

MAINE STATE LEGISLATURE

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FIRST REGULAR SESSION

ONE HUNDRED AND THIRTEENTH LEGISLATURE

Legislative Document

No. 1316

S.P. 436

In Senate, April 22, 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 GAUVREAU of Androscoggin,
Representative PINES of Limestone.

STATE OF MAINE

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

AN ACT to Establish an Outreach and Support
Program for Head-injured Persons.

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

Sec. 1. 22 MRSA c. 715-A is enacted to read:

CHAPTER 715-A

ASSISTANCE FOR SURVIVORS OF HEAD INJURY

§3086. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

1 1. Head injury. "Head injury" means an insult
2 to the brain, not of a degenerative or congenital na-
3 ture, that is likely to produce a diminished or al-
4 tered state of consciousness which results in impair-
5 ment of cognitive abilities or physical functioning,
6 or the disturbance of behavioral or emotional func-
7 tioning. These impairments may be either temporary
8 or permanent and may cause partial or total function-
9 al disability or psychosocial maladjustment.

10 §3087. Registry; duty to report

11 The Bureau of Rehabilitation shall establish,
12 maintain and operate a statewide registry of persons
13 who sustain head injuries to assist in promoting the
14 general health and welfare of the State's citizens,
15 including, but not limited to, the following specific
16 purposes:

17 1. Assessment needs, planning and coordination.
18 To assess the needs of persons who sustain head inju-
19 ries and to facilitate rehabilitation planning and
20 coordination efforts;

21 2. Education and information. To provide educa-
22 tional material to the medical community and other
23 interested persons relating to diagnosing and treat-
24 ing head injuries; and

25 3. Network. To provide a means for persons who
26 have sustained head injuries or their family members
27 or friends to contact each other or to contact local
28 or statewide support groups for survivors of head in-
29 juries. No person's name may be released without
30 that person's consent.

31 Hospitals, physicians and neuropsychologists
32 shall report to the bureau all persons whom they di-
33 agnose as having sustained a head injury. This re-
34 port shall be made within 7 days of the diagnosis and
35 shall contain, but shall not be limited to, the fol-
36 lowing: The name, age and residence of the person and
37 the date and cause of the injury. No hospital, phy-
38 sician or neuropsychologist complying with the re-
39 porting requirements of this section may be liable
40 for any civil damages as a result of that act.

1 §3088. Comprehensive rehabilitation service system

2 The department shall, within the limits of its
3 available resources, develop a comprehensive rehabil-
4 itation service system specifically designed to
5 train, educate and physically rehabilitate the
6 head-injured individual. The service programs shall
7 include, but need not be limited to, physical thera-
8 py, cognitive retraining, behavior modification, so-
9 cial skills, counseling, vocational rehabilitation
10 and independent living. The department may increase
11 the availability of adequate post-hospital residen-
12 tial facilities designed to meet the unique needs of
13 persons who have sustained a head injury.

14 **Sec. 2. Appropriation.** The following funds are
15 appropriated from the General Fund to carry out the
16 purposes of this Act.

17		<u>1987-88</u>	<u>1988-89</u>
18	<u>HUMAN SERVICES,</u>		
19	<u>DEPARTMENT OF</u>		
20	Bureau of Rehabilitation		
21	All Other	\$35,500	\$30,880

22 These funds will en-
23 able the bureau to
24 establish a Head In-
25 jury Registry and
26 provide a grant to
27 the Maine Head In-
28 jury Foundation for
29 a Family Support
30 Specialist to coor-
31 dinate skilled
32 training and inter-
33 vention services for
34 the affected family
35 unit.

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STATEMENT OF FACT

2 Each year in the State, at least 2,000 persons
3 are known to have survived head injuries resulting in
4 long-term and permanent disability. These figures
5 represent estimates which fall far short of the actual
6 frequency of occurrence. Many head injuries go
7 unrecognized or unreported. Frequently, injury victims
8 are admitted to emergency rooms where they receive
9 diagnoses of "multiple fractures." While attention
10 is focused on repairing broken bones and treating
11 life-threatening conditions, injury to the brain goes
12 undetected. In some cases, patients are discharged
13 with a "clean bill of health" only later
14 to find themselves changed, unable to work or otherwise
15 cope with life and experiencing an array of disabling
16 symptoms.

17 Head injury is a growing phenomenon. Constantly
18 improving medical technology results in more lives
19 being saved in emergency rooms and at accident sites.
20 In turn, the result is a whole new disabled population
21 suffering the intellectual, physical and
22 psychosocial consequences of brain injury.

23 The consequences of head injury can be long-term
24 and severe. Yet, there is no long-term rehabilitation
25 for head injury in the State. Information about the
26 effects of head injury is sparse and almost totally
27 lacking in the case of mild to moderate head injuries.
28 Even physicians, including neurologists, lack
29 knowledge in this area, due at least in part to the
30 absence of "hard clinical signs."

31 Therefore, families of people who have sustained
32 head injuries are confused and isolated, not knowing
33 where to turn. Inappropriate post-acute placements
34 are made to nursing homes designed for the elderly,
35 mental institutions designed for the mentally ill and
36 family homes, none of which can provide the treatment
37 services required for rehabilitation of the head injury
38 survivor. The length of stay in nursing homes
39 and mental health facilities is likely to be 40, 50
40 or 60 years, because the head injured are a young
41 population, the mean age is 27 years old. While the
42 costs of rehabilitation appear great, by comparison

1 with life-long institutionalization, these costs are
2 much less. The investment in rehabilitation then be-
3 comes compelling in both economic and human terms.

4 This bill establishes a registry of persons who
5 have sustained a head injury. The registry will pro-
6 vide the means of collecting basic demographic data
7 required for realistic planning of present and future
8 needs in the area of head injury. It will also make
9 it possible for support groups to make early connec-
10 tions with head injury survivors and their families
11 in order to provide them with needed information,
12 guidance and support.

13 This bill also funds a family support specialist
14 to coordinate skilled training and intervention for
15 the family unit. A family support specialist will:

16 1. Create a statewide network of individuals to
17 offer support, guidance and advocacy to families in
18 the early, acute and traumatic phase of head injury;

19 2. Participate in development of appropriate
20 hospital discharge planning procedures;

21 3. Develop methods of bridging the communication
22 gaps between families and medical professionals; and

23 4. Increasing public and professional awareness
24 of head injury through public speaking, consultation
25 and training activities.

26 The family support specialist will provide a key
27 therapeutic service for the injured person and will
28 result in earlier placement in the most appropriate
29 treatment setting. This will provide a structured
30 decrease in the cost of treatment.

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