

**FISCAL NOTE**  
**Requested by Legislative Council**  
**02/01/2017**

Amendment to: HB 1085

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2015-2017 Biennium		2017-2019 Biennium		2019-2021 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
<b>Revenues</b>						
<b>Expenditures</b>			\$22,064		\$22,064	
<b>Appropriations</b>			\$22,064		\$22,064	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2015-2017 Biennium	2017-2019 Biennium	2019-2021 Biennium
<b>Counties</b>			
<b>Cities</b>			
<b>School Districts</b>			
<b>Townships</b>			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Engrossed HB1085 creates a brain injury advisory council.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The overall fiscal impact of this bill is \$22,064, all of which is general fund, for travel and compensation of the council members as required by NDCC 44-08-04. Estimates were based on quarterly meetings lasting two days, with individuals traveling for half of the trips. It was assumed that for state employees each respective agency would reimburse travel costs; legislators would be reimbursed by Legislative Council; and all other council members would be reimbursed by DHS. The following agencies will have a fiscal impact: Department of Human Services \$10,800, Indian Affairs Commission \$1,200, Legislative Council \$5,264, Protection and Advocacy \$1,200, Department of Health \$2,400 and Department of Public Instruction \$1,200.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

N/A

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

For the 2017-2019 and the 2019-2021 bienniums the following agencies would have an increase in general fund operating expenditures related to the advisory council: Department of Human Services \$10,800, Indian Affairs Commission \$1,200, Legislative Council \$5,264, Protection and Advocacy \$1,200, Department of Health \$2,400 and Department of Public Instruction \$1,200.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

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For the Department of Human Services, this appropriation would be above what is already requested in HB1012.

**Name:** Jennifer Scheet

**Agency:** Human Services

**Telephone:** 328-4608

**Date Prepared:** 02/02/2017

**FISCAL NOTE**  
**Requested by Legislative Council**  
**02/01/2017**

Amendment to: HB 1085

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

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Engrossed HB1085 creates a brain injury advisory council.

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The overall fiscal impact of this bill is \$22,064, all of which is general fund, for travel and compensation of the council members as required by NDCC 44-08-04. Estimates were based on quarterly meetings lasting two days, with individuals traveling for half of the trips. It was assumed that for state employees each respective agency would reimburse travel costs; legislators would be reimbursed by Legislative Council; and all other council members would be reimbursed by DHS. The following agencies will have a fiscal impact: Department of Human Services \$10,800, Indian Affairs Commission \$1,200, Legislative Council \$5,264, Protection and Advocacy \$1,200, Department of Health \$2,400 and Department of Public Instruction \$1,200.

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**Name:** Jennifer Scheet

**Agency:** Human Services

**Telephone:** 328-4608

**Date Prepared:** 02/02/2017



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Engrossed HB1085 creates a brain injury advisory council.

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For the Department of Human Services, this appropriation would be above what is already requested in HB1012.

**Name:** Jennifer Scheet

**Agency:** Human Services

**Telephone:** 328-4608

**Date Prepared:** 02/02/2017

**FISCAL NOTE**  
**Requested by Legislative Council**  
**01/18/2017**

Bill/Resolution No.: HB 1085

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

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<b>Appropriations</b>			\$24,464		\$24,464	

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HB1085 creates a brain injury advisory council.

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HB1085 creates a brain injury advisory council. The overall fiscal impact of this bill is \$24,464, all of which is general fund, for travel and compensation for the council members. Estimates were based on quarterly meetings lasting two days, with each individual traveling for half of the trips. It was assumed that for state employees each respective agency would reimburse travel costs; legislators would be reimbursed by Legislative Council; and all other council members would be reimbursed by DHS. The following agencies will have a fiscal impact: Department of Human Services \$13,200, Indian Affairs Commission \$1,200, Legislative Council \$5,264, Protection and Advocacy \$1,200, Department of Health \$2,400 and Department of Public Instruction \$1,200.

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For the Department of Human Services, this appropriation would be above what is already requested in HB1012 and HB1072

**Name:** Debra A McDermott

**Agency:** Human Services

**Telephone:** 328-3695

**Date Prepared:** 01/22/2017

**FISCAL NOTE**  
**Requested by Legislative Council**  
**12/23/2016**

Bill/Resolution No.: HB 1085

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	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
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There would be no costs incurred by the Governor's Office to create and manage the proposed brain injury advisory council. Any costs incurred would be paid by legislative management to Legislators appointed to serve on the council.

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**Name:** Jason Nisbet

**Agency:** Governor's Office

**Telephone:** (701)328-2201

**Date Prepared:** 12/29/2016

**2017 HOUSE HUMAN SERVICES**

**HB 1085**

# 2017 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Union Room, State Capitol

House Bill 1085

1/4/2017

26543

☐ Subcommittee

☐ Conference Committee

Committee Clerk Signature

*Virginia Linneth*

### Explanation or reason for introduction of bill/resolution

### Relating to the creation of a brain injury advisory council

#### Minutes:

Attachment 1-3

**Senator Mathern:** from district 11 in Fargo.

There is a group of citizens, providers, and a group of legislators that have banded together as an adversary committee to assist the Department of Human Services and give input regarding persons who have brain injury. The funding for services for brain injury is a combination of funding from general fund sources and federal funds. The federal funds include an encouragement and a corrective way the state has a process of getting input from services and providers regarding services provided.

This committee along with the Department of Human Services suggested this bill that is before us now HB 1085 which places into statute the format of this Advisory Council. I was on the advisory committee determines who the members are of this council. I was on the sub-committee of that committee to come up with this draft. (See attachment 1) We came up with a draft that created an advisory that is in the governor's office then the governor appoints those individuals and includes on the Advisory Council a staff person from the Department Human Services. This creates a council of 7 to 11 members; the governor might want that to be a small or larger depending council on the expertise of the people.

**Senator Mathern:** (Attachment 2) Someone with a brain injury often they were missed characterized as mentally ill and then end in intuitions for the mentally ill or characterized as persons with a mental disability.

**Chairman Weisz:** any questions?

**Rep. Porter:** The bill does not have a fiscal note but there is reimbursement on page 2 line 14 from the Department of Human Services for the council to meet. In the current adversary committee that is there is the department paying for their current expenses?

**Senator Mathern:** I have served on this committee and am not paid for being on the committee I do not know if any of the other committee members are reimbursed but I don't



think so. There are a number of state employees that are on the committee so I think they are there on salary.

**Chairman Weisz:** any questions?

**Rep Porter:** There are members that are appointed by the governor between 7 and 11 and then others on the back other side nonvoting members. Inside of the bill I don't see what the committee is authorized to do. Are they recommending legislation or policy that has to be applied by the Department of Human Services? Why voting and non-voting members?

**Senator Mathern:** The intent of this bill draft is that these persons would be in an advisory capacity only. Often times we have persons involved in that their ability to be assertive about their position is professional in the working field with every day or with page staff persons. The intent here is to make sure that persons that are dealing with this in the family and personally have an assured voice and they have a vote where not everyone else has a vote.

**Rep Schneider:** Is the Advisory Council similar in nature, size and function to current councils or advisory groups such as those for individuals with developmental or intellectual disabilities?

**Senator Mathern:** There are a number of categories of illnesses or disabilities where there is already an advisory group.

**Rep. Pamela Anderson:** There are more than 13,000 North Dakota's living with disabilities from brain injury. What percent are living at home?

**Senator Mathern:** Most of those people are living at home.

**Rep Rohr:** Is it your intent then that this would be a committee or an advisory council that would be available, a groupie available to an advisory or would it be an evaluation for us to look at for the needs to be met by the appropriate human services department?

**Senator Mathern:** This is the intent put in statute but a statute of limitations. (attachment 3) handed out but no testimony presented

**Rep Weisz:** Are there any further questions? Meeting was closed.

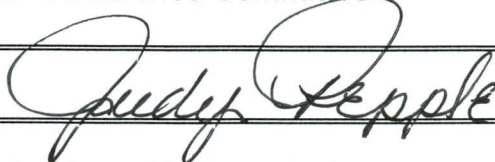
# 2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

HB 1085  
1/18/2017  
27181

☐ Subcommittee  
☐ Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Relating to the creation of a brain injury advisory council

## Minutes:

1, 2,

Chairman Weisz: Representative D. Anderson was absent when his bill was brought forward, so he is going to present today.

Representative D. Anderson:  
(Attachment 1)

Representative P. Anderson: I am under the assumption that if you a more structured council instead of just an advisory council set up, but have a council that is under the legislative branch you have options for grants and moneys through other nonprofit organizations around the country. Because you have a formal council.

Representative D. Anderson: Yes, that is true. Ms. Quinn will address that when I am finished. You are eligible for some grants if you have the structure in place from the federal government.

Representative Porter: I am still questioning how the fiscal note reads. Then on page 2 sub 6 it says that members of the governor's council is entitled to per diem and mileage. Where does the money come from other than the fiscal note from the governor's office says that the legislative management would pay for the 2 legislators. It still doesn't tell us where the funds are coming from. Did you have any conversation with anyone to try to get to the bottom of that?

Representative D. Anderson: No I did not. I was under the impression that it wouldn't be a substantial amount of money. I can look for that if you want or try to help you out with that one.

Chairman Weisz: Further questions for Representative D. Anderson?

Chairman Weisz: Rebecca I guess you have some comments?



Rebecca Quinn, UND Medicine and Health Sciences  
(Attachment 2)

I want to answer Representative P. Anderson's question regarding to apply for additional grants for funding for brain injury by having a council in statute. The second page of my testimony addresses that. Under the federal grant program, ND has received \$100,000 during the 2003 – 2005 for a TBI planning grant to the Dept. of Health to conduct a traumatic brain injury needs assessment and develop a statewide action plan. At that time the Dept. of Health did have an advisory council for brain injury. There was also a brain injury registry in the state. During 2007 – 2010 there was another round of funding that was also awarded to the state. That was for a total of \$330,000. During that period one of the goals of that grant over that 4 years was to develop an advisory board for brain injury within ND. That was a grant that was not received. ND applied for that funding in 2010 and 2014, but was denied. That program will come up again in 2018 for federal funding.

I also did get information from other states about their statutes that deal with advisory councils for brain injury.

Vice Chairman Rohr: Are we guaranteed to get the funding if we establish this board?

R. Quinn: No that is not a guarantee to get the funding if we do have a board. It is just a stipulation of getting the funding. There are other criteria that go along with receiving the funding.

Chairman Weisz: The bill says that the department shall provide the council with administrative support services. Yet again is the department just supposed to absorb those costs? Is that the intent?

R. Quinn: I am not sure what the fiscal connection with that would be. I would suppose if there is not a fiscal note connected with the department providing that oversight currently the group that is the nongovernment council, but a council that just meets regularly administrative support is provided by the ND Brain Injury Network. That is part of the contract with the Department of Health to supply that administrative help for the council that is meeting.

Chairman Weisz: Further questions from the committee?

Representative D. Anderson: I will try to get you the information on the cost by Monday.

Chairman Weisz: Ok.

Adjourned

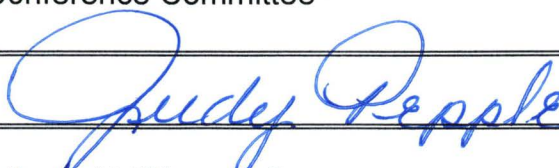
# 2017 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Union Room, State Capitol

HB 1085  
1/31/2017  
27650

☐ Subcommittee  
☐ Conference Committee

Committee Clerk Signature



## **Explanation or reason for introduction of bill/resolution:**

Relating to the creation of a brain injury advisory council; and to provide for application.

## **Minutes:**

Chairman Weisz: called the committee to order.

Representative D. Anderson: The reason for the bill to me is there seems like there is a disconnect with people getting care and some people with a traumatic brain injury sail right through the system. The other ones have a lot of difficulty connecting the dots. There is something that is wrong with the level of care and whether or not a board can come up with the answers, I am not entirely sure. I know how boards work. If you have good members, things go well and you get something accomplished and if you don't the board is not that effective.

Chairman Weisz: Representative D. Anderson do you want to make a motion about the amendments you have for this?

Representative D. Anderson: Yes, I move that we accept the amendments on HB 1085.

Representative Porter: I second that.

Chairman Weisz: I will ask you to go through them again to be sure we are all clear.

Representative D. Anderson:

On line 10 after the letter A remove "at least 2" and replace it with 1

On page 2 line 23 I want to remove that word "least" so they are just quarterly meetings.

On lines 23 and 24 I want to remove the language, "additional meetings may be held at the direction of the chairman"

Chairman Weisz: Does everyone understand the amendment?



Discussion on the amendment?

Representative Schneider: I am going to vote against, because I think he asked for what he needed in the first place and cutting the representation and the ability to meet more frequently has an adverse impact on the functionality of the group.

Chairman Weisz: Further comments or questions on the amendment?

Representative McWilliams: Is there a reason to change it from 2 down to 1?

Representative D. Anderson: It is just an additional cost and I wanted to limit the cost. I know when this bill goes through appropriations it is all about dollars and cents. I really don't know how much more effective it would be if you had 2 people. That was my reasoning.

Chairman Weisz: Representative D. Anderson, it wouldn't go to appropriations anyway, because it is not a direct appropriation.

Representative D. Anderson: I just thought it would be better if the cost was lower.

Chairman Weisz: That certainly doesn't hurt. Is there any further discussion on the amendment? If not, we will take a voice vote.

Representative P. Anderson: I kind of agree with Representative D. Anderson because the larger the group is sometimes you can't get as much done. This is a membership of 7 at a minimum which would be perfect.

Chairman Weisz: Ok let's take a voice vote.

Voice vote taken and passed to accept the amendments to HB 1085

Motion carried to accept the amendments on HB 1085.

Representative Porter: When I look on page 2 lines 14-20 I am concerned a little bit in the stand point that some of the individuals that are eligible for reimbursement are working for professional associations that have money in their own budgets to pay for that. That also would bring the fiscal note down a little bit. It says that anyone that fits under 1 3 or 4 is entitled to receive reimbursement from the department, so we have the State Dept. of Health individual being reimbursed by the Dept. of Human Services the way that reads. In number 4 it could either be someone from the Dept. of Health or from the American Heart Assoc., but when you flip over to the first page.

Chairman Weisz: That would not include a state employee. On lines 18 and 19 perineum may not be paid to a member who receives compensation as a state employer official.

Representative Porter: I kind of agree with that, but the way it reads they wouldn't be able to be paid separately, but the Health Department could bill the dept. of Human Services. I just think that first line in the way this payment structure is set up it is cloudy on how the money flows. I am not clear on the intent of how the money flows and that kind of bothers me. I

think a person could just make that real simple and make it that everybody is responsible for paying for themselves.

Chairman Weisz: That would virtually eliminate the fiscal note.

Representative Porter: that would eliminate the movement of money in the middle of it that is for sure.

Chairman Weisz: it wouldn't really eliminate the fiscal note, because the state employees are still getting paid regardless. So I don't know if you would even have a fiscal note at that point.

Representative D. Anderson: Could we just fix it so we pay for the family members and everybody else really has a stake in it, so if they are serious why wouldn't they just show up and work with. That is the way I feel.

Representative Porter: I would be perfectly ok with that kind of language. I don't think that is what we are getting in that sub 6 though.

Chairman Weisz: Then you would say number 1 A and B and leave it at that. So you could leave 6 intact to that point where it merely says council member appointed under subsection 1 A & B is entitled to receive reimbursement and then period on line 17. Would that fix your concerns, Representative Porter?

Representative Porter: Yes that would fix my concerns if we got rid of that language on line 17. I would move to further amend HB 1085 on page 2 line 14 after the number 1 insert A & B and overstrike 3 or 4 and on line 17 after the word council. Delete the rest of sub 6.

Chairman Weisz: Ok we have a motion. Is there a second?

Representative D. Anderson: seconded

Chairman Weisz: Ok committee, we are going to get rid of subsection 3 and 4 and amend it to be subsection 1 A & B, so it will only apply then to the brain injury survivor and the family members. And then it deletes all the language after the period on line 17 through line 20. Is there any discussion on that amendment? That will bring the fiscal note down to pretty much negligible.

Representative D. Anderson: Like I said that if people are really committed to this they should be willing to show up on your own and make it work.

Voice vote to further amend HB 1085.

Voice vote taken.

Motion carried.

Representative Devlin: I would further amend on line 18 that the language that " the chairman of the legislative management shall appoint two legislators" to be removed and in its place "the speaker of the ND House of Representatives and the President of the ND Senate shall each appoint a legislator" to serve as a member of the council.

Representative Kiefert: second

Chairman Weisz: That basically says the house picks one and the senate picks one.  
Discussion?

Seeing none, we will take a voice vote on further amending HB 1085.

Voice vote taken and motion passed.

Representative Seibel: I move for a do pass as amended on HB 1085.

Chairman Weisz: We have a motion for a do pass as amended on HB 1085. Do we have a second?

Representative Schneider: Second

Chairman Weisz: Discussion on the motion? Seeing none, the clerk will call the roll for a do pass as amended on HB 1085.

Roll call vote taken: yes 14 no 0 absent 0

Chairman Weisz: Motion carried.

Who would like to carry this? Any volunteers?

Representative P. Anderson: I will carry it.

Committee closed



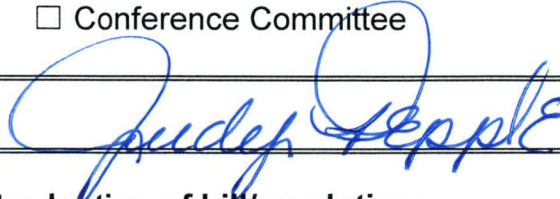
# 2017 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Union Room, State Capitol

HB 1085  
2/6/2017  
27935

- ☐ Subcommittee  
☐ Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

Relating to a brain injury advisory council; and to provide application.

### Minutes:

Chairman Weisz called the committee to order  
Attendance taken

Representative Porter: I would like to make a motion to reconsider our actions whereby we passed out HB 1085.

Representative Seibel: I seconded

Voice vote taken to accept the motion carried to reconsider their action on HB 1085

Chairman Weisz: Ok committee, we have HB 1085 in front of us. What happened is that we made some amendments on HB1085 where we changed the legislative management from appointee who was to be on that council and we said the speaker and the president pro tem, but then right below that we had the chairman of legislative management with serving at the pleasure of the chairman. In other words, we are saying the speaker and the president pro tem would pick them, but they had a legislative management to get rid of them. So that language would have to be removed. One page 1 line 19 and 20 we would need to delete the language where the legislative member serves at the pleasure of the legislative management.

Representative Porter: I move the amendment.

Representative Skroch: Seconded

Chairman Weisz: is there any discussion?

Voice vote taken to adopt the amendment on HB 1085  
Motion carried



Chairman Weisz: Ok committee, we have an amended bill before us. What are the wishes of the committee?

Representative Seibel: Do pass as amended on HB 1085

Representative McWilliams: seconded

Chairman Weisz: Further discussion? Seeing none, the clerk will call the role.

Roll call vote taken for a do pass as amended on HB 1085

Yes 12 No 0 Absent 2

Chairman Weisz: Is there a volunteer to carry this bill?

Representative P. Anderson will carry it.

Committee adjourned.

January 31, 2017

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1085

Page 1, line 8, replace "seven" with "five"

Page 1, line 8, replace "eleven" with "nine"

Page 1, line 10, replace "At least two" with "One"

Page 1, line 10, replace "survivors" with "survivor"

Page 1, line 11, replace "At least two" with "One"

Page 1, line 11, replace "members" with "member"

Page 1, line 11, after "of" insert "a"

Page 1, line 11, replace "survivors" with "survivor"

Page 1, line 18, replace "The chairman of the legislative management shall appoint two legislators" with "The speaker of the house of representatives shall appoint one member of the house of representatives and the president pro tempore of the senate shall appoint one member of the senate"

Page 2, line 14, after "under" insert "subdivision a or b of"

Page 2, line 14, remove ", 3, or 4"

Page 2, line 17, remove "However, per diem"

Page 2, remove lines 18 through 20

Page 2, line 23, remove "at least"

Page 2, line 23, remove "Additional meetings may be held at"

Page 2, line 24, remove "the discretion of the chairman."

Renumber accordingly

February 6, 2017

3/5  
2/6/17  
WJ

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1085

Page 1, line 20, remove "The legislative members"

Page 1, line 21, remove "serve at the pleasure of the chairman of the legislative management."

Renumber accordingly

Date: 1-31-17  
Roll Call Vote #: \_\_\_\_\_

2017 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 1085

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: (SEE below)

Recommendation: ☒ Adopt Amendment  
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation  
☐ As Amended ☐ Rerefer to Appropriations  
☐ Place on Consent Calendar  
Other Actions: ☐ Reconsider ☐ \_\_\_\_\_

Motion Made By D. Anderson Seconded By Porter

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

*Motion carried to accept the amendments*

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

*Line 10 after letter A remove "at least 2" & replace with 1  
Page 2 line 23 remove "least"  
On lines 23 & 24 remove "additional meetings may  
be held at the direction of the chairman"*



Date: 1-31-17  
Roll Call Vote #: 2

2017 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. HB 1085

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: \_\_\_\_\_

Recommendation: ☒ Adopt Amendment  
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation  
☐ As Amended ☐ Rerefer to Appropriations  
☐ Place on Consent Calendar  
Other Actions: ☐ Reconsider ☐ \_\_\_\_\_

Motion Made By Rep. Porter Seconded By Rep. D. Anderson

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

*Leave 6 intact to where it says council members appt. under subsect. 1 N+B is entitled to receive reimb. & then period on line 17. Amend on page 2 line 14 after "1" insert "N+B" & overstrike "3 or 4" on line 17 after the word council. Delete the rest of subsect. 6*

Date: 1-31-17  
Roll Call Vote #: 3

2017 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. HB 1085

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: \_\_\_\_\_

Recommendation: ☒ Adopt Amendment  
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation  
☐ As Amended ☐ Rerefer to Appropriations  
☐ Place on Consent Calendar  
Other Actions: ☐ Reconsider ☐ \_\_\_\_\_

Motion Made By Rep. Devlin Seconded By Rep. Kiefert

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

REMOVE "the chairman of the legislative management shall appoint two legislators" and put in the speaker of the N.D. House of Representatives & the President of the ND Senate shall each appoint a legislator"



Date: 1-31-17  
Roll Call Vote #: 4

2017 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. HB 1085

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: \_\_\_\_\_

Recommendation: ☐ Adopt Amendment  
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation  
☒ As Amended ☐ Rerefer to Appropriations  
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ \_\_\_\_\_

Motion Made By Rep. Seibel Seconded By Rep. Schneider

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rep. P. Anderson	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice Chairman Rohr	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rep. Schneider	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rep. B. Anderson	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Rep. D. Anderson	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Rep. Damschen	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Rep. Devlin	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Rep. Kiefert	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Rep. McWilliams	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Rep. Porter	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Rep. Seibel	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Rep. Skroch	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Rep. Westlind	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Total (Yes) 14 No 0

Absent \_\_\_\_\_

Floor Assignment Rep. P. Anderson

If the vote is on an amendment, briefly indicate intent:

Date: 2/6/17  
Roll Call Vote #: 1

2017 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. HB 1085

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: \_\_\_\_\_

Recommendation: ☐ Adopt Amendment  
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation  
☐ As Amended ☐ Rerefer to Appropriations  
☐ Place on Consent Calendar  
Other Actions: ☒ Reconsider ☐ \_\_\_\_\_

Motion Made By Rep. Porter Seconded By Rep. Seibel

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

*voice recon-  
to their  
vote side action carried*

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:



Date: 2/6/17  
Roll Call Vote #: 2

2017 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. HB 1085

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: took out that legislative management could get rid of them

Recommendation: ☒ Adopt Amendment  
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation  
☐ As Amended ☐ Rerefer to Appropriations  
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ \_\_\_\_\_

Motion Made By Rep. Porter Seconded By Rep. Skroch

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

Date: 2/6/17  
Roll Call/Vote #: 3

2017 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. HB 1085

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: \_\_\_\_\_

Recommendation: ☐ Adopt Amendment  
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation  
☒ As Amended ☐ Rerefer to Appropriations  
☐ Place on Consent Calendar  
Other Actions: ☐ Reconsider ☐ \_\_\_\_\_

Motion Made By Rep. Seibel Seconded By Rep. McWilliams

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	✓		Rep. Schneider	✓	
Rep. B. Anderson	✓				
Rep. D. Anderson	ab.				
Rep. Damschen	✓				
Rep. Devlin	ab.				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 12 No 0

Absent 2

Floor Assignment Rep. P. Anderson

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**HB 1085: Human Services Committee (Rep. Weisz, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1085 was placed on the Sixth order on the calendar.

Page 1, line 8, replace "seven" with "five"

Page 1, line 8, replace "eleven" with "nine"

Page 1, line 10, replace "At least two" with "One"

Page 1, line 10, replace "survivors" with "survivor"

Page 1, line 11, replace "At least two" with "One"

Page 1, line 11, replace "members" with "member"

Page 1, line 11, after "of" insert "a"

Page 1, line 11, replace "survivors" with "survivor"

Page 1, line 18, replace "The chairman of the legislative management shall appoint two legislators" with "The speaker of the house of representatives shall appoint one member of the house of representatives and the president pro tempore of the senate shall appoint one member of the senate"

Page 2, line 14, after "under" insert "subdivision a or b of"

Page 2, line 14, remove ", 3, or 4"

Page 2, line 17, remove "However, per diem"

Page 2, remove lines 18 through 20

Page 2, line 23, remove "at least"

Page 2, line 23, remove "Additional meetings may be held at"

Page 2, line 24, remove "the discretion of the chairman."

Renumber accordingly

**REPORT OF STANDING COMMITTEE**

**HB 1085, as engrossed: Human Services Committee (Rep. Weisz, Chairman)**  
recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends  
**DO PASS** (12 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). Engrossed HB 1085  
was placed on the Sixth order on the calendar.

Page 1, line 20, remove "The legislative members"

Page 1, line 21, remove "serve at the pleasure of the chairman of the legislative  
management."

Renumber accordingly

**2017 SENATE HUMAN SERVICES**

**HB 1085**



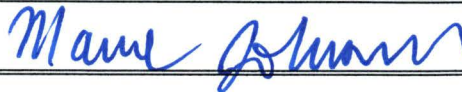
# 2017 SENATE STANDING COMMITTEE MINUTES

## Human Services Committee Red River Room, State Capitol

HB 1085  
3/1/2017  
Job Number 28579

- ☐ Subcommittee  
☐ Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

A bill relating to the creation of a brain injury advisory council; and to provide for application.

### Minutes:

3 Attachments

**Chair J. Lee:** Brought the public hearing on HB 1085, all members were present.

**Rep. Richard Anderson, District 6 (0:50-4:00) introduced the bill, please see attachment #1.** This bill sets up a brain injury advisory council that will report to the governor, who will choose people to be on board. He gave examples of Representatives with family members who have sustained brain injuries. Referred to attachment #1, a study by Minot State University. Rep. Anderson stated that he thinks we have all the pieces for a great brain injury network, there's just a disconnect; hopes that the board will create a one stop for locating services. He has trimmed the proposed board members and meeting time down.

**Senator Kreun:** Who's providing most of the services now?

**Rep. Anderson:** In some cases, we had a community provider, used a return to work program, he has been able to work and created own business. In other cases, it's Medicaid, and the families have to travel to Minnesota. It would be nice to get services from state of North Dakota, so they don't have to travel.

**Chair J. Lee:** Rebecca Quinn has been here talking about the services available for brain injuries. (her testimony was provided via email, please see attachment #3) We've had other bills with large task forces, I'm glad you've trimmed it down. We like the idea of steering committees who collate and distribute; a small core group of 5-9.

**Rep. Anderson:** A board is only as good as its members. We've been told that a board that reports to the governor has to be paid. With the creation of a board, you have access to federal grant money.

**Sen. Tim Mathern, District 11 (7:45-)** I've worked on this volunteer task force, this bill would bring this task force to another level; I would like to point out on page 2, line 30, "the department shall provide the council with administrative support services", it was our concern that this advisory council not act alone, and then have conflict between the council and

Human Services, so that feature is so they work together in the interest of people with brain injuries and family members. There are 2 legislators on this, and the manner of appointment has changed from the introduction, now the bill reads that the Speaker of the House and the President of the Senate shall each appoint one member. I would see this bill as a formal clarification that persons with a brain injury are special, they are not persons with mental illness or developmental disability, sometimes we assume they are all of the same situation, sometimes the care they get reflects a misjudgment of what their need is. This is a step in the development of our concern for people to make sure that persons who have a brain injury get appropriate care.

**Senator Heckaman:** On page 2, line 26, "the department shall provide the council..." which department are we talking about the Health Department, Human Services Department, or the Department of Public Instruction?

**Sen. Mathern:** The intent of the bill was that it would be the Department of Human Services. If that's not clear, that should be an amendment. They have the history in providing the services, and the coordination, so it would appear that would be the best place but if the departments come to a different conclusion that would be acceptable too. One of the things Rep. Anderson noted was the possibilities of getting additional federal funding, which is tied to the state having an advisory council, I believe that funding could be through the Department of Human Services, would suggest that the department that is the conduit for federal dollars, be the department that is noted here.

**Senator Clemens:** The bill deals with structure of the council, could you expand on subsection 8, what are the duties in more detail?

**Sen. Mathern:** One example would be to put on a yearly conference for brain injured people, their families, and providers. There are many providers that need training. I work at psychiatric hospital, and there are people trained to treat people with mental illness, but often persons with brain injury get same care, and they need a different kind of care. Another example is providing support for the families in different places around the state, parents benefit from meeting other parents. Helping legislators and the executive branch know what's needed next session, generating recommendations is a further example.

**Chair J. Lee:** When it talks about making appointments, it states that the council will appoint council members, who does the first round, do we need to do anything?

**Sen. Mathern:** We have a council in place right now, that council isn't statutorily a governor's council, but it is in place, and that's what the bill is referring to. That's how that would happen.

**Chair J. Lee:** We have 5-9 members on the 1<sup>st</sup> page, we add another 10 on the back, so we have up to 19 members.

**Sen. Mathern:** The 10 on the back are support, they have no voting rights. They participate in council activities. They assure the cross coordination of services, this is a recommendation from council itself; there are many families and individuals who don't feel heard. We felt giving them voting rights in this council strengthens their position, while being aware that the paid public employees really have the authority because of their position to have impact. That was



the way of making sure the grass roots voices are heard. The structure that is considered here came from a study of other advisory councils in other states. These 7 persons would be the steering committee.

**Chair J. Lee:** sub division e is quite a list, where did it come from?

**Sen. Mathern:** There are some states that have councils that are huge. It appeared they don't get a lot of work done. So all of those groups were lumped into e, the governor will pick from that list. Hopefully there's an individual that hits a few of those high points. The goal was to make the committee smaller not just for ability to do work, but for the fiscal impact, there are some who will testify that this is way too small, we need a stronger voice; I was involved in drafting this bill, we couldn't have gotten the bill through the House with a larger group.

**Trina Gress, Vice President, Community Options (23:55-25:30) testified in favor, please see attachment #2.**

**Senator Piepkorn:** I see a lot of "lack of" etc., describe what outcomes you're looking for? What can happen as a result of this task force?

**Ms. Gress:** Our services in the state, from counseling, to residential, to employment supports are all needed for individuals with brain injuries. It's a population of individuals that doesn't fit anywhere else, we are hoping with a formal creation of an advisory council, we can assist in creating more brain injury awareness campaigns, education, work in school systems, grant writing, there's a lot of work that needs to be done with this population.

**Senator Piepkorn:** I understand that, but the end goal for the brain injured, can there be improvement? Will their lives be made better?

**Chair J. Lee:** Would you describe what somebody does when they're being a job coach, tell us what kinds of things help them with focus and concentration; this is a condition one doesn't see. Give an example.

**Ms. Gress:** Overall, the goal of the advisory committee would be to create a unified system of care, from promotion to treatment and recovery to establish services in the state of North Dakota for these individuals. Examples include the individuals we serve, we serve 40 in the skill building program, to assist them in setting and reaching goals, and 25 individuals in a return to work program. When we receive a referral from medical personnel or a family member, the individual is usually straight out of the hospital, transitioning home, and we're told there are no services there. We do anything from assisting that individual to create grocery list on up. We help them focus on memory, to rebuild or improve and expand. We do job coaching, and how to present yourself to employer. All of those supports are needed for that population.

**Chair J. Lee:** Gave an example of somebody in grocery story (30:50-31:20)

**V-Chair Larsen:** What are the numbers of individuals with brain injuries being served right now?



**Ms. Gress:** In my agency or across ND?

**V-Chair Larsen:** Across the state.

**Ms. Gress:** Rebecca Quinn and UND Health will have much larger numbers than my 65 individuals, because she can service a larger population with resource facilitation. According to the needs assessment, anywhere from 8,872 -14,600 individuals with brain injuries. Gave a personal example of her father-in-law and the concussion he received. (32:20-32:55)

**Chair J. Lee:** Gave an example of a high school junior with a brain injury (33:10-33:45).

**No Opposition Testimony**

**Lauren Sauer, Behavioral Health Administrator, DHS (34:20-) testified neutral.** The Department would like to suggest a wording change on page 2, line 8 removing "individual representing brain injuries", a brain injury survivor is included earlier in the section and a representative from the Behavioral Health Division is included in this particular entry; it really does cover that additional position would do.

**Chair J. Lee:** So we would delete "and 1 individual representing brain injuries". Do you have any info on the number of persons served right now in the state?

**Mr. Sauer:** I don't right now, but I will get that for you.

**V-Chair Larsen:** We're starting a new board; will it replace the one there?

**Mr. Sauer:** I think it would replace it.

**Senator Piepkorn:** In recent years, sports relating injuries are more prevalent, what can you tell us about growth of high school college sports related injuries, is it a growing problem?

**Mr. Sauer:** Anecdotally, there's an increase and lots of research, I'll pull some data and send it with the statistics.

**Chair J. Lee:** If you had a summary, that will be ok.

**Chair J. Lee:** Closed the public hearing on HB 1085.

# 2017 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Red River Room, State Capitol

HB 1085  
3/7/2017  
Job Number 28826

☐ Subcommittee  
☐ Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A bill relating to the creation of a brain injury advisory council; and to provide for application.

## Minutes:

No Attachments

**Chair J. Lee:** My first note is at line 10, currently in DHS. I didn't like this list on 16-17, I can see a veteran, but I can't see these others. One member at large.

**Senator Heckaman:** That sounds better, you're going to miss somebody.

**Chair J. Lee:** So if we listed one member at large? There was something they said about that brain injury survivor.

**V-Chair Larsen:** Who will be the neuropsychologist, will that be a tier 1 service provider?

**Chair J. Lee:** Were we going to have one?

**V-Chair Larsen:** I don't know, with a brain injury, I think that would be a pretty good guy. If they fall under umbrella of letter c on line 12, this could be a service provider; my guess is they would consult more.

**Chair J. Lee:** That could be a consultant, there aren't that many of them around. Looking at Rebecca Quinn's testimony. The council currently in place would be absorbed into this one.

**Senator Heckaman:** Why can't they do it?

**Chair J. Lee:** With a legislative mandated council, they are eligible for council grant money from the federal government. This list is too big though.

**Senator Anderson:** Rep. Anderson said he reduced it considerably before he brought it through the House, rather than trying to deal with it, we should just let it go.

**Chair J. Lee:** Except we want to delete that one line on page 2, line 8, because it's duplicative. The state department has 2 people too, and so does the DHS.

**Senator Heckaman:** Human Services have 4.

**Senator Heckaman:** I move to amend out page 2 line 8 of HB 1085.

**V-Chair Larsen:** Second.

A roll call vote was taken.

Motion passes 6-0-1.

**Senator Heckaman:** I move do pass as amended.

**Senator Kreun:** Second.

A roll call vote was taken.

Motion passes 5-1-1.

Sen Kreun will carry.

Vote held for Senator Piepkorn.

Senator Piepkorn recorded his vote on separate recording, please see Job Number 28882.

Final vote 7-0-0 on amendment.

Final vote 6-1-0 on motion Do Pass As Amended.

March 7, 2017

CA  
~~3/7~~  
3/7/17

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1085

Page 2, line 7, after the underscored comma insert "and"

Page 2, line 8, remove ", and one individual representing brain injuries"

Renumber accordingly



Date: 3/7 2017Roll Call Vote #: 12017 SENATE STANDING COMMITTEE  
ROLL CALL VOTESBILL/RESOLUTION NO. 1085Senate Human Services Committee☐ SubcommitteeAmendment LC# or Description: remove 'one individual representing brain injuries'

Recommendation: ☒ Adopt Amendment  
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation  
☐ As Amended ☐ Rerefer to Appropriations  
☐ Place on Consent Calendar  
 Other Actions: ☐ Reconsider ☐

Motion Made By Sen. Heckaman Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	<u>X</u>		Senator Joan Heckaman	<u>X</u>	
Senator Oley Larsen (Vice-Chair)	<u>X</u>		Senator Merrill Piepkorn	<u>X</u>	
Senator Howard C. Anderson, Jr.	<u>X</u>				
Senator David A. Clemens	<u>X</u>				
Senator Curt Kreun	<u>X</u>				

Total (Yes) 7 No 0Absent 0

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

Date: 3/7 2017Roll Call Vote #: 22017 SENATE STANDING COMMITTEE  
ROLL CALL VOTESBILL/RESOLUTION NO. 1085Senate Human Services Committee☐ Subcommittee

Amendment LC# or Description: \_\_\_\_\_

Recommendation: ☐ Adopt Amendment  
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation  
☒ As Amended ☐ Rerefer to Appropriations  
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ \_\_\_\_\_Motion Made By Sen. Heckaman Seconded By Sen. Kreun

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.		X			
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 6 No 1Absent 0Floor Assignment Sen. Kreun

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**HB 1085, as reengrossed: Human Services Committee (Sen. J. Lee, Chairman)**  
recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends  
**DO PASS** (6 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING).  
Reengrossed HB 1085 was placed on the Sixth order on the calendar.

Page 2, line 7, after the underscored comma insert "and"

Page 2, line 8, remove ", and one individual representing brain injuries"

Renumber accordingly

**2017 CONFERENCE COMMITTEE**

**HB 1085**



# 2017 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Union Room, State Capitol

HB 1085  
4/5/2017  
29937

☐ Subcommittee  
☒ Conference Committee

Committee Clerk Signature

*Judy Pepple*

### Explanation or reason for introduction of bill/resolution:

Relating to the creation of a brain injury advisory council; and to provide for application

### Minutes:

Chairman D. Anderson: Called the committee to order  
Attendance taken.

Representative D. Anderson: the only change in the amendment was on page two and the removal of the language.

P. Sagness: There was actually a duplication as the individual representing the behavioral health and the person individual representing brain injuries. They would be the same person in the department.

Representative D. Anderson: Are there any other questions?  
I will talk to Chairman Weisz and get back to you. I am not sure we will even have another meeting.

It was brought to his attention that there has to be a vote.

Representative D. Anderson: Ok we will have another 5 minute meeting to vote. I will let you know when that will be.

Meeting adjourned.

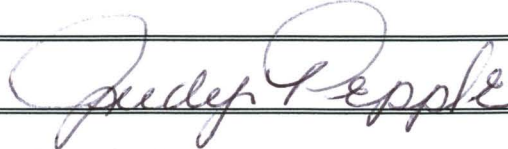
# 2017 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Union Room, State Capitol

HB 1085  
4/6/2017  
29972

☐ Subcommittee  
☒ Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Relating to the creation of a brain injury advisory council; and to provide for application

## Minutes:

Chairman D. Anderson called the committee to order.  
Attendance taken.

Chairman Anderson: We need a motion to accede to the Senate Amendments.

Representative Schneider: I move that the house accedes Senate Amendments

Representative B. Anderson: I will second it.

Chairman D. Anderson: Is there any discussion? If not, the clerk will call the roll.

Roll call vote taken    Yes    6        No    0        Absent    0

Chairman D. Anderson: Motion carried.

Adjourned.

Date: 4/6/17  
Roll Call Vote #: \_\_\_\_\_

2017 HOUSE CONFERENCE COMMITTEE  
ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1085 as (re) engrossed

House Human Services Committee

- Action Taken ☒ HOUSE accede to Senate Amendments  
☐ HOUSE accede to Senate Amendments and further amend  
☐ SENATE recede from Senate amendments  
☐ SENATE recede from Senate amendments and amend as follows  
  
☐ Unable to agree, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Rep. Schneider Seconded by: Rep. D. Anderson

Representatives	4/5	4/6		Yes	No	Senators	4/5	4/6		Yes	No
<u>Ch. D. Anderson</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<u>Sen. D. Harsen</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<u>Rep. B. Anderson</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<u>Sen. Krepp</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<u>Rep. Schneider</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<u>Sen. W. Anderson</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Total Rep. Vote				3		Total Senate Vote				3	

Vote Count Yes: 6 No: 0 Absent: 0

House Carrier Rep. D. Anderson Senate Carrier Sen. D. Harsen

LC Number \_\_\_\_\_ of amendment

LC Number \_\_\_\_\_ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

**REPORT OF CONFERENCE COMMITTEE**

**HB 1085, as reengrossed:** Your conference committee (Sens. O. Larsen, Kreun, Anderson and Reps. D. Anderson, B. Anderson, Schneider) recommends that the **HOUSE ACCEDE** to the Senate amendments as printed on HJ page 960 and place HB 1085 on the Seventh order.

Reengrossed HB 1085 was placed on the Seventh order of business on the calendar.



**2017 TESTIMONY**

**HB 1085**

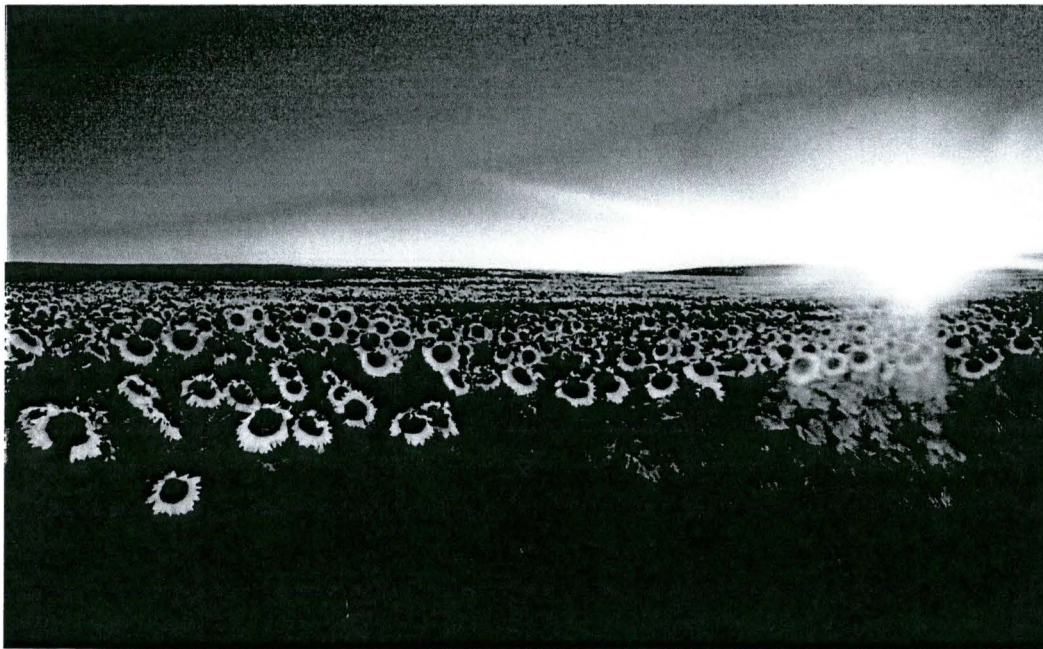
att 1

HB 1085-  
1-4-17

Report to the  
North Dakota Department of Human Services  
Behavioral Health Division

# **North Dakota Brain Injury Needs Assessment Executive Summary**

**June 2016**



*Prepared by  
North Dakota Center for Persons with Disabilities  
Minot State University  
Minot, ND*

*This report was written and prepared by*

Brent A. Askvig, Ph.D.

Ms. Kim Mathwich, BS, LSW

Mr. Steven Peterson, MT (ASCP)

*ND Center for Persons with Disabilities*

*Minot, State University*

The authors thank the ND Department of Human Services (DHS), Behavioral Health Division; Ms. Stacie Dailey from DHS; the members of the North Dakota Brain Injury Advisory Committee; all the reporting agencies, service providers and caregivers; and especially all those citizens of North Dakota who live with brain injury each day. Thank you for your time, information, resources, contacts, suggestions, and honesty as we work to understand brain injury. Thanks also go to Ms. Marilyn Undhjem, Ms. Korie Huettl, and Miss Carson Bachmeier at NDCPD for their assistance in conducting the needs assessment and preparing the report.

**Suggested reference:**

Askvig, B.A., Mathwich, K., & Peterson, S. (2016). *North Dakota Brain Injury*

*Needs Assessment: Final Report*. Minot, ND. ND Center for Persons with Disabilities.

*Preparation of this report was supported by a contract awarded to the ND Center for Persons with Disabilities, Minot State University by the North Dakota Department of Human Services. The opinions expressed here are those of the authors and do not necessarily reflect the official opinions or positions of the ND Department of Human Services or its staff.*

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## **Executive Summary**

**For people with brain injury in North Dakota, services and supports for the condition are few, are disparate, and are disjointed.**

The North Dakota Center for Persons with Disabilities (NDCPD) at Minot State University was contracted by the ND Department of Human Services, Behavioral Health Division, to conduct a statewide needs assessment on the numbers of people with brain injury in the state, and the needs, services, and potential gaps for this population. NDCPD designed and conducted a four pronged needs assessment over a period of seven months. This process included conducting a program and services review, gathering data via questionnaires of various target populations, conducting focus groups around the state, and gathering personal stories of ND citizens who have survived brain injuries. The data gathered were both quantitative (numerical) and qualitative (written and oral commentary) in nature. A listing and description of significant findings was produced, and a brief comparison of these results with a previous 2005 statewide needs assessment was completed. An overview of the results is provided here.

### ***Definition of Brain Injury for this Needs Assessment***

Per the guidance from the ND Department of Human Services, the following definition and description of brain injury was used.

*Brain Injury (BI) is defined as an injury to the brain which occurs after birth and which is acquired through traumatic or non-traumatic insults. The state definition does not include hereditary, congenital, non-traumatic encephalopathy, non-traumatic aneurysm, stroke, or degenerative brain disorders or injuries*

*induced by birth trauma. However, for purposes of this needs assessment non-traumatic aneurysm and stroke shall be included.*

This definition was a combination of the recently revised North Dakota definition of brain injury (which contains both traumatic and non-traumatic brain injury) with the inclusion of stroke.

### ***Incidence and Prevalence of Brain Injury in North Dakota***

This needs assessment found that there is no definitive method to determine precise numbers of individuals with brain injury in ND. This actually coincides with findings from the national Centers for Disease Control and Prevention (2015). If we use the CDC estimates (extrapolated to ND) we might reasonably expect to have 8,872 and 14,695 people with TBI in our state. We can then add the extrapolated numbers of possible ND citizens living with stroke (14,024) to get a total of between 22,896 and 28,719 people in ND who could fall with our definition of brain injury for this report. This would be between 3.02% to 3.79% of our current state population. There are many reasons for not having precise figures, including no national or state brain injury registry, variations in the state and national definitions used for the condition.

### ***Significant Findings***

The major summary finding is that **for people with brain injury in North Dakota, services and supports for the condition are few, are disparate, and are disjointed.** There are also significant findings that can be grouped by (1) the lack of and need for services for the population, (2) the need for education about brain injury, and (3) the need for better data collection and coordination. These findings are, in no particular order of importance:

**1. Overall, there are insufficient services for people with brain injuries.**

- a) There is a lack of a continuum of resources, supports and services for brain injury in North Dakota and there are disparities across the state.
- b) Brain injury and the associated conditions impact daily functioning people with brain injury and impact their access to services.
- c) There are problems with care coordination across existing programs within the state.
- d) Families reported a high need for family and survivor support systems.
- e) People with brain injury need transitional services, case management, employment supports, and transitional housing.
- f) Participants reported frustrations and problems with eligibility for access to treatment for brain injury, especially after hospitalization.

**2. Overall, there is insufficient education and training about brain injury and its impact on individuals, families and the community.**

- a) North Dakota needs more public education about brain injury.
- b) Various service providers, medical personnel, and community agency staff need education and training about working with people with brain injury.

**3. Overall, there are insufficient data systems and reporting processes for determining accurate census information on brain injury.**

- a) Definitional variations between the state definition and national reporting systems makes state to national comparisons difficult.
- b) Current in-state data collection systems are not coordinated to show a comprehensive picture of the numbers of citizens needing brain injury services.



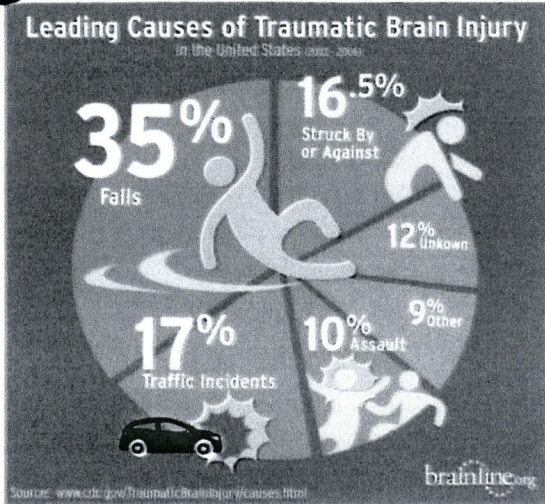
## **Comparison to the 2005 Statewide Needs Assessment**

While there were some methodological differences between this 2016 needs assessment and the study conducted in 2005, many of the findings were similar. One major conclusion of the 2005 report was that the state did not have a comprehensive system of services and supports for people with TBI. The authors suggested that the current system was “fragmented” and did not address the needs of people with TBI. This coincides with the general theme and individual findings of the 2016 study. The 2005 report lists several major findings including a need for increased access to TBI information, a need for education, training and awareness on TBI, enhanced services for people with TBI, and increased supports for people with TBI and their caregivers, particularly family caregivers. Again, the 2016 report confirms many of these items. Finally, the authors of the 2005 report listed several barriers or gaps in services such as a shortage of TBI advocates, no central source of information or resources, lack of knowledge by individuals about TBI services, inadequate financial resources, lack of individualized services and an overall lack of understanding of TBI by service providers. This 2016 report confirms many of these findings except for the item about central source of information or resources. ND currently supports the ND Brain Injury Network (NDBIN) which operates out of the UND Center for Rural Health and provides a central source of information to individuals, families, and providers.



AH2  
1-4-17  
HB 1085

# Brain injury can happen to anyone, anywhere at any time.



Brain Injury is defined as an injury to the brain which occurs after birth and which is acquired through traumatic or non-traumatic insults.

Persons with brain injury are infants, children, youth, young and middle-aged adults – including veterans, and older adults.

Brain injury affects not only the individual, but also the family, close friends, coworkers and other social networks of the individual. Roles and relationships change. The financial ramifications may be extensive.

## Brain injury is a leading cause of disability.

Over 1.7 million people in the United States sustain traumatic brain injuries each year, but only 250,000 of those are hospitalized. This is higher than that of breast cancer, multiple sclerosis, spinal cord injury and HIV/AIDS combined.

Brain injury and the associated conditions impact daily functioning for people with brain injury and impact their access to services.

Survivor Story

Survivor Story

## Silent Epidemic/Invisible Disability

Brain injury has been called the “silent epidemic” because public recognition of brain injury is extremely low despite the staggering number of people who are injured each year.

Brain Injury is often called the invisible disability because all too often individuals show no outward signs of the long term ramifications of the injury.

## Individuals with brain injury resides in every community in North Dakota.

Each year in North Dakota an estimated **3,693** individuals sustain a Traumatic Brain Injury.

More than **13,000** North Dakotans are currently living with a long term disability from brain injury.

Another story here

## Needs of North Dakotans with Brain Injury

The 2016 ND 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 data pointed to three primary brain injury needs.

### 1. Insufficient services for people with brain injuries.

- A lack of a continuum of resources and problems with care coordination across existing programs within the state, especially after hospitalization.
- Difficulty and frustration with eligibility and access to services including the need for transitional services, case management, supportive housing, and employment supports.

### 2. Lack of awareness and education about brain injury and its impact.

- Specialized training is needed for various fields including medical, community agency, education, and criminal justice.
- Survivors and their families have a high need for ongoing education and support.

### 3. Discrepancies in the definition of brain injury means is insufficient data.

- Definition variations between the state definition and national reporting systems makes state to national comparisons difficult.
- Current in state data collection systems are not coordinated to show comprehensive picture of the numbers of citizens needing brain injury services.

For more information about brain injury in North Dakota or to get involved in efforts please contact Rebecca Quinn at 855.866.1884 or [rebecca.quinn@med.und.edu](mailto:rebecca.quinn@med.und.edu)

## North Dakota Brain Injury Developments

HB 1085  
att. 3  
1-4-17

1987

- ND DoH established as Lead agency
- ND Legislature mandated ND DoH create TBI registry but provided no state funding
- State received CDC funding for TBI registry

1989

- ND DHS established as lead agency
- Legislation requiring DoH to forward names on registry to DHS

1992

- 1<sup>st</sup> Head Injury Action Plan

1994

- CDC funding for registry ceased
- DHS receives approval for a home and community-based services (HCBS) Medicaid Waiver for TBI

1999

- State law regarding registry was repealed
- Legislature approved funds to create a basic care licensed group home in the western part of the state

2003

- ND awarded HRSA planning grant to conduct needs assessment

2005

- Completed ND TBI Needs Assessment Report and Action plan

2007

- DHS awarded a three year federal TBI grant
- Contracted with UND-CRH for the day to day activities of the grant
- Four goals:
  - re-establish the advisory committee, statewide education and public awareness, peer mentoring with Native American individuals on the reservations, and make connections with military partners/agencies

2008

- ND TBI Advisory Committee updated the state action plan for recommendations to DHS funding, Governor and Legislation

2009

- The 2009 legislative session appropriated funds for TBI to DHS
- The funds provided:
  - Informal supports; peer mentoring; education and public awareness; social and recreational services; pre-vocational skills; and extended services or ongoing employment support
- The DHS contracted with:
  - The Head Injury Association for informal supports, etc
  - HIT Inc for social and rec services



- Community Options for pre-vocational skills
- Extended services or ongoing employment support portion of the funds became available to those individuals working with VR

2011

- Legislature added funds to the DHS budget to expand the increase the informal support services in the eastern part of the state
  - Funds were added to the contract with the Head Injury Association
  - Contracts with Community Options for pre-vocational skills continued
  - DHS expanded the social and rec contracts to include support groups across the state
    - HIT, Inc. in Mandan, Dakota Center for Independent Living in Bismarck, HeartSprings in Fargo, Onword Therapy in Fargo, and Sanford Health in Fargo.

2013

- Legislature added funds to the DHS budget specifically for the service of resource facilitation.
- DHS released an RFP to develop and provide a continuum of services to include informal support, peer mentoring, resource facilitation, and ongoing public awareness and education.
  - The contract was awarded to UND-CRH to develop the North Dakota Brain Injury Network (NDBIN)
  - The project includes a program director and three resource facilitators
  - DHS continues to contract with Community Options for pre-employment services
  - Social and rec contracts continue

2015

- Legislature added funds to the DHS budget for a Return to Work Program
- Legislature changed language from Traumatic Brain Injury to Brain Injury and added language to start collecting data from contractors
- Legislature added funds to the DHS budget for Resource Facilitation
  - DHS continues to contract with UND for the North Dakota Brain Injury Network (NDBIN)
  - DHS continues to contract with Community Options for pre-employment services
  - Social and rec contracts continue

2016

- Formation of a new North Dakota Brain Injury Advisory Council with elected members was completed on June 15, 2016.
- A North Dakota brain Injury needs assessment was completed by Minot State University June 30th, 2016.
- A contract for a statewide brain injury media awareness campaign was awarded to KK Bold in July of 2016.



A H

**65<sup>th</sup> Legislative Session  
Testimony  
Human Services Committee  
January 4, 2017**

Good afternoon Chairman Weisz and members of the Committee. My name is Trina Gress, I am Vice President of Community Options. Community Options asks this committee to support HB 1085.

HB 1085 is the creation of a formal Brain Injury Advisory Council. Community Options has been a longtime advocate for Brain Injury Services in the state of ND. HB 1085 would create a formal council that would unify stakeholders and avoid duplication of efforts.

In the recent Brain Injury Needs Assessment completed by ND Center for Persons with Disabilities in Minot, ND, it was identified that services and supports for the condition are few, are disparate, and are disjointed. Your support for HB 1085 will assist in organizing advocates to have one voice and bring services together to help improve the quality of life for an individual with brain injury and their families.

In conclusion, Community Options is asking for your support on HB 1085. Thank you for your time, are there any questions?

Sincerely Submitted,

Trina Gress

Att 1  
HB 1085  
1-18-17

HB1085 is a bill that would create a Advisory group that will be selected by Governor and replace the Brain Injury Advisory group that currently brings awareness to the needs and programs for TBI individuals. This is my fourth session that I have served on the Human Services Committee and every session we've discussed programs and legislation that would improve outcome for TBI victims. I've visited with numerous parents and individuals that have had family members who have experienced a brain injury. Everyday we are on the house floor there are three individuals who sit with us who have family members injured with a severe head injury. Two of them have recovered and are living almost a normal life but still need assistance from time to time. The third victim was not as lucky and a positive outcome looks doubtful. The programs appear to work well for some but the connection to receive a continuous path to recovery seems to be lacking or broken for some victims. I hope the creation of the advisory group appointed by the governor would help bring awareness and solutions that would provide a path for many who have suffered a brain injury. Rebecca Quinn who works for the Brain Injury Group from UND is here to talk about possible federal grants that are possible with the creation of the board.

Rep. D Anderson

House Human Services Committee

January 18, 2017

AH.2  
HB1085  
1-18-17

Chairman Weisz and other members of the Committee. I am Rebecca Quinn and serve a program director at the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. The Center for Rural Health is contracted by the Department of Human Services to operate the North Dakota Brain Injury Network.

My testimony today is to provide information regarding House Bill 1085 relating to the creation of a brain injury advisory council.

North Dakota would benefit from having a Brain Injury Advisory Council because it would allow for more collaboration among stakeholders and avoid duplication of efforts. Additionally, the federal TBI grant program requires for states receiving grants funds to have a council within state government. According to the National Association of State Head Injury Administrators, 40 states currently have a brain injury advisory board or council in statute.

Thank you for your time and I welcome any questions.

Respectfully submitted

Rebecca Quinn

Center for Rural Health

University of North Dakota, School of Medicine and Health Sciences

US Code: Title 42- Public Health and Welfare, Chapter 6A, Section 300d-52. State grants for projects regarding traumatic brain injury

(a) In general

The Secretary may make grants to States and American Indian consortia for the purpose of carrying out projects to improve access to rehabilitation and other services regarding traumatic brain injury.

(b) State advisory board

(1) In general

The Secretary may make a grant under subsection (a) only if the State or American Indian consortium involved agrees to establish an advisory board within the appropriate health department of the State or American Indian consortium or within another department as designated by the chief executive officer of the State or American Indian consortium.

Under this federal grant program, North Dakota has received:

- \$100,000 during 2003-2005 for a TBI planning grant to the Department of Health to conduct traumatic brain injury needs assessment and develop a statewide action plan
- \$330,000 during 2007-2010 for a TBI implementation grant to carry out the identified goals in the action plan. North Dakota was awarded these funds based on the development of a TBI Advisory Board being identified as a goal to be achieved during the grant cycle.

North Dakota submitted unsuccessful application in 2010 and 2014. Both federal guidance specified that an advisory board within State government must either be in existence or have a plan to establish one upon receiving funding.



#B 1085  
 Attach  
 #1  
 3/1  
 pg.1

*induced by birth trauma. However, for purposes of this needs assessment non-traumatic aneurysm and stroke shall be included.*

This definition was a combination of the recently revised North Dakota definition of brain injury (which contains both traumatic and non-traumatic brain injury) with the inclusion of stroke.

### ***Incidence and Prevalence of Brain Injury in North Dakota***

This needs assessment found that there is no definitive method to determine precise numbers of individuals with brain injury in ND. This actually coincides with findings from the national Centers for Disease Control and Prevention (2015). If we use the CDC estimates (extrapolated to ND) we might reasonably expect to have 8,872 and 14,695 people with TBI in our state. We can then add the extrapolated numbers of possible ND citizens living with stroke (14,024) to get a total of between 22,896 and 28,719 people in ND who could fall with our definition of brain injury for this report. This would be between 3.02% to 3.79% of our current state population. There are many reasons for not having precise figures, including no national or state brain injury registry, variations in the state and national definitions used for the condition.

### ***Significant Findings***

The major summary finding is that **for people with brain injury in North Dakota, services and supports for the condition are few, are disparate, and are disjointed.** There are also significant findings that can be grouped by (1) the lack of and need for services for the population, (2) the need for education about brain injury, and (3) the need for better data collection and coordination. These findings are, in no particular order of importance:

1085  
#1  
3/1  
Pg. 2

**1. Overall, there are insufficient services for people with brain injuries.**

- a) There is a lack of a continuum of resources, supports and services for brain injury in North Dakota and there are disparities across the state.
- b) Brain injury and the associated conditions impact daily functioning people with brain injury and impact their access to services.
- c) There are problems with care coordination across existing programs within the state.
- d) Families reported a high need for family and survivor support systems.
- e) People with brain injury need transitional services, case management, employment supports, and transitional housing.
- f) Participants reported frustrations and problems with eligibility for access to treatment for brain injury, especially after hospitalization.

**2. Overall, there is insufficient education and training about brain injury and its impact on individuals, families and the community.**

- a) North Dakota needs more public education about brain injury.
- b) Various service providers, medical personnel, and community agency staff need education and training about working with people with brain injury.

**3. Overall, there are insufficient data systems and reporting processes for determining accurate census information on brain injury.**

- a) Definitional variations between the state definition and national reporting systems makes state to national comparisons difficult.
- b) Current in-state data collection systems are not coordinated to show a comprehensive picture of the numbers of citizens needing brain injury services.

**65<sup>th</sup> Legislative Session  
Testimony  
Senate Human Services Committee  
March 1, 2017**

HB 1085  
Attach  
#2  
3/1

Good afternoon Chairwoman Lee and members of the Committee. My name is Trina Gress, I am Vice President of Community Options. Community Options asks this committee to support HB 1085.

HB 1085 is the creation of a formal Brain Injury Advisory Council. Community Options has been a longtime advocate for Brain Injury Services in the state of ND. HB 1085 would create a formal council that would unify stakeholders and avoid duplication of efforts.

In the recent Brain Injury Needs Assessment completed by ND Center for Persons with Disabilities in Minot, ND, it was identified that services and supports for the condition are few, are disparate, and are disjointed. Your support for HB 1085 will assist in organizing advocates to have one voice and bring services together to help improve the quality of life for an individual with brain injury and their families.

In conclusion, Community Options is asking for your support on HB 1085. Thank you for your time, are there any questions?

Sincerely Submitted,

Trina Gress

Senate Human Services Committee

March 1, 2017

HB 1085  
Attach  
#3  
3/1  
pg.1

Madam Chair and other members of the Committee. I am Rebecca Quinn and serve a program director at the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. The Center for Rural Health is contracted by the Department of Human Services to operate the North Dakota Brain Injury Network.

I am providing written testimony to provide information regarding House Bill 1085 relating to the creation of a brain injury advisory council.

North Dakota would benefit from having a Brain Injury Advisory Council because it would allow for more collaboration among stakeholders and avoid duplication of efforts. Additionally, the federal TBI grant program requires for states receiving grants funds to have a council within state government. According to the National Association of State Head Injury Administrators, 40 states currently have a brain injury advisory board or council in statute.

Thank you for your time and I welcome any questions.

Respectfully submitted

Rebecca Quinn

Center for Rural Health

University of North Dakota, School of Medicine and Health Sciences



1085  
#3  
3/1  
Pg. 2

US Code: Title 42- Public Health and Welfare, Chapter 6A, Section 300d-52. State grants for projects regarding traumatic brain injury

(a) In general

The Secretary may make grants to States and American Indian consortia for the purpose of carrying out projects to improve access to rehabilitation and other services regarding traumatic brain injury.

(b) State advisory board

(1) In general

The Secretary may make a grant under subsection (a) only if the State or American Indian consortium involved agrees to establish an advisory board within the appropriate health department of the State or American Indian consortium or within another department as designated by the chief executive officer of the State or American Indian consortium.

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- \$330,000 during 2007-2010 for a TBI implementation grant to carry out the identified goals in the action plan. North Dakota was awarded these funds based on the development of a TBI Advisory Board being identified as a goal to be achieved during the grant cycle.

North Dakota submitted unsuccessful application in 2010 and 2014. Both federal guidance specified that an advisory board within State government must either be in existence or have a plan to establish one upon receiving funding.