

**FISCAL NOTE**  
**Requested by Legislative Council**  
**12/21/2018**

Bill/Resolution No.: SB 2027

- 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.*

	2017-2019 Biennium		2019-2021 Biennium		2021-2023 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

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

	2017-2019 Biennium	2019-2021 Biennium	2021-2023 Biennium
Counties			
Cities			
School Districts			
Townships			

- 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).*

SB2027 provides for an updated definition for brain injury.

- 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.*

SB2027 has no fiscal impact.

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.*
- 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.*
- 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.*

**Name:** Heide Delorme

**Agency:** Department of Human Services

**Telephone:** 701-328-4608

**Date Prepared:** 01/04/2019

**2019 SENATE HUMAN SERVICES COMMITTEE**

**SB 2027**

# 2019 SENATE STANDING COMMITTEE MINUTES

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

SB 2027  
1/7/2019  
30454

- Subcommittee  
 Conference Committee

Committee Clerk: Justin Velez

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

Relating to the definition of brain injury.

## Minutes:

3 Attachments

**Vice Chair Larsen:** Brings committee hearing for SB 2027 to order.

**Senator Lee:** As the interim Human Services Committee chair I bring this before you because we found that we had left out brain injuries that might include stroke, for example, because there is a brain injury there and we would like to be able to see those kinds of conditions be recognized as something that deserves services as well.

**(2:57) Senator Anderson:** Can we hear some history on why those things we initially listed in the prior definition?

**Senator Lee:** I will defer that question to one of the people coming up behind me.

**(4:04) Janna Pietrzak, American Heart Association and Director of the 3-year North Dakota Mission: Lifeline Stroke projects: (Attachments 1-2)** Please see **Attachment #1** for testimony. **See Attachment #2** for testimony from **Rebecca Quinn, Program Director at the Center for Rural Health, University of North Dakota.**

**(8:00) Senator Roers:** Can you help me understand where this fits in the larger picture? What does this expanded definition then effect, what is the downstream effect of changing this?

**Ms Pietrzak:** My understanding is that I don't think it would a lot of effect on other programs, but we would need Ms Quinn to verify that.

**Senator Roers:** Does this now require insurance coverage for certain things now that that is included within the definition?

**Chair Lee:** Could you ask Ms Quinn to send us and email with the information.

**Ms Pitrzak:** I will ask Ms Quinn to send you an email with that information.

**Senator Hogan:** I think if you refer to **Attachment #2** it is made pretty clear what it will impact and what it will not.

**(12:02) Trina Gress, Vice President of Community Options:** See **Attachment #3** for testimony.

**Chair Lee:** Do you think this expanded definition would allow you to consider providing services to those who had suffered birth trauma?

**Ms Gress:** In my opinion yes.

**Chair Lee:** Closes the hearing of SB 2027.

# 2019 SENATE STANDING COMMITTEE MINUTES

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

SB 2027  
1/8/2019  
31142

- Subcommittee  
 Conference Committee

Committee Clerk: Justin Velez

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

Relating to the definition of brain injury.

## Minutes:

No attachments

**Madam Chair Lee:** Okay, the next one from yesterday was the definition of brain injury and that wasn't going to be hard.

**Senator K. Roers:** I am still waiting for that response from the American Heart Association, the person who couldn't make it. Jana was going to have her outline what she could envision the downstream effects of this change being could she see any third party payer implications rather than just the eligibility within state programs.

**Madam Chair Lee:** So we will wait for that.

**Senator Hogan:** Maybe we should have someone send a follow up memo to see if we can get it by tomorrow.

**Madam Chair Lee:** Do you have the name of the person from the American Heart Association and find out if we can get it by tomorrow afternoon?

**Senator K. Roers:** I'm not sure what her name is.

**Madam Chair Lee:** Let's just find out if she has access to that information.

**Senator K. Roers:** I can send her a message.

**Madam Chair Lee:** Just wanting to know if she can do it so that we can have it tomorrow afternoon because the longer these pile up the bigger the stack. So we can move that one to wait for the American Heart Association.

**Senator O. Larsen:** On the brain injury bill, I like the bill the way it is and I know in testimony the one girl was saying how we don't ask how they got a brain injury we just want to categorize the brain injury, and I don't want to put an amendment on the bill saying id like to

see research on where we are getting these brain injuries from. The thing that I was thinking about on this is the substance abuse brain injury, there's such an embracing of legal marijuana that I know there is research in that. So if that's a question to ask somebody id sure like to know where I could get that information because I know the marijuana report that I send out to all the legislators that I get monthly speaks a lot of that but it would be nice to see some state data on all the brain injuries and have that.

**Madam Chair Lee:** We could have Rebecca Quinn with the Brain Injury Coalition can certainly provide any information that is available. I don't disagree with the person who presented and said we don't ask how you broke your leg we just fix it.

**Senator K. Roers:** I did send the e-mail to Jana regarding the information from the American Heart Association.

**Madam Chair Lee:** Thank you.

**Senator O. Larsen:** I'm not sure if we have to wait for the information on this bill if we could just move it along unless you want to wait too.

**Madam Chair Lee:** Well I was just trying to be respectful of your requests. Does anybody feel inclined to move action on SB 2027 without knowing the sources of where all the brain injuries come from?

**Senator O. Larsen:** It's just an interesting question that I think they can gather the information I don't think we need to hold the bill up on it so, I would move that SB 2027 as a DO PASS.

**Seconded by Senator Anderson**

**Senator K. Roers:** I guess I would like to hear the answer on especially the third party payer piece prior to voting on it because I feel like there's not (Inaudible). Will this definition have any change to third party payer eligibility for certain payments likely no, but I want to understand that.

**Madam Chair Lee:** I think it would make it better actually.

**Senator K. Roers:** Will it end up with a different insurance mandate.

**Senator Hogan:** It's a good question.

**Senator K. Roers:** I would feel more comfortable waiting until tomorrow when I will have a yes we have that answer or no we don't.

**Senator Anderson:** I move to table the vote until tomorrow

**Seconded by Senator O. Larsen**

**Madam Chair Lee:** All in favor of tabling the vote on SB 2027 until tomorrow.

**VOICE VOTE. MOTION CARRIES.**

**Madam Chair and the Senate Human Services Committee go from SB2027 to SB2029=**

# 2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

SB 2027  
1/9/2019  
Job # 31014

- Subcommittee  
 Conference Committee

Committee Clerk Signature: Justin Velez

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

Relating to the definition of brain injury

## Minutes:

No Attachments

**Madam Chair Lee:** We tabled our vote on SB 2027 to today. Do we have any further questions on the definition of brain injury?

**Senator K. Roers:** I feel like she answered my question adequately, and we can move on.

**Madam Chair Lee:** We had a motion from Senator O. Larsen and a Second from Senator Anderson for a **DO PASS**. Now all we have to do is vote. Is there any further discussion before the vote?

**Senator O. Larsen made a motion for a DO PASS and was Seconded by Senator Clemens**

## ROLL CALL VOTE TAKEN

**6 YEA, 0 NAY, 0 Absent  
MOTION CARRIES AS A DO PASS**

**Senator Anderson will carry SB 2027 to the floor.**

**Madam Chair Lee:** Closes the discussion on SB 2027

Date: 1/8/17  
Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2027

Senate 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. O. Larsen Seconded By Sen. Anderson

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee			Sen. Kathy Hogan		
Sen. Oley Larsen					
Sen. Howard C. Anderson					
Sen. David Clemens					
Sen. Kristin Roers					

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

Absent \_\_\_\_\_

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

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

Vote Tabled

**2019 SENATE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO.**

Senate 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     Table Vote

Motion Made By Anderson Seconded By O. Larsen

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee			Sen. Kathy Hogan		
Sen. Oley Larsen					
Sen. Howard C. Anderson					
Sen. David Clemens					
Sen. Kristin Roers					

*VOICE NOTE  
 MOTION CARRIES*

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

Absent \_\_\_\_\_

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

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

Date: 1/9/19  
 Roll Call Vote #: )

**2019 SENATE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 2027**

Senate 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. O. Larsen    Seconded By Sen. Clemens

Senators	Yes	No	Senators	Yes	No
Chair Lee	X		Senator Hogan	X	
Vice Chair Larsen	X				
Senator Anderson	X				
Senator Clemens	X				
Senator Roers	X				

Total (Yes) 6    No 0

Absent 0

Floor Assignment Sen. Anderson

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

**REPORT OF STANDING COMMITTEE**

**SB 2027: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS**  
(6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2027 was placed on the  
Eleventh order on the calendar.

**2019 HOUSE HUMAN SERVICES**

**SB 2027**

# 2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

SB 2027  
3/4/2019  
33123

- Subcommittee  
 Conference Committee

Committee Clerk: Nicole Klaman by Donna Whetham

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

Relating to the definition of brain injury.

## Minutes:

1-3

**Chairman Weisz:** Opened the hearing on SB 2027.

**Rebecca Quinn, program director at the Center for Rural Health, University of North Dakota:** In support, written testimony provided, see **(attachment 1)**. Benefit of definition expansion in order to clarify the current definition and create a system that is inclusive of all individuals with brain injuries and does not exclude individuals with similar service needs from accessing needed services.  
(04:25- 09:34)

**Chairman Weisz:** Basically you are adding stroke which is an injury to the brain which was specifically excluded prior to this, is that the main area where this expansion is happening?

**Rebecca Quinn:** Yes. The definition in the bill was written by Senator Kilzer. He thought this would be the easiest to understand and be the most inclusive. It no longer spells out specific conditions but has a broader definition of brain injury that would be welcoming of all different types of conditions.

**Vice Chairman Karen Rohr:** Would it include alcohol induced brain injury or Alzheimers?

**Rebecca Quinn:** Alcohol induced brain injury that is called Wernicke-Korsakoff Syndrome, yes it would include this. Often they have multiple types of brain injury. This would not include dementias like Alzheimers. A brain injury occurs after birth.

**Representative Bill Tveit:** Could you expound on line 14.

**Rebecca Quinn:** That statement, “the term does not include an insult of a degenerative or a congenital nature” is line 14 and that is in reference to Rep Rohr’s question regarding the degenerative dementias and it is not including that.

**Rep. Kathy Skroch:** Line 14, congenital nature means it excludes born with and later onset of dementias?

**Rebecca Quinn:** Yes, congenital would be born with. The biggest population people feel should fall within my prevue would be fetal alcohol syndrome. But that is one that is not traditionally seen as a brain injury. So it does not include those.

**Janna Pietrzak, American Heart Association employee and Director of the North Dakota Mission, Lifeline Stroke Director:** In support, written testimony provided, see **(attachment 2)** (14:41-17:24).

**Sandra Gruhot, stroke survivor and coordinator for North Dakota Stroke Survivor Program:** In support, written testimony provided, see **(attachment 3)**. (17:45-

**Chairman Weisz:** Any questions from Committee? Seeing none.

**Opposition:** Seeing none.

**Chairman Weisz:** Closes hearing on SB2027.

# 2019 HOUSE STANDING COMMITTEE MINUTES

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

SB 2027  
3/5/2019  
33299

- Subcommittee  
 Conference Committee

Committee Clerk: Nicole Klaman by Donna Whetham

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

Relating to the definition of brain injury.

## **Minutes:**

**Chairman Weisz:** Opened the hearing on SB 2027.

**Rep. Dobervich:** I move a Do Pass on SB 2027.

**Rep D. Anderson:** Seconded.

**Chairman Weisz:** We are broadening the definition of brain injury. Any discussion?  
Seeing none.

**Roll call vote:** Yes 14 No 0 Absent 0. Motion carries on a Do pass on SB 2027.

**Rep. Kiefert:** Will carry the bill.

Hearing closed.

**2019 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. SB 2027**

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. Dobervich    Seconded By Rep. D. Anderson

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman	X		Gretchen Dobervich	X	
Karen M. Rohr – Vice Chairman	X		Mary Schneider	X	
Dick Anderson	X				
Chuck Damschen	X				
Bill Devlin	X				
Clayton Fegley	X				
Dwight Kiefert	X				
Todd Porter	X				
Matthew Ruby	X				
Bill Tveit	X				
Greg Westlind	X				
Kathy Skroch	X				

Total (Yes) 14    No 0

Absent 0

Floor Assignment Rep. Kiefert

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

**REPORT OF STANDING COMMITTEE**

**SB 2027: Human Services Committee (Rep. Weisz, Chairman)** recommends **DO PASS**  
(14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2027 was placed on the  
Fourteenth order on the calendar.

**2019 TESTIMONY**

**SB 2027**

SB 2027 # 1  
1/7/19  
Pg 1



**American  
Heart  
Association.**

66th Legislative Session

Senate Human Services Committee

January 7, 2019

Madame Chair and other members of the Committee. I am Janna Pietrzak, American Heart Association employee and Director of the 3-year ND Mission: Lifeline Stroke project. I also sit on the governor appointed ND Brain Injury Advisory Council. While I am not a lobbyist, I am authorized to provide testimony on behalf of American Heart Association in support of Senate Bill No. 2027 which seeks to revise the North Dakota Century Code definition of brain injury to be inclusive of all acute brain injuries.

In my 18 years of experience as a registered nurse, I have seen first-hand the devastating effects that a sudden brain injury can have on individuals and their loved ones. This statement holds true regardless of the cause of brain injury. An acute stroke is one type of brain injury that none of us are immune to. Strokes can happen at any age, and in recent years we have seen an increase of incidence among individuals 35- 65 years of age.

In my role as ND Mission: Lifeline Stroke Director, I greatly enjoy collaborating with the ND Department of Health Division of EMS and Trauma, hospital clinicians and other key stakeholders to improve stroke systems of care. Significant strides have been and continue to be made, in prevention, educating the public on risk factors and warning signs, and acute care

SB 2027  
1/7/19 #1  
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through ND consensus-based protocols and recommendations ensuring that individuals in our state who experience a stroke receive timely, guideline-based treatment. Despite this, many will still experience cognitive or physical deficits that impact quality of life. Currently there is limited support for these individuals upon their return home. This is especially true in the more rural areas of the state, where services may be difficult to locate. ND stroke survivors would benefit from the educational events, support groups and referral assistance programs currently offered by the ND Brain Injury Network. The American Heart Association hopes to partner further with the Brain Injury Network to create a sustainable support system for stroke survivors in ND.

The ND Brain Injury Advisory Council members collectively voted in favor of the proposed expanded brain injury definition at its August 17, 2018 meeting. The committee feels it is important to create a system that does not exclude individuals with specific causes of brain injury, such as stroke. Upon review of investigative work completed by Rebecca Quinn, ND Brain Injury Network Program Director, the Council is confident that the expanded definition would not create excess burden to the existing Brain Injury Network resources. Unfortunately, Rebecca is unable to be here today, but I refer you to her written testimony for further details on this, as well as additional information regarding the bill.

Thank you for your time and attention. I appreciate the opportunity to voice support of Senate Bill No. 2027 on behalf of the American Heart Association. I am open to any questions that the committee has.

Respectfully submitted



**Janna Pietrzak**  
ND Mission: Lifeline Stroke  
Director  
American Heart Association  
janna.pietrzak@heart.org  
1005 12<sup>th</sup> Ave SE | Jamestown | ND  
M 701.730.3305

66th Legislative Session

Senate Human Services Committee

January 7, 2019

Madame Chair and other members of the Committee. I am Rebecca Quinn and serve a program director at the Center for Rural Health, University of North Dakota. The Center for Rural Health is contracted by the Department of Human Services to operate the North Dakota Brain Injury Network and provide administrative support to the Brain Injury Advisory Council. I am submitting this testimony to provide information regarding the bill to clarify the North Dakota Century Code definition of brain injury to be inclusive of all brain injuries.

The North Dakota Brain Injury Advisory Council voted in favor of the proposed expanded definition at their August 17, 2018 meeting. The Council is in favor of making this definition change in order to clarify the current definition and create a system that is inclusive of all individuals with brain injuries and does not exclude individuals with similar service needs from accessing needed services.

The Council does not feel that the expanded definition would be overly burdensome to existing services and included as an attachment is information regarding what programs would be impacted by the definition change and the non-qualifying referral numbers from the North Dakota Brain Injury Network.

Respectfully submitted

Rebecca Quinn; MSW, LCSW, CBIST  
Program Director  
Center for Rural Health, UND School of Medicine and Health Sciences  
1301 N Columbia Road, Stop 9037  
Grand Forks, ND 58202-9037  
[rebecca.quinn@und.edu](mailto:rebecca.quinn@und.edu)  
Direct 701-777-5200 | Main 701-777-3843 | Fax 701-777-1431

**Definition change would impact:**

State appropriated contracts named in ND CC Chapter 50-06.4

**Definition does not impact:**

Brain Injury Advisory Council:

The Brain Injury Advisory Council has an appointed representative for stroke and the Stroke Taskforce already has a representative for brain injury and

ND Medicaid Level of Care Definition used to determine eligibility for long term care, including the Home and Community Based Waiver.

From ND LOC Screening: The individual has an acquired brain injury which includes one of the following: Anoxia, Cerebral Vascular Accident, Brain Tumor, Infection, Traumatic Brain Injury

ND Department of Public Instruction

DPI uses the definition from the Federal Individuals with Disabilities Education Act

North Dakota Brain Injury Network (NDBIN)

Much of the work done by NDBIN is not impacted by this definition because it consists of educational events regarding brain injury and support groups. Both of these activities are open to all and are already inclusive of all brain injuries. Regarding the information and referral provided by NDBIN, I also do not believe the expanded definition would be unmanageable with existing resources. Already a significant amount of staff time is spent explaining the definition to those seeking services if they are non-qualifying. To assist with determining the impact of expanding the definition, I reached out to the Minnesota Brain Injury Alliance (MNBIA) and Minnesota Stroke Association (MSA). Due to the exact issue we are dealing with these two organizations were merged in 2010, with the MSA being a subgroup within the larger MNBIA. In fiscal year 2017, both provided information and referral to a total of 26,912 individuals, 25, 162 with traumatic brain injury and 1,750 with stroke. The individuals with stroke consisted of 6.5% of the total number served. Based on these numbers the increase in services to NDBIN would not be unmanageable and instead NDBIN would benefit from the increase in recognition and collaboration with the North Dakota Heart Association and Stroke Taskforce on promotion, events and educational trainings.

Referrals to the North Dakota Brain Injury Network from June 2015-July 2018

Year	Number Referrals
Fy 15-16	10
Fy 16-17	6
Fy 17-18	3

Cause of Brain Injury	Number of Referrals 19 Total
Aneurysm	5
Stroke	14

#3 SB 2027  
1/7/19

66<sup>th</sup> North Dakota Legislature  
Senate Human Services Committee  
January 7, 2019

Good afternoon, Chairwoman Lee and members of the Committee. I am Trina Gress, Vice President of Community Options. Community Options serves 100 individuals diagnosed with a Brain Injury across the state of North Dakota. There are also 19 individuals waiting for services.

We support clarifying the definition of brain injury to be inclusive of all brain injuries. The long-term effects of brain injuries can be comparable as well as the individual's service needs, so does it really matter how the brain injury was acquired? Unfortunately, North Dakota's current definition of brain injury makes distinctions regarding the origin of an individual's brain injury rather than functional impact. It excludes some individuals from receiving services.

As a service provider, the current definition has caused confusion and debate in whether an individual qualifies for services. Expanding the definition would benefit the state by avoiding potential unnecessary duplication of creating a separate long-term support system and allow for better leveraging of state dollars through collaboration with the stroke system of care.

During 2018, there were 11 non-qualifying referrals received by Community Options. Seven were due to stroke and four were due to birth trauma.

Thank you for your time and I welcome any questions.

Respectfully submitted,

Trina Gress  
Vice President  
Community Options  
[trinag@coresinc.org](mailto:trinag@coresinc.org)  
(701) 319-8871

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SB 2027  
3/4/19  
Pg. 1

66th Legislative Session

House Human Services Committee

March 4, 2019

Chairman Weisz and other members of the Committee. I am Rebecca Quinn and serve as program director at the Center for Rural Health, University of North Dakota. The Center for Rural Health is contracted by the Department of Human Services to operate the North Dakota Brain Injury Network and provide administrative support to the Brain Injury Advisory Council. I am submitting this testimony to provide information regarding Senate Bill 2027 to clarify the North Dakota Century Code definition of brain injury to be inclusive of all brain injuries.

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Rebecca Quinn; MSW, LCSW, CBIST  
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1301 N Columbia Road, Stop 9037  
Grand Forks, ND 58202-9037  
[rebecca.quinn@und.edu](mailto:rebecca.quinn@und.edu)  
Direct 701-777-5200 | Main 701-777-3843 | Fax 701-777-1431

#1  
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3/4/19  
pg. 2

**Definition change would impact:**

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3/4/19  
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Year	Number Referrals
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Cause of Brain Injury	Number of Referrals
	<b>19 Total</b>
Aneurysm	5
Stroke	14



#2  
SB 2027  
3/4/19  
pg. 1  
American  
Heart  
Association.

66th Legislative Session

Senate Human Services Committee

March 4, 2019

Chairman Weisz and other members of the Committee. I am Janna Pietrzak, American Heart Association employee and Director of the 3-year ND Mission: Lifeline Stroke project. I also sit on the governor appointed ND Brain Injury Advisory Council. While I am not a lobbyist, I am authorized to provide testimony on behalf of American Heart Association as well as the ND Brain Injury Advisory Council in support of Senate Bill No. 2027 which seeks to revise the North Dakota Century Code definition of brain injury to be inclusive of all acute brain injuries.

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In my role as ND Mission: Lifeline Stroke Director, I greatly enjoy collaborating with the ND Department of Health Division of EMS and Trauma, hospital clinicians and other key stakeholders to improve stroke systems of care. Significant strides have been and continue to be made, in prevention, educating the public on risk factors and warning signs, and acute care

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3/4/19  
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through ND consensus-based protocols and recommendations ensuring that individuals in our state who experience a stroke receive timely, guideline-based treatment. Despite this, many will still experience cognitive or physical deficits that impact quality of life. Currently there is limited support for these individuals upon their return home. This is especially true in the more rural areas of the state, where services may be difficult to locate. ND stroke survivors would benefit from the educational events, support groups and referral assistance programs currently offered by the ND Brain Injury Network. The American Heart Association hopes to partner further with the Brain Injury Network to create a sustainable support system for stroke survivors in ND.

The ND Brain Injury Advisory Council members collectively voted in favor of the proposed expanded brain injury definition at its August 17, 2018 meeting. The committee feels it is important to create a system that does not exclude individuals with specific causes of brain injury, such as stroke. Upon review of investigative work completed by Rebecca Quinn, ND Brain Injury Network Program Director, the Council is confident that the expanded definition would not create excess burden to the existing Brain Injury Network resources.

Thank you for your time and attention. I appreciate the opportunity to voice support of Senate Bill No. 2027 on behalf of the American Heart Association and ND Brain Injury Advisory Council. I am open to any questions that the committee has.

Respectfully submitted



**Janna Pietrzak**  
ND Mission: Lifeline Stroke  
Director  
American Heart Association  
janna.pietrzak@heart.org  
1005 12<sup>th</sup> Ave SE | Jamestown | ND  
M 701.730.3305

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Chairman Weisz and respected members of the committee. My name is Sandi Gruhot. I live in Fargo and am here today to speak to you about the need for the North Dakota Century Code definition of brain injury to include all types of brain injury.

I can speak to this personally as I am a stroke survivor. I had a bleed in my brain in 2014. I am about to celebrate my 5th re-birthday! I am an RN, wife and mother, who had healthy life habits and no warning signs of an impending stroke.

When my brain bleed happened, it was a very frightening time for me, my family and friends. When I was in ICU, the stroke coordinator came to give me information about strokes. I told her I thought she was in the wrong room as I hadn't had a stroke! Those happen to older people, who are more sickly! I didn't realize, or was in denial, about the fact that a bleed in my brain classified me as having a stroke. Similar to people who have had a traumatic brain injury, there is a problem with blood and oxygen flow in the brain. I just had difficulty accepting that as my new journey!

I am extremely blessed that I don't have the challenges many have. Yes, I have headaches, some word finding and math difficulties, as well as other cognitive problems. I am so fortunate to have a good support system who have helped me along my way. However, there are many stroke survivors who don't have family or support systems, who live in rural areas, have many physical challenges, or are elderly that need help.

I also serve as the coordinator for the ND Stroke Survivor to Survivor program. This strives to improve the quality of life for stroke survivors, caregivers and families. We do this by fellow survivor volunteers calling recently discharged stroke survivors on a monthly basis for

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up to 3 months. We offer support, encouragement and see what concerns they might have. We have heard people's gratitude, and questions about recovery as well as frustration about challenges they are facing. Many of the needs stroke survivors have are the same as those with other types of brain injuries, such as cognitive therapies, transportation, meal assistance, support groups, and more. These are all things that the ND Brain Injury Network can help to connect individuals with.

After my initial stroke treatment, my recovery as a stroke survivor has been very similar to that of any other person classified as brain injured. We have a journey to recover memory, cognition, speech, balance, emotional challenges, and so much more of life. Recovery is a long journey, one that is not accomplished without much support. Expanding North Dakota's definition of brain injury will allow for collaboration with the ND Brain Injury Network to assist in the development of a seamless system of support for stroke survivors at all points in their recovery. I respectfully request your endorsement of Senate bill 2027.

Sandra Gruhot

Swgruhot@outlook.com

113 Prairiewood Drive So., Fargo ND 58103

701-235-6408