

**Proposed Substitute
Bill No. 6909**

LCO No. 5352

**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 There is established a Connecticut Traumatic Brain Injury Advisory
9 Board to address the needs of persons with traumatic brain injuries.

10 (b) The board shall make recommendations for the implementation
11 of a state-wide plan to address the needs of persons with traumatic
12 brain injury, including, but not limited to: (1) Increasing efforts for
13 prevention of and community education about TBI, (2) increasing
14 provider capacity and provider competency, skills and knowledge, (3)
15 improving the coordination of services, (4) opening a dialogue with
16 private community-based agencies to develop services for persons
17 with TBI, (5) assessing and identifying methods to expand programs
18 and services for persons with TBI, (6) making recommendations to

19 address the needs of persons with TBI not covered by existing services,
20 and (7) establishing a comprehensive TBI tracking system to collect
21 data on incidence, patient demographics, nature of injury, cause of
22 injury, injury locale, details on severity of injury and outcomes.

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

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

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

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

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

40 (5) One appointed by the minority leader of the House of
41 Representatives, who shall be a licensed professional, such as a clinical
42 social worker, rehabilitation specialist, speech pathologist, vocational
43 rehabilitation counselor, occupational therapist or physical therapist,
44 with experience working with persons with TBI;

45 (6) One appointed by the minority leader of the Senate, who shall be
46 a licensed professional, such as a clinical social worker, rehabilitation
47 specialist, speech pathologist, vocational rehabilitation counselor,

48 occupational therapist or physical therapist, with experience working
49 with persons with TBI;

50 (7) Two representatives of the Department of Public Health,
51 appointed by the Governor;

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

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) The Department of Public Health shall provide administrative
76 support to the board, including, but not limited to, providing meeting
77 space, a place to house records and space on the department's Internet

78 web site dedicated to the board.

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

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

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

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>July 1, 2015</i>	New section
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