

My name is Amanda M. Mitchell. I am a board-certified Advanced Practice Registered Family Nurse Practitioner, a member of the American Nurses Association and North Dakota Nurses Association, and a member of the American Association of Nurse Practitioners.

I want to thank Brandy Pyle, our District 22 ND House Representative for her advocacy efforts and encouragement. It took a lot of courage on my part to be present today, however I knew that despite my disabilities, I needed to be present today. Brandy has gone above and beyond to help bring attention to the inadequacies of ND Century Code Section 32-12.1-03(2) on Government Liability.

I am here today to provide testimony in opposition to proposed changes to House Bill 1057.

The proposed changes are to amend and reenact subsection 2 of section 32-12.1-03 and subsection 2 of section 32-12.2-02 of the ND Century Code relating to the statutory caps for liability of political subdivisions and the state and to provide an effective date.

The proposed increase in statutory caps for liability for political subdivisions and the state are not adequate, nor do they include retroactive measures or future inflation.

According to Brainline.org, “Each year, traumatic brain injuries (TBI) contribute to a substantial number of deaths and cases of permanent disability.” Here are some statistics provided by Brainline.org:

- An estimated 2.8 million people sustain a TBI annually. Of them:
 - 50,000 die,
 - 282,000 are hospitalized, and
 - 2.5 million, nearly 90%, are treated and released from an emergency department.
- Direct medical costs and indirect costs of TBI, such as lost productivity, totaled an estimated \$60 billion in the United States in 2000.

That last statistic is most concerning to me. In the year 2000, direct medical costs and indirect costs of TBI estimated \$60 billion in the U.S.

The Centers for Disease Control and Prevention (CDC) reported that in 2010, the lifetime economic cost of TBI, including direct and indirect medical costs, was estimated to be approximately \$76.5 billion. Even more alarming, the cost of fatal TBIs and TBIs that require hospitalization account for approximately 90% of total TBI medical costs.

I could spend more time going over numbers, but I believe my personal story will provide a better picture.

Personal Testimony

I worked a 12-hour day shift on July 13th, 2020 at McKenzie County Healthcare System Urgent Care as a locum NP in Watford City, ND. I thankfully do not remember that day. I do not remember the day before the accident. Perhaps it's from the accident or it was God's way of protecting me from the ending of that day. I can tell you all that I am in Love with my job and felt So blessed to make it through 5 years of absolute blood, sweat, and tears to serve others.

On July 13th my car was t-boned on the passenger side by a police officer who was responding to an emergency call. Due to the injuries I sustained, I was taken to Watford City's ER to be assessed, treated, and intubated by staff I am beyond grateful were present and able to treat me. I had a grand-mal seizure for over 2 minutes which required use of Ativan. Because of the Ativan and seizure, I needed to be intubated to protect my airway. I was then air lifted to Trinity Hospital for ICU care. Four days of ventilator care and steroid treatments later, I was extubated.

I was transferred back to Fargo by ambulance to Sanford Health Rehab on July 24th, 2020. I started various therapies by the next day. It felt beyond weird to be a Patient. This experience has changed me in more ways than one, all for the better.

I was discharged back Home with scheduled outpatient therapies and appointments by August 4th, 2020. I continue with occupational and speech therapies, to name a few, with Sanford Health. I have also required 2 tracheal surgeries to maintain my airway. The last surgery cost \$21,000.

To save precious time, I will now fast forward. I have always tried my best to "fix" situations and get things solved. That's part of the reason I became a nurse practitioner. I wanted to be the voice for others in times that seemed impossible. I could now use some of my own warriors as my long-term disability insurance company denied my claim. After 3 bleeds on my brain—a traumatic brain injury that has changed my life.

Until my claim is approved, my family and I are at a huge loss. Medical bills are expensive. I Need occupational and speech therapies in order to improve. I have no vehicle. I've fought to get this far. The honest truth for me? I'm Exhausted.

No programs exist to help a nurse practitioner who is independently contracted get back on their feet. I get all "no's" for volunteering in medical facilities or job shadowing other NPs which is my next step in therapy. Some explanations I receive are due to COVID while others are "you aren't an employee here". Our family is Scared.

I spent 5 years of my life to become a nurse practitioner. A rug was pulled from underneath me only 2.5 months into my new career. I cannot yet work as a nurse. I cannot be cleared to Work.

Conclusion

In short conclusion, \$250,000 will not help me to recover from this accident. My medical costs last year following July 13th, 2020 were over \$150,000. I will need outpatient therapies for about the next 2 to 3 years. I may never be able to work as a nurse or nurse practitioner again. More needs to be done to improve the proposals.

Here are Some items I hope to be addressed:

- ✓ Individualized financial reimbursement based on income obtained at the time of the incident including lost wages, cost of hospitalization, cost of rehabilitation and therapies, cost of vision therapy and adaptive equipment, cost for counseling and mental health services, cost of health/dental/vision/LTD/Life insurances, and cost (potentially) for legal representation (attorney fees/legal fees). Cost of future cost inflation to also be included.
- ✓ Code changes to be retroactive to at minimum my case.
- ✓ Above recommended updates to be considered throughout the rehabilitative process (for example, Traumatic Brain Injury (TBI) patients often require 2-3 YEARS of rehabilitation—this includes Myself).
- ✓ Option for virtual therapies to be covered by healthcare facilities/health insurance when virtual therapies are deemed to be appropriate by therapy professionals directly caring for the patient.
- ✓ Reimbursement for or replacement of lost vehicle of equal cost/value at time of incident (if applicable, as it would be in my case).
- ✓ Free transportation services for patients to and from medical appointments who have not yet been released to drive or cannot afford vehicle maintenance and or cost of fuel including patients in rural settings.
- ✓ Reimbursement or payment of student loans (Federal and private) if patient is unable to return to former occupation due to sustained injuries (I have worked as a nurse for 12 years and have \$170,000 + in student loan debt to become a nurse practitioner [LPN, RN, BSN, MSN, FNP-BC]). Reimbursement or payment of student loan interest while loans are on temporary deferment (if applicable) and/or forbearance. Reimbursement and payments are to not be taxed.
- ✓ Legal assistance for self-employed/1099 independently contracted workers including filing of paperwork for assistance programs (in conjunction with an APPOINTED social worker).

☑ Implementation/creation of return-to-work programs for nurse practitioners/healthcare providers (including those who are independently contracted/1099) that are supported by healthcare networks for rehabilitative purposes.

Thank you for the opportunity to speak with you today.





References

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