his or her designees, to assist an eligible member, as defined, or veteran in obtaining an appropriate health screening for traumatic brain injury and post-traumatic stress disorder, as described. A member or veteran would be eligible to receive the assistance when he or she returns to this state after service in specified combat zones. This bill would require the Secretary of the California Department of Veterans Affairs, or his or her designees, to develop a plan for outreach to eligible members and veterans, as described, regarding traumatic brain injury and post-traumatic stress disorder. This bill would also require the Adjutant General, or his or her designee, to develop a plan for outreach to eligible members of the California National Guard, who have returned from combat and remain on duty, regarding traumatic brain injury and post-traumatic stress disorder.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 399.5 is added to the Military and Veterans Code, to read:
399.5. (a) (1) The Secretary of the California Department of Veterans Affairs, or his or her designees, shall assist any eligible member or veteran who returns or has returned to this state in obtaining an appropriate health screening test for traumatic brain injury and post-traumatic stress disorder.
(2) The eligible member or veteran must return or have returned to this state after service.
(b) (1) In order to effectively provide the assistance required by subdivision (a), the Secretary of the California Department of Veterans Affairs, or his or her designees, shall develop and implement a plan for outreach to eligible members and veterans who have returned from combat. The Adjutant General, or his or her designee, shall also develop and implement a plan for outreach to eligible members of the California National Guard who have returned

from combat and remain on duty in order to effectively provide the service required by subdivision (a).
(2) Each outreach plan shall provide information to eligible members and veterans concerning traumatic brain injury and post-traumatic stress disorder, the possible impacts associated with traumatic brain injury and post-traumatic stress disorder, and the right to screening services.
(c) For purposes of this section, both of the following apply:
(1) "Eligible member" means a member who served under Title 10 of the United States Code as designated by Executive Orders Nos. 12744 and 13239 of the President of the United States.
(2) "Member" or "member of the Armed Forces" means a member of the Armed Forces of the United States, including the California National Guard, who is a resident of this state.

## THE STATE OF MICHIGAN

MICHIGAN 94TH LEGISLATURE -- 2008 REGULAR SESSION

**SENATE BILL 731**

REGULAR SESSION OF 2008
INTRODUCED BY SENATORS ALLEN, GARCIA, RICHARDVILLE, PAPPAGEORGE, BIRKHOLZ, JELINEK, KAHN, VAN WOERKOM,CROPSEY, HARDIMAN, GEORGE, GILBERT, PATTERSON, MCMANUS, CASSIS, KUIPERS, OLSHOVE, JANSEN, SWITALSKI, STAMAS, JACOBS, BROWN, CHERRY, BARCIA, GLEASON, WHITMER, SANBORN, BISHOP, BASHAM, ANDERSON, SCHAUER, HUNTER, SCOTT, CLARK-COLEMAN AND CLARKE
ENROLLED SENATE BILL NO. 731
PUBLIC ACT 139

**VERSION:** Enacted

**VERSION-DATE:** May 28, 2008

**SYNOPSIS:** AN ACT to amend 1967 PA 150, entitled "An act to provide for the militia of this state and its organization, command, personnel, administration, training, supply, discipline, deployment, employment, and retirement; and to repeal acts and parts of acts," (MCL 32.501 to 32.851) by adding section 236.

**TEXT:**

The People of the State of Michigan enact:

Sec. 236. (1) An officer or enlisted person serving in the national guard while under state jurisdiction shall take a department-administered post-traumatic stress disorder questionnaire and a traumatic brain injury questionnaire before being deployed in operation Iraqi freedom, operation enduring freedom, or any other overseas service pursuant to any future declaration of war by the United States Congress or the beginning of an emergency condition recognized by the issuance of a presidential proclamation or a presidential executive order. The officer or enlisted person is exempt from this requirement if he or she has completed similar questionnaires approved by the United States department of veterans affairs or the United States department of defense while under the control of the federal government.

(2) An officer or enlisted person serving in the national guard within 90 days of his or her return to state jurisdiction from operation Iraqi freedom, operation enduring freedom, or any other overseas service pursuant to any future declaration of war by the United States Congress or the beginning of an emergency condition recognized by the issuance of a presidential proclamation or a presidential executive order shall take a department-administered post-traumatic stress disorder questionnaire and a traumatic brain injury questionnaire.

(3) An officer or enlisted person serving in the national guard and who has returned to state jurisdiction from operation Iraqi freedom or operation enduring freedom shall take a department-administered post-traumatic stress disorder questionnaire and a traumatic brain injury questionnaire. The officer or enlisted person is exempt from this requirement if he or she has completed similar questionnaires approved by the United States department of veterans affairs or the United States department of defense while under the control of the federal government.

(4) The officer or enlisted person is exempt from department-administered post-traumatic stress disorder and traumatic brain injury requirements if he or she has completed similar questionnaires approved by the

United States department of veterans affairs or the United States department of defense while under the control of the federal government.

(5) An officer or enlisted person who has been discharged from the national guard, an active duty servicemember residing in Michigan, or a federal reservist residing in Michigan who has been deployed in operation Iraqi freedom or operation enduring freedom may take a department-administered post-traumatic stress disorder questionnaire and a traumatic brain injury questionnaire free of charge.

(6) The questionnaires shall be developed by the department with the assistance of any statewide associations specializing in traumatic brain injuries, the Ann Arbor veteran administration medical center, and the Michigan department of community health and shall be approved by the United States department of veterans affairs or the United States department of defense.

(7) All post-traumatic stress disorder and traumatic brain injury questionnaires shall be stored as electronic documents by the department.

(8) As used in this section, "department" means the department of military and veterans affairs.

This act is ordered to take immediate effect.

**SPONSOR:** Allen

## THE STATE OF TEXAS

TEXAS 80TH LEGISLATURE

**SENATE BILL 1058**

**VERSION:** Enacted

**VERSION-DATE:** June 15, 2007

**SYNOPSIS:**

AN ACT

relating to reintegration counseling services and related resources for military servicemembers.

**NOTICE:**
[A> UPPERCASE TEXT WITHIN THESE SYMBOLS IS ADDED <A]
[D> Text within these symbols is deleted <D]

**TEXT:** BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 431.001, Government Code, is amended by adding Subdivision (1-a) to read as follows:

[A> (1-A) "SERVICEMEMBER" HAS THE MEANING ASSIGNED BY SECTION 161.551, HEALTH AND SAFETY CODE. <A]

SECTION 2. Subchapter B, Chapter 431, Government Code, is amended by adding Section 431.0291 to read as follows:

[A> SEC. 431.0291. SERVICE REFERRAL PROGRAM. (A) THE DEPARTMENT SHALL DEVELOP A PROGRAM TO PROVIDE REFERRALS TO SERVICEMEMBERS FOR REINTEGRATION SERVICES. <A]

[A> (B) THE PROGRAM SHALL: <A]

[A> (1) IDENTIFY AND MAKE REFERRALS TO COMMUNITY-BASED ORGANIZATIONS THAT HAVE EXISTING PROGRAMS THAT PROVIDE REINTEGRATION SERVICES TO SERVICEMEMBERS AND THEIR FAMILIES; <A]

[A> (2) FOCUS ON EARLY INTERVENTION AND APPROPRIATE REFERRAL TO PROMOTE THE HEALTH OF SERVICEMEMBERS AND THE CHILDREN AND OTHER FAMILY MEMBERS OF THE SERVICEMEMBERS; <A]

[A> (3) PROMOTE FAMILY COHESION AND SUSTAINABILITY; <A]

[A> (4) BE BASED ON EVIDENCE-BASED BEST PRACTICES RELATED TO MEETING THE NEEDS OF SERVICEMEMBERS AND THE CHILDREN AND OTHER FAMILY MEMBERS OF THE SERVICEMEMBERS; <A]

[A> (5) BE CARRIED OUT, WHEN APPROPRIATE, IN A COMMUNITY SETTING THROUGH PEER COUNSELING AND OTHER MEANS EFFECTIVE FOR COMMUNITY OUTREACH; <A]

[A> (6) USE EXISTING SERVICE DELIVERY FACILITIES, INCLUDING CHURCHES, NATIONAL

GUARD BUREAU FAMILY EDUCATION FACILITIES, AND VETERANS CENTERS AND SUPPORT FACILITIES; <A]

[A> (7) USE COMMUNITY-BASED AND FAITH-BASED ORGANIZATIONS; <A]

[A> (8) BE DEVELOPED AND ADMINISTERED IN A MANNER THAT PROMOTES COLLABORATION OF SERVICE PROVIDERS AND RESULTS IN THE REFERRAL OF SERVICEMEMBERS, THEIR CHILDREN, AND OTHER FAMILY MEMBERS TO THE APPROPRIATE FEDERAL, STATE, AND COMMUNITY SERVICES FOR WHICH THEY ARE ELIGIBLE; AND <A]

[A> (9) PROVIDE INFORMATION AND REFERRAL SERVICES REGARDING THE RISKS AND CONSEQUENCES OF TRAUMA, INCLUDING POST-TRAUMATIC STRESS DISORDER, TRAUMATIC BRAIN INJURY, AND OTHER CONDITIONS FOR WHICH SERVICEMEMBERS ARE AT RISK. <A]

[A> (C) THE DEPARTMENT SHALL ENSURE THAT: <A]

[A> (1) EACH PERSON WHO PROVIDES REFERRALS TO SERVICEMEMBERS UNDER THE REFERRAL PROGRAM HAS RECEIVED SUFFICIENT TRAINING TO ENSURE THAT SERVICEMEMBERS RECEIVE ACCURATE INFORMATION; AND <A]

[A> (2) SERVICEMEMBERS ARE NOTIFIED IN A TIMELY MANNER ABOUT THE SERVICE REFERRAL PROGRAM. <A]

[A> (D) IN DEVELOPING THE REFERRAL PROGRAM, THE DEPARTMENT SHALL CONSULT WITH THE STATE MILITARY FORCES, THE NATIONAL GUARD BUREAU, THE UNITED STATES VETERANS HEALTH ADMINISTRATION, THE TEXAS A&M HEALTH SCIENCE CENTER COLLEGE OF MEDICINE, AND THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO. <A]

SECTION 3. Section 434.007, Government Code, is amended to read as follows:

Sec. 434.007. DUTIES. The commission shall:

(1) compile federal, state, and local laws enacted to benefit members of the armed forces, veterans, and their families and dependents;

(2) collect information relating to services and facilities available to veterans;

(3) cooperate with veterans service agencies in the state;

(4) inform members and veterans of the armed forces, their families and dependents, and military and civilian authorities about the existence or availability of:

(A) educational training and retraining facilities;

(B) health, medical, rehabilitation, and housing services and facilities;

(C) employment and reemployment services;

(D) provisions of federal, state, and local law affording rights, privileges, and benefits to members and veterans of the armed forces and their families and dependents; and

(E) other similar, related, or appropriate matters;

(5) assist veterans and their families and dependents in presenting, proving, and establishing claims, privileges, rights, and benefits they may have under federal, state, or local law;

(6) cooperate with all government and private agencies securing services or benefits to veterans and their families and dependents;

(7) investigate, and if possible correct, abuses or exploitation of veterans or their families or dependents, and recommend necessary legislation for full correction;

(8) coordinate the services and activities of state departments and divisions having services and resources affecting veterans or their families or dependents; [D> and <D]

(9) provide training and certification of veterans county service officers and assistant veterans county service officers in accordance with Section 434.038 [A> ; AND <A]

[A> (10) THROUGH SURVEYS OR OTHER REASONABLE AND ACCURATE METHODS OF ESTIMATION, COLLECT AND MAINTAIN FOR EACH COUNTY IN THE STATE THE NUMBER OF SERVICEMEMBERS AND VETERANS RESIDING IN THE COUNTY AND ANNUALLY UPDATE AND PUBLISH THE INFORMATION ON THE COMMISSION'S WEBSITE <A] .

SECTION 4. Subchapter C, Chapter 434, Government Code, is amended by adding Section 434.107 to read as follows:

[A> SEC. 434.107. DIRECTORY OF SERVICES. (A) THE COMMISSION SHALL COLLABORATE WITH AND ASSIST THE DEPARTMENT OF STATE HEALTH SERVICES AND THE HEALTH AND HUMAN SERVICES COMMISSION IN COMPILING AND MAINTAINING THE DIRECTORY OF SERVICES ESTABLISHED UNDER SECTION 161.552, HEALTH AND SAFETY CODE. <A]

[A> (B) THE COMMISSION SHALL PROVIDE THE DIRECTORY OF SERVICES ESTABLISHED UNDER SECTION 161.552, HEALTH AND SAFETY CODE, ON THE COMMISSION'S WEBSITE OR THROUGH LINKS APPEARING ON THE COMMISSION'S WEBSITE. <A]

SECTION 5. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.093 to read as follows:

[A> SEC. 531.093. SERVICES FOR MILITARY PERSONNEL. (A) IN THIS SECTION, "SERVICEMEMBER" HAS THE MEANING ASSIGNED BY SECTION 161.551, HEALTH AND SAFETY CODE. <A]

[A> (B) THE EXECUTIVE COMMISSIONER SHALL ENSURE THAT EACH HEALTH AND HUMAN SERVICES AGENCY ADOPTS POLICIES AND PROCEDURES THAT REQUIRE THE AGENCY TO: <A]

[A> (1) IDENTIFY SERVICEMEMBERS WHO ARE SEEKING SERVICES FROM THE AGENCY DURING THE AGENCY'S INTAKE AND ELIGIBILITY DETERMINATION PROCESS; AND <A]

[A> (2) DIRECT SERVICEMEMBERS SEEKING SERVICES TO APPROPRIATE SERVICE PROVIDERS, INCLUDING THE UNITED STATES VETERANS HEALTH ADMINISTRATION, NATIONAL GUARD BUREAU FACILITIES, AND OTHER FEDERAL, STATE, AND LOCAL SERVICE PROVIDERS. <A]

[A> (C) THE EXECUTIVE COMMISSIONER SHALL MAKE THE DIRECTORY OF RESOURCES ESTABLISHED UNDER SECTION 161.552, HEALTH AND SAFETY CODE, ACCESSIBLE TO EACH HEALTH AND HUMAN SERVICES AGENCY. <A]

SECTION 6. Chapter 161, Health and Safety Code, is amended by adding Subchapter U to read as follows:

[A> SUBCHAPTER U. INFORMATION REGARDING PROGRAMS FOR MILITARY PERSONNEL AND THEIR FAMILIES <A]

[A> SEC. 161.551. DEFINITIONS. IN THIS SUBCHAPTER: <A]

[A> (1) "COMMISSION" MEANS THE HEALTH AND HUMAN SERVICES COMMISSION. <A]

[A> (2) "DEPARTMENT" MEANS THE DEPARTMENT OF STATE HEALTH SERVICES. <A]

[A> (3) "SERVICEMEMBER" MEANS A RESIDENT OF THIS STATE WHO IS A MEMBER OR FORMER MEMBER OF THE STATE MILITARY FORCES OR A COMPONENT OF THE UNITED STATES ARMED FORCES, INCLUDING A RESERVE COMPONENT. IN THIS SECTION, "STATE MILITARY FORCES" HAS THE MEANING ASSIGNED BY SECTION 431.001, GOVERNMENT CODE. <A]

[A> SEC. 161.552. DIRECTORY OF SERVICES. (A) THE DEPARTMENT AND COMMISSION SHALL COMPILE, MAINTAIN, AND DISSEMINATE THROUGH THE TEXAS INFORMATION AND REFERRAL NETWORK AND THROUGH OTHER APPROPRIATE MEDIA, A DIRECTORY OF SERVICES AND OTHER RESOURCES, TOOLS, AND COUNSELING PROGRAMS AVAILABLE TO SERVICEMEMBERS AND THEIR IMMEDIATE FAMILY. <A]

[A> (B) THE DIRECTORY MUST INCLUDE: <A]

[A> (1) INFORMATION REGARDING COUNSELING SERVICES THAT: <A]

[A> (A) FACILITATE THE REINTEGRATION OF THE SERVICEMEMBER INTO CIVILIAN AND FAMILY LIFE; <A]

[A> (B) IDENTIFY AND TREAT STRESS DISORDERS, TRAUMA, AND TRAUMATIC BRAIN INJURY; <A]

[A> (C) ADDRESS PARENTING AND FAMILY WELL-BEING, EMPLOYMENT, AND SUBSTANCE ABUSE ISSUES; AND <A]

[A> (D) PROVIDE CRISIS INTERVENTION SERVICES; <A]

[A> (2) TO THE GREATEST DEGREE POSSIBLE IN THE JUDGMENT OF THE DEPARTMENT, ALL PRIVATE AND PUBLIC COMMUNITY, STATE, AND NATIONAL RESOURCES THAT PROTECT AND PROMOTE THE HEALTH AND WELL-BEING OF SERVICEMEMBERS AND THEIR IMMEDIATE FAMILY AND THAT ARE ACCESSIBLE IN THE STATE DIRECTLY OR THROUGH ELECTRONIC MEDIA, PRINT MEDIA, OR THE INTERNET; AND <A]

[A> (3) OTHER RESOURCES THAT SUPPORT THE HEALTH OF SERVICEMEMBERS AND THEIR FAMILIES. <A]

[A> (C) THE DEPARTMENT AND COMMISSION SHALL ORGANIZE THE DIRECTORY IN A MANNER THAT ALLOWS A PERSON TO LOCATE SERVICES IN A SPECIFIC COMMUNITY IN THE STATE. <A]

[A> (D) THE DEPARTMENT AND COMMISSION SHALL DEVELOP AND MAINTAIN THE DIRECTORY IN COLLABORATION WITH LOCAL, STATE, AND NATIONAL PRIVATE AND GOVERNMENT ORGANIZATIONS, INCLUDING: <A]

[A> (1) THE UNITED STATES VETERANS HEALTH ADMINISTRATION; <A]

[A> (2) THE UNITED STATES DEPARTMENT OF DEFENSE; <A]

[A> (3) THE ADJUTANT GENERAL'S DEPARTMENT; <A]

[A> (4) THE TEXAS VETERANS COMMISSION; AND <A]

[A> (5) OTHER PUBLIC AND PRIVATE NATIONAL AND COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE SUPPORT TO SERVICEMEMBERS AND THEIR FAMILIES. <A]

[A> (E) THE DEPARTMENT SHALL PROVIDE THE DIRECTORY TO THE TEXAS INFORMATION AND REFERRAL NETWORK OF THE COMMISSION IN THE TIME PERIODS AND IN THE MANNER AND FORMAT SPECIFIED BY THE TEXAS INFORMATION AND REFERRAL NETWORK. <A]

[A> (F) THE DEPARTMENT SHALL PROVIDE THE DIRECTORY ON THE DEPARTMENT'S WEBSITE OR THROUGH LINKS APPEARING ON THE DEPARTMENT'S WEBSITE. <A]

SECTION 7. This Act takes effect September 1, 2007.

**SPONSOR:** West

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