



# House of Representatives

**File No. 892**

General Assembly

January Session, 2015

**(Reprint of File No. 325)**

Substitute House Bill No. 6909  
As Amended by House Amendment  
Schedule "A"

Approved by the Legislative Commissioner  
May 26, 2015

***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) The Commissioners of Children and Families, Correction,  
53 Developmental Services, Education, Mental Health and Addiction  
54 Services, Public Health, Rehabilitation Services, Social Services and  
55 Veterans' Affairs, or the commissioners' designees, the Labor  
56 Commissioner or the commissioner's designee, and the executive  
57 director of the Office of Protection and Advocacy for Persons with  
58 Disabilities, or the executive director's designee.

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

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

75 (f) On or before June thirtieth of each year, the board shall report, in  
76 accordance with the provisions of section 11-4a of the general statutes,  
77 to the Governor and the joint standing committees of the General

78 Assembly having cognizance of matters relating to human services and  
 79 public health. The annual report shall include, but not be limited to: (1)  
 80 The incidence and geographical distribution of TBI in Connecticut, (2)  
 81 demographic data concerning persons with TBI, (3) a review of the use  
 82 of public-private partnerships to serve persons with TBI, (4)  
 83 assessment of current services from both public and private providers,  
 84 and (5) identification of gaps or deficits in programs and services for  
 85 persons with TBI.

86 (g) The board's transmission, storage and dissemination of data and  
 87 records related to persons with TBI shall be in accordance with federal  
 88 and state law and regulations concerning the privacy, security,  
 89 confidentiality and safeguarding of individually identifiable  
 90 information, including, but not limited to, the provisions of section  
 91 19a-25f of the general statutes concerning electronic health information  
 92 and the Health Insurance Portability and Accountability Act of 1996,  
 93 P.L. 104-191 (HIPAA), as amended from time to time, and the Family  
 94 Educational Rights and Privacy Act of 1974, 20 USC 1232g, (FERPA),  
 95 as amended from time to time, and any regulations promulgated  
 96 thereunder.

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

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 \$
Various State Agencies	GF - Potential Cost	Less than \$1,000	Less than \$1,000

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

The bill establishes in statute the Connecticut Traumatic Brain Injury Advisory Board which currently exists informally within the Department of Social Services. There may 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.

House "A" removes provisions requiring the Department of Public Health (DPH) to provide administrative support to the board, thereby eliminating the DPH costs in the underlying bill.

**The Out Years**

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

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**OLR Bill Analysis****sHB 6909 (as amended by House "A")\******AN ACT ESTABLISHING THE CONNECTICUT TRAUMATIC BRAIN INJURY ADVISORY BOARD.*****SUMMARY:**

This bill establishes in statute a 25-member Connecticut Traumatic Brain Injury Advisory Board to address the needs of people 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 statewide plan to address these needs and report annually to the governor and the Human Services and Public Health committees. The bill requires the board to comply with state and federal laws on data protection.

\*House Amendment "A" (1) decreases the membership of the board by including the Public Health (DPH) commissioner or her designee instead of two DPH representatives appointed by the governor; (2) requires commissioners of various agencies to serve on the board or appoint designees, rather than requiring the governor to appoint members from these agencies; and (3) removes provisions requiring DPH to provide administrative support to the board and enter into memoranda of understanding for information sharing.

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 25 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 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 people 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 people 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 people with TBI, all 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 people with TBI, appointed by the House minority leader;
6. another such licensed professional, appointed by the Senate minority leader;
7. the children and families, correction, developmental services,

DSS, education, labor, mental health and addiction services, public health, rehabilitation services, and veterans' affairs commissioners, or their designees; and

8. the executive director of the Office of Protection and Advocacy for Persons with Disabilities, or his designee.

### ***Chairpersons and Procedure***

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, to be held within 60 days after the bill's effective date. The chairpersons and secretary conduct the board's affairs and draft its bylaws, subject to board approval. The bylaws (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) gross dereliction of duty, (2) excessive absenteeism, or (3) undisclosed conflicts of interest involving paid service providers.

### **BOARD DUTIES**

Under the bill, the board's recommendations for implementation of a statewide 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; and

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

The recommendations must also indicate how to address the needs of those with TBI not covered by existing services.

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.

**DATA PROTECTION**

Under the bill, the board’s transmission, storage, and dissemination of data and records must comply with state and federal law pertaining to privacy, security, confidentiality, and safeguarding of individually identifiable information, including (1) state law on confidentiality of DPH records (CGA § 19a-25f), (2) the federal Health Insurance Portability and Accountability Act, and (3) the federal Family Educational Rights and Privacy Act.

**COMMITTEE ACTION**

Human Services Committee

Joint Favorable Substitute  
 Yea 18 Nay 0 (03/17/2015)