



onwordtherapy.com

4450-31st Ave S. Suite 103, Fargo, ND 58104

P 701.364.5433

F 701.364.5431

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House Appropriations-Human Resources Division

Dear Representative Nelson and members of the House Appropriations Committee, 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 serve as the current Chair of the North Dakota Brain Injury Advisory Council. I own a private practice in Fargo, ND, Onword Therapy. I lead a support group for individuals and families living with brain injury, and I am a vendor for the Social and Recreation program through the Department of Human Services.

I am providing testimony today as a provider who serves ND residents and families living with brain injury, and to object to proposed budget cuts for brain injury programming in ND and to the North Dakota Brain Injury Network (NDBIN). Over the last 10 years, ND has slowly built brain injury programming for education, support, and service. To reduce funding that would sustain and develop this programming would be a giant step backward for ND, and would have negative consequences for ND residents and families living with brain injury.



Many of our patients attend our support group, Webinar Wednesdays and participate in the Social and Recreation program funded by DHS. Our patients utilize the modules available on the NDBIN website for education and support. The benefit of these program runs deep. The Social and Recreation program has been especially beneficial, as social engagement is one of the biggest changes after brain injury. Our staff participated in training put on by NDBIN to become Certified Brain Injury Specialists, improving the quality of care we provide at our clinic. Additionally, our staff and many patients attend the ND Brain Injury Conference put on by NDBIN each year for professional continuing education and supportive education for our patients. I repeatedly see firsthand the benefit that ND brain injury programming has on those I serve. It is my opinion that cutting funding to serve ND residents living with brain injury would be a devastating loss.

I am especially concerned with a justification provided to me for budget reductions for brain injury programming. I have been told that since 1915i was approved for ND, the budget cuts were hoping to avoid duplication of service. I am here to tell you that this is a misconception. To qualify for 1915i services, an individual must first qualify for Medicaid, and then have the specific diagnosis of Neurocognitive Disorder related to Traumatic Brain Injury. These requirements alone exclude most ND residents living with brain injury. In my 15 years of private practice, I can count on one hand the number of brain injury patients we served that qualified for Medicaid. That is a very small percentage compared to the thousands of patients I have treated with brain injury. In my experience, the majority of ND residents living with



brain injury have commercial insurance, Medicare or Workforce Safety. Additionally, the definition for brain injury for 1915i varies from the ND definition of brain injury, leaving out a large percentage of people that would otherwise qualify for service and support. And in an ironic twist, many individuals would find the services of 1915i through NDBIN. If funding is cut to NDBIN, it is likely that fewer individuals will know about and/or benefit from 1915i services and qualification requirements. While the 1915i is a victory to add to services that were lacking for Medicaid recipients, it is absolutely not a duplication of service, and will not benefit most of ND residents living with brain injury who are currently being served through DHS and NDBIN funding.

Please consider this testimony a request to **fully restore the brain injury funding in HB 1012 including the proposed 50% reduction in funding the North Dakota Brain Injury Network**. This reduction would have detrimental effects on our patients, the programming my practice can offer, the support available through NDBIN, and the overall progress we have made in recent years in ND brain injury programming and support.

Thank you for your time and I welcome any questions.

Respectfully,

Nan Kennelly, MS CCC-SLP, CBIST  
Licensed Speech-Language Pathologist  
Owner | Onword Therapy