



House of Representatives

General Assembly

File No. 325

January Session, 2015

Substitute House Bill No. 6909

House of Representatives, March 31, 2015

The Committee on Human Services reported through REP. ABERCROMBIE of the 83rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT ESTABLISHING THE CONNECTICUT TRAUMATIC BRAIN INJURY ADVISORY BOARD.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2015*) (a) As used in this section,
2 "traumatic brain injury" or "TBI" means damage to the brain tissue and
3 any combination of focal and diffuse central nervous system
4 dysfunction, both immediate or delayed, at the brain stem level and
5 above, sustained through external forces including, but not limited to,
6 blows to the head, falls, vehicular crashes, assaults, sports accidents,
7 intrauterine and birth injuries and violent movement of the body.

8 (b) There is established a Connecticut Traumatic Brain Injury
9 Advisory Board to address the needs of persons with traumatic brain
10 injuries. The board shall make recommendations for the
11 implementation of a state-wide plan to address the needs of persons
12 with traumatic brain injury, including, but not limited to: (1)
13 Increasing efforts for prevention of and community education about

14 TBI, (2) increasing provider capacity and provider competency, skills
15 and knowledge, (3) improving the coordination of services for persons
16 with TBI, (4) opening a dialogue with private community-based
17 agencies to develop services for persons with TBI, (5) assessing and
18 identifying methods to expand programs and services for persons with
19 TBI, (6) making recommendations to address the needs of persons with
20 TBI not covered by existing services, and (7) establishing a
21 comprehensive TBI tracking system to collect data on incidence,
22 patient demographics, nature of injury, cause of injury, injury locale,
23 details on severity of injury and outcomes.

24 (c) The board shall consist of the following members:

25 (1) Three appointed by the speaker of the House of Representatives,
26 who shall be TBI survivors;

27 (2) Three appointed by the president pro tempore of the Senate,
28 who shall be relatives of TBI survivors;

29 (3) Three appointed by the majority leader of the House of
30 Representatives, two of whom shall be representatives of private
31 provider agencies currently providing support for persons with TBI
32 and one of whom shall be a representative of the Brain Injury Alliance
33 of Connecticut;

34 (4) Three appointed by the majority leader of the Senate, two of
35 whom shall be representatives from the medical community, such as a
36 pediatrician, a neurologist, a physiatrist or a neuropsychologist, with
37 experience working with persons with TBI, and one of whom shall be a
38 representative from the educational community, such as a school
39 nurse, a school guidance counselor, an educator or a representative
40 from special education, with experience working with persons with
41 TBI;

42 (5) One appointed by the minority leader of the House of
43 Representatives, who shall be a licensed professional, such as a clinical
44 social worker, rehabilitation specialist, speech pathologist, vocational

45 rehabilitation counselor, occupational therapist or physical therapist,
46 with experience working with persons with TBI;

47 (6) One appointed by the minority leader of the Senate, who shall be
48 a licensed professional, such as a clinical social worker, rehabilitation
49 specialist, speech pathologist, vocational rehabilitation counselor,
50 occupational therapist or physical therapist, with experience working
51 with persons with TBI;

52 (7) Two representatives of the Department of Public Health,
53 appointed by the Governor;

54 (8) One representative each from the Department of Developmental
55 Services, Department of Children and Families, Department of Mental
56 Health and Addiction Services, Department of Correction, Department
57 of Education, Office of Protection and Advocacy for Persons with
58 Disabilities, Department of Social Services, Department of
59 Rehabilitation Services, Department of Veterans' Affairs, and the Labor
60 Department, appointed by the Governor.

61 (d) All appointments to the board shall be made not later than thirty
62 days after the effective date of this section. Any vacancy shall be filled
63 by the appointing authority. Members of the board shall serve without
64 compensation for terms as set forth in the bylaws adopted pursuant to
65 subsection (e) of this section.

66 (e) The speaker of the House of Representatives and the president
67 pro tempore of the Senate shall select the chairpersons and secretary of
68 the board from among the members of the board. Such chairpersons
69 shall schedule the first meeting of the board, which shall be held not
70 later than sixty days after the effective date of this section. The
71 chairpersons and secretary shall conduct the affairs of the board and
72 draft bylaws to be approved by the board. A majority of the board may
73 amend the bylaws or recommend to the appointing authority removal
74 of a board member for cause. For purposes of this subsection, "cause"
75 means gross dereliction of duty, excessive absenteeism or undisclosed
76 conflicts of interest involving paid providers of services.

77 (f) The Department of Public Health shall provide administrative
78 support to the board, including, but not limited to, providing meeting
79 space, a place to house records and space on the department's Internet
80 web site dedicated to the board.

81 (g) There shall be memoranda of understanding between the board,
82 the Department of Public Health and other state or private entities to
83 share information and resources deemed reasonably necessary in order
84 to accomplish the goals of the board, subject to the provisions of
85 subsection (i) of this section.

86 (h) On or before June thirtieth of each year, the board shall report, in
87 accordance with the provisions of section 11-4a of the general statutes,
88 to the Governor and the joint standing committees of the General
89 Assembly having cognizance of matters relating to human services and
90 public health. The annual report shall include, but not be limited to: (1)
91 The incidence and geographical distribution of TBI in Connecticut, (2)
92 demographic data concerning persons with TBI, (3) a review of the use
93 of public-private partnerships to serve persons with TBI, (4)
94 assessment of current services from both public and private providers,
95 and (5) identification of gaps or deficits in programs and services for
96 persons with TBI.

97 (i) The board's transmission, storage and dissemination of data and
98 records related to persons with TBI shall be in accordance with federal
99 and state law and regulations concerning the privacy, security,
100 confidentiality and safeguarding of individually identifiable
101 information, including, but not limited to, the provisions of section
102 19a-25f of the general statutes concerning electronic health information
103 and the Health Insurance Portability and Accountability Act of 1996,
104 P.L. 104-191 (HIPAA), as amended from time to time, and the Family
105 Educational Rights and Privacy Act of 1974, 20 USC 1232g, (FERPA),
106 as amended from time to time, and any regulations promulgated
107 thereunder.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	July 1, 2015	New section
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Statement of Legislative Commissioners:

In Section 1(a), the last sentence which read, "There is established a Connecticut Traumatic Brain Injury Advisory Board to address the needs of persons with traumatic brain injuries." was instead made the first sentence of section 1(b) for consistency with standard drafting conventions. In Section 1(b)(4), "for persons with TBI" was added for internal consistency. In section 1(c)(4), "or a representative from special education" was changed to "or a representative from special education, with experience working with persons with TBI" for internal consistency. In Section 1(h), "Not later than the end of the fiscal year on June thirtieth," was changed to "On or before June thirtieth of each year," for clarity.

HS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 16 \$	FY 17 \$
Public Health, Dept.	GF - Cost	22,263	26,442
Comptroller- Fringe Benefits ¹	GF - Cost	8,052	10,049
Various State Agencies	GF - Potential Cost	Less than \$1,000	Less than \$1,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a cost of \$22,263 in FY 16 and \$26,442 in FY 17 to the Department of Public Health (DPH) from providing administrative support to the Connecticut Traumatic Brain Injury Advisory Board. A half-time position is necessary to develop the Memorandum of Understanding regarding sharing information with the department and other stakeholders, to post and maintain information on the website and to gather and analyze data required in the annual report to be compiled and delivered to the General Assembly.

The components of the DPH cost include \$20,833 for salary in FY 16 for a half-time Health Program Assistant 1 with a 9/1/15 hire date, and \$1,430 for Other Expenses (equipment and office supplies) and \$26,000 for salary and \$442 for Other Expenses in FY 17.

The State Comptroller fringe benefit cost for the Health Program Assistant is \$8,052 in FY 16 and \$10,049 in FY 17.

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 38.65% of payroll in FY 16 and FY 17.

There may also be a cost of less than \$1,000 in FY 16 and in FY 17 to those agencies participating in the Connecticut Traumatic Brain Injury Advisory Board to reimburse legislators and agency staff for mileage expenses.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

Sources: Core-CT Financial Accounting System

OLR Bill Analysis

sHB 6909

AN ACT ESTABLISHING THE CONNECTICUT TRAUMATIC BRAIN INJURY ADVISORY BOARD.

SUMMARY:

This bill establishes in statute a 26-member Connecticut Traumatic Brain Injury Advisory Board to address the needs of those with traumatic brain injuries (TBI). (In practice, a TBI advisory board already exists informally within the Department of Social Services (DSS)). The board must make recommendations for implementing a state-wide plan to address these needs and report annually to the governor and the Human Services and Public Health committees.

The bill also requires the board, the Department of Public Health (DPH), and other state or private entities to enter into memoranda of understanding to share information and resources necessary to accomplish the board's goals, subject to state and federal laws concerning privacy, security, confidentiality, and individually identifiable information.

Under the bill, DPH must provide administrative support to the board, including meeting space, a place to house records, and space on its website.

EFFECTIVE DATE: July 1, 2015

TBI DEFINITION

The bill defines TBI as damage to the brain tissue and any combination of focal and diffuse central nervous system dysfunction, both immediate and delayed, at the brain stem level and above, sustained through external forces such as blows to the head, falls, vehicular crashes, assaults, sports accidents, intrauterine and birth

injuries, and violent body movement.

BOARD MEMBERSHIP

Under the bill, the board has 26 members who serve without compensation. The bill requires appointing authorities to (1) appoint board members within 30 days of the bill's effective date and (2) fill any vacancy on the board. The board's membership consists of:

1. three TBI survivors, appointed by the House speaker;
2. three relatives of TBI survivors, appointed by the Senate president pro tempore;
3. (a) two representatives of private provider agencies currently providing support for persons with TBI and (b) one representative of the Brain Injury Alliance of Connecticut, all appointed by the House majority leader;
4. (a) two representatives of the medical community, such as a pediatrician, neurologist, physiatrist, or neuropsychologist, with experience working with those with TBI and (b) one representative from the educational community, such as a school nurse, school guidance counselor, educator, or special education representative, with experience working with those with TBI, appointed by the Senate majority leader;
5. one licensed professional, such as a clinical social worker, rehabilitation specialist, speech pathologist, vocational rehabilitation counselor, occupational therapist, or physical therapist, with experience working with those with TBI, appointed by the House minority leader;
6. another such licensed professional, appointed by the Senate minority leader;
7. two DPH representatives, appointed by the governor;
8. one representative each from DSS, the Office of Protection and

Advocacy for Persons with Disabilities, the departments of Developmental Services, Children and Families, Mental Health and Addiction Services, Correction, Education, Rehabilitation Services, Veterans Affairs, and Labor, all appointed by the governor.

Chairpersons

The bill requires the House speaker and Senate president pro tempore to select the board's chairpersons and secretary. The chairpersons must schedule the first board meeting within 60 days of the bill's effective date. The chairpersons and secretary conduct the board's affairs and draft its bylaws, which (1) must set board member terms and (2) may be amended by a majority of the board. A majority of the board may also recommend to the appointing authority that a board member be removed for (1) dereliction of duty, (2) excessive absenteeism or (3) undisclosed conflicts of interest involving paid providers of services.

BOARD DUTIES

Under the bill, the board's recommendations for implementation of a state-wide plan must include:

1. increasing efforts for TBI prevention and community education;
2. increasing provider capacity, competency, skills, and knowledge;
3. improving coordination of services for those with TBI;
4. communicating with private community-based agencies to develop TBI services;
5. assessing and identifying methods to expand TBI programs and services;
6. recommendations to address the needs of those with TBI not covered by existing services; and

7. establishing a comprehensive TBI tracking system to collect data on incidence, patient demographics, nature of injury, cause of injury, injury locale, severity of injury, and outcomes.

The bill requires the board to report, annually by June 30, to the governor and the Human Services and Public Health committees. The report must include:

1. the incidence and geographical distribution of TBI in Connecticut;
2. demographic data on those with TBI;
3. a review of the use of public-private partnerships to serve those with TBI;
4. assessment of current services from both public and private providers; and
5. identification of gaps or deficits in TBI programs and services.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 18 Nay 0 (03/17/2015)