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Chairman Holmberg and other members of the Committee. 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). Many of my patients attend our support group and participate in the social and recreation program funded by DHS. The benefit of this program runs deep, as social engagement is one of the biggest changes after brain injury. Additionally, our staff and patients attend the ND Brain Injury Conference put on by NDBIN each year for professional continuing education and supportive education for our patients. I see firsthand the benefit that ND brain injury programming has on those I serve.

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 qualify for Medicaid. This does not represent most of 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 had Medicaid. That is a very small percentage compared to the thousands of patients I have treated with brain injury. In my experience, the vast 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. While the 1915i is a victory to add to services that were lacking for Medicaid recipients, it does 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 **maintain the brain injury funding in HB 1012 restored by the House including the funding for the North Dakota Brain Injury Network**. Any further reduction would have detrimental effects on our patients, the programming our practice provides, the support we can refer from 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.

Sincerely,

Nan Kennelly, MS CCC-SLP, CBIST
Licensed Speech-Language Pathologist
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