

# MAINE STATE LEGISLATURE

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FIRST REGULAR SESSION

ONE HUNDRED AND THIRTEENTH LEGISLATURE

Legislative Document

No. 1210

S.P. 391

In Senate, April 10, 1987

Reference to the Committee on Appropriations and Financial Affairs suggested and ordered printed.

JOY J. O'BRIEN, Secretary of the Senate  
Presented by Senator ANDREWS of Cumberland.

Cosponsored by Senator CAHILL of Sagadahoc, Representative DAVIS of Monmouth, Representative CHONKO of Topsham.

STATE OF MAINE

IN THE YEAR OF OUR LORD  
NINETEEN HUNDRED AND EIGHTY-SEVEN

1           **AN ACT to Establish a Comprehensive Service**  
2                   **Delivery System for Survivors of Head**  
3                   **Injuries.**  
4

5           Be it enacted by the People of the State of Maine as  
6           follows:

7           **Sec. 1. Appropriation.** The following funds are  
8           appropriated from the General Fund to carry out the  
9           purposes of this Act.

10		<u>1987-88</u>	<u>1988-89</u>
11	<u>HUMAN SERVICES, DEPART-</u>		
12	<u>MENT OF</u>		
13	Bureau of Medical Ser-		
14	vices		

1	All Other	\$257,578	\$862,501
2	Provides the state		
3	share of Medicaid		
4	payments for the		
5	treatment of per-		
6	sons who sustain		
7	head injuries.		
8	These funds shall		
9	only be authorized		
10	subject to a fa-		
11	vorable ruling of		
12	eligibility by the		
13	United States		
14	Health Care Fi-		
15	nance Administra-		
16	tion for this new		
17	treatment program.		

18        **Sec. 2. Allocation.** The following funds are al-  
19 located from the Federal Expenditure Fund to carry  
20 out the purposes of this Act.

21		<u>1987-88</u>	<u>1988-89</u>
22	<u>HUMAN SERVICES, DEPART-</u>		
23	<u>MENT OF</u>		
24	Bureau of Medical Ser-		
25	vices		
26	All Other	\$524,860	\$1,680,249

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STATEMENT OF FACT

2           Every year in Maine at least 2,000 persons sur-  
3           vive head injuries resulting in partial or total dis-  
4           ability. The incidence of head injury disability is  
5           greater than the combined incidence of spinal cord  
6           injury, cerebral palsy, muscular dystrophy and multi-  
7           ple sclerosis. There is no long-term rehabilitation  
8           for head injuries in Maine and short-term rehabilita-  
9           tion services are extremely limited and fragmented.  
10          Long-term rehabilitation is not available because the  
11          primary providers are acute-care facilities and many  
12          regulations require an early discharge. Certainly  
13          there is no organized comprehensive system of treat-  
14          ment for head injuries in Maine.

15          While many head injury rehabilitation programs do  
16          exist outside of Maine, several barriers preclude the  
17          vast majority of persons from using those services.  
18          For one thing, the importance of having family mem-  
19          bers within traveling distance cannot be  
20          overestimated. Secondly, the costs of out-of-state  
21          facilities far exceed the allowable Maine Medicaid  
22          rate. Finally, few insurances will cover the costs  
23          of out-of-state services.

24          The economic costs of not rehabilitating survi-  
25          vors of head injuries are great. Many individuals  
26          are placed inappropriately in geriatric nursing  
27          homes, mental institutions or family homes, none of  
28          which can provide rehabilitation. These placements  
29          all prevent progression of the individual to less ex-  
30          pensive and less restrictive settings and, in many  
31          cases, eventual return to the work force. The length  
32          of stay in nursing homes or mental health facilities  
33          is likely to be 40, 50 or 60 years because survivors  
34          of head injuries represent a young population (the  
35          mean age is 27).

36          While the costs of rehabilitation appear to be  
37          great, by comparison with life-long institutional-  
38          ization, these costs are much less. The investment  
39          in rehabilitation becomes compelling in both economic  
40          and human terms.

41          Through experience, it has been clearly identi-

1     fied that many survivors of head injuries are not yet  
2     able, and some may never be able, to engage in com-  
3     petitive employment. Some individuals will require  
4     the consistence of 24-hour behavioral management and  
5     some will need a highly structured environment to  
6     compensate for decreased learning ability. The goal  
7     is to prepare survivors, through rehabilitation or  
8     compensatory methods, to progress to a lesser level  
9     of care; that is, home or group home placement where  
10    they can continue to receive services through  
11    community-based programs.

12         The bill creates the foundation for developing a  
13    continuum of treatment services for the rehabilita-  
14    tion of survivors of head injuries to their maximum  
15    functional capacity. Treatment alternatives include  
16    services from post-acute care through a comprehensive  
17    array of community-based rehabilitation services.

18         This bill allows for access to federal Medicaid  
19    dollars presently being earmarked for rehabilitative  
20    and remedial services to survivors of head injuries  
21    under a new category of the State's Medicaid plan.

22         Potential changes in rules of eligibility for  
23    Medicaid will make victims of severe head injuries  
24    eligible for treatment services provided by the  
25    Medicaid programs. These people have not, for the  
26    most part, been eligible for treatment under other  
27    categorical programs, such as vocational rehabilita-  
28    tion, due to requirements of eligibility for those  
29    programs. This bill will enable the Department of  
30    Human Services to work with the Maine Head Injury  
31    Foundation to develop a treatment program for 24 peo-  
32    ple in fiscal year 1988 and 48 people in fiscal year  
33    1989.

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