

House Appropriations-Human Resources Division

Chairman Nelson and other members of the Committee,

Thank you for the opportunity to testify today. My name is Nan Kennelly. I am a speech-language pathologist and certified brain injury specialist from Fargo, and a provider for cognitive and communication disorders related to brain injury. I currently serve as the Chair of the North Dakota Brain Injury Advisory Council.

I am providing testimony on behalf of the Brain Injury Advisory Council, a statutory-defined (NDCC 50-06.4-10) and Governor-appointed state advisory council. The Mission of the North Dakota Brain Injury Advisory Council is to improve the quality of life for all individuals with brain injury and their families through brain injury identification, awareness, prevention, research, education, collaboration, support services and advocacy.

A 2016 North Dakota Brain Injury Needs Assessment found that for people with brain injury in North Dakota, services and supports for the condition **are few, are disparate, and are disjointed.**

The Brain Injury Advisory Council has serious concerns about the proposed budget reductions for brain injury in the Department of Human Services budget. These programs have been slowly built over the last 10 years and represent the *only state funded programs exclusively dedicated to brain injury* in the state. With services for this complex population being *already so limited*, it would be a disservice to ND residents and families living with brain injury.

It is particularly concerning that the DHS budget reductions appear to be made with the mistaken assumption that the programming could shift to federally funded programs, with an expectation that the Medicaid 1915(i) program will provide offsetting benefits.

Members expressed concern for these shifting DHS budget priorities, including:

- The restrictive definition of brain injury within the Medicaid 1915(i) program, requiring a “neuro-cognitive disorder related to traumatic brain injury” diagnosis. This would eliminate other types of brain injury diagnoses and needs, and limit brain injury services to a select few individuals.
- Since Medicaid 1915(i) services requires financial eligibility for Medicaid, economic means testing will greatly restrict the number of individuals eligible for brain injury services, compared to current practices.
- The reduction of NDBIN program funding will limit the level of technical assistance support and service coordination statewide, compared to current service levels.
- The NDBIN is not a direct service agency and should not be conflated within discussions concerning Medicaid 1915(i) service programming.
- The reduction of technical and facilitative support to the operations of the ND Brain Injury Advisory Council.
- The reduction of education and training available to providers in ND, currently provided by NDBIN.

In summary, the ND Brain Injury Advisory Council has serious concerns about proposed budget cuts to existing programming, as well as the mistaken rationale that the 1915i services will duplicate NDBIN, which they do not. The Advisory Council feels these budget cuts and reduction of service go against our mission to improve the quality of life for all individuals with brain injury and their families.

Thank you for your time and I welcome any questions.

Respectfully submitted,

Nan Kennelly
Chair, ND Brain Injury Advisory Council