

1999 SENATE HUMAN SERVICES

SB 2109

1999 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2109

Senate Human Services Committee

Conference Committee

Hearing Date January 6, 1999

Tape Number	Side A	Side B	Meter #
1		x	547
1		x	3,785
Committee Clerk Signature <i>Carol Kalodziejchuk</i>			

Minutes:

SENATOR THANE opened the hearing on SB2109.

Murray Sagsveen introduced the bill with written testimony in support of the bill. It repeals the Dept of Health's "Traumatic Head Injury Registry".

SENATOR DEMERS: Is the Health Care Database administered by you or BC/BS and is therefore private? Mr. Sagsveen stated that the information could be obtained through the Department of Health. SENATOR DEMERS asked if the definition for traumatic brain injury remains somewhere in the code or if there is some need for it to remain in the code.

MIKE MULLEN ND Health Dept, stated he wasn't sure that it was defined in the Century Code but it is the Dept. view that it is not necessary to have it defined. You can capture a concept of what is included in that in the definitions in the ICB9 code which are the codes used by all hospitals and physicians to define the diagnosis of different kinds of illnesses and injuries.

Page 2

Senate Human Services Committee

Bill/Resolution Number SB2109

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ROD GILMORE, ND Health Department, stated that they utilized a standard definition that comes from the Center for Disease Control that is a national standard that they have established for all states that do any type of surveillance.

The hearing on SB2109 was closed.

SENATOR DEMERS moved a DO PASS on SB2109. SENATOR KILZER seconded it.

There was no discussion. Motion carried 6-0. SENATOR MUTZENBERGER will be the carrier.

FISCAL NOTE

(Return original and 10 copies)

Bill/Resolution No.: SB 2109 Amendment to: _____

Requested by Legislative Council Date of Request: 12-30-98

- 1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, cities, and school districts.

Narrative:

Reporting of traumatic brain injuries was mandated by a bill introduced by the ND Head Injury Association in 1987. The Department utilized a CDC Injury Prevention grant for collecting this information and to maintain a Traumatic Brain Injury Registry.

The CDC Injury Prevention grant funding terminated and the ND Head Injury Association has disbanded. Changes in reportable conditions are now handled through the State Health Council.

Fiscal impact is nil.

- 2. State fiscal effect in dollar amounts:

Table with 7 columns: 1997-99 Biennium (General Fund, Special Funds), 1999-2001 Biennium (General Fund, Special Funds), 2001-03 Biennium (General Fund, Special Funds). Rows: Revenues, Expenditures.

- 3. What, if any, is the effect of this measure on the appropriation for your agency or department:

- a. For rest of 1997-99 biennium: -0-
b. For the 1999-2001 biennium: -0-
c. For the 2001-03 biennium: -0-

- 4. County, City, and School District fiscal effect in dollar amounts:

Table with 9 columns: 1997-99 Biennium (Counties, Cities, School Districts), 1999-2001 Biennium (Counties, Cities, School Districts), 2001-03 Biennium (Counties, Cities, School Districts). Row: Fiscal effect.

If additional space is needed, attach a supplemental sheet.

Signed [Signature]

Typed Name Robert A. Barnett

Date Prepared: 1-4-99

Department ND Department of Health

Phone Number 328-2392

Date: 1/6/99
Roll Call Vote #: 1

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2109

Senate HUMAN SERVICES COMMITTEE Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Senator DeMers Seconded By Senator Kilzer

Senators	Yes	No	Senators	Yes	No
Senator Thane	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Lee	✓				
Senator DeMers	✓				
Senator Mutzenberger	✓				

Total 6 (yes) 0 (no)

Absent 0

Floor Assignment Sen Mutzenberger

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

REPORT OF STANDING COMMITTEE (410)
January 6, 1999 12:45 p.m.

Module No: SR-02-0334
Carrier: Mutzenberger
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2109: Human Services Committee (Sen. Thane, Chairman) recommends **DO PASS**
(6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2109 was placed on the
Eleventh order on the calendar.

1999 HOUSE HUMAN SERVICES
SB 2109

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2109

House Human Services Committee

Conference Committee

Hearing Date February 15, 1999

Tape Number	Side A	Side B	Meter #
1	X		51.0 - 56.6
1	X		58.8 - End
Committee Clerk Signature <i>Susan Lindteigen</i>			

Minutes:

MURRAY SAGSVEEN, State Health Officer, Department of Health, testified (Testimony attached). Basically, for the record, with the development of the traumatic for the other programs, this is a duplication which we no longer feel is necessary. The larger more umbrella program provides all of the information that we need for this. It reduces staff work of the department and also reduces recording requirements of hospitals. We can obtain the same information form the other industry.

OPPOSITION

None.

Rep. ROXANNE JENSEN moved DO PASS.

Rep. TODD PORTER second the motion..

ROLL CALL VOTE #2: 13 yeas, 0 nays, 2 absent

Date: 2-15-99
 Roll Call Vote #: 2

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2109

House Human Services Committee

Subcommittee on _____
 or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Roxanne Jensen Seconded By Todd Porter

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairwoman	X		Bruce A. Eckre	X	
Robin Weisz - Vice Chairman	X		Ralph Metcalf	X	
William R. Devlin	X		Carol A. Niemeier	X	
Pat Galvin	X		Wanda Rose	X	
Dale L. Henegar			Sally M. Sandvig	X	
Roxanne Jensen	X				
Amy N. Kliniske	X				
Chet Pollert	X				
Todd Porter	X				
Blair Thoreson					

Total Yes 13 No 0
 Absent 2

Floor Assignment Chet Pollert

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

REPORT OF STANDING COMMITTEE (410)
February 15, 1999 3:29 p.m.

Module No: HR-30-3016
Carrier: Pollert
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2109: Human Services Committee (Rep. Price, Chairman) recommends DO PASS
(13 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). SB 2109 was placed on the
Fourteenth order on the calendar.

1999 TESTIMONY

SB 2109

Statement of

Murray G. Sagsveen
State Health Officer

Senate Bill No. 2109
Repeal of the Traumatic Head Injury Registry Law

Before the
Senate Human Services Committee

January 6, 1999

Thank you for the opportunity to testify in support of Senate Bill No. 2109, which repeals the Department of Health's "Traumatic Head Injury Registry." The Traumatic Head Injury Registry is a duplicative data system no longer needed to track traumatic head injuries and deliver information about the services available to relatives and guardians of people who have received such an injury.

This bill is part of an ongoing effort of the State Department of Health to eliminate programs and requirements that are not necessary to carry out the Department's overall responsibility to promote public health and help make health services available to North Dakota citizens. In addition, this bill is consistent with the Governor's program to eliminate unnecessary and outdated rules. SB 2109 repeals the law that required unnecessary and burdensome paperwork from hospitals.

Specifically, SB 2109 repeals sections 23-01-20 and 23-01-21 of the North Dakota Century Code which define a traumatic head injury and require the Department of Health to establish and maintain a central registry of people who have sustained such an injury, respectively.

This law is burdensome because it requires the attending physician or hospital to fill out a report containing demographic and injury information about each traumatic head injury patient and submit that report to the Department of Health. The State Department of Health then forwards a list of traumatic head injury patients to the Department of Human Services, which is required to notify each attending physician and injured person (or their family) of the rehabilitative services available to people with traumatic head injuries.

The law is unnecessary because most traumatic head injury cases are treated initially or subsequently in the largest hospitals in North Dakota, where rehabilitative and other available services are known to the staff of these hospitals. Therefore, it is unnecessary to relay this information each time a new trauma patient receives treatment. Third, the law is not being observed. The number of reported cases has declined from 350 several years ago, to 41 in 1997. In addition, because of a reduction in federal support for injury programs, the Department can no longer assign a partial FTE to this program.

Duplication

The Traumatic Head Injury Registry also duplicates information contained in the North Dakota Trauma Registry (NDTR), which collects data from designated trauma centers about people who have received major traumatic injuries. Thirty-six of the state's 46 hospitals submit data. Patients included in the trauma registry are those with ICD-9 codes 800.0 - 959.9, which are standard diagnostic codes assigned to all illnesses and injuries, and one of the following:

- Admitted for more than 48 hours
- Transferred into or out of another hospital
- Trauma deaths
- Admitted to the intensive care unit or operating room

Statistical data about all forms of trauma including traumatic head injuries can be extracted from the North Dakota Trauma Registry. It is not necessary to maintain a separate Traumatic Head Injury Registry with statistical information about the severely brain injured because most of the data is contained in the North Dakota Trauma Registry.

In addition, information on traumatic head injuries can be extracted from the Health Care Claims Database, which includes most insured inpatient hospital claims [about 70 percent of all hospital claims] as reported by all 46 community hospitals.

Conclusion

The driving force behind the 1987 Traumatic Head Injury Registry Law, the North Dakota Head Injury Association, has ceased operations. Their concern at the time the law was enacted was that some traumatic brain injury [TBI] cases, particularly in rural areas, were falling through the cracks; that some TBI individuals were not receiving necessary rehabilitation (physical and vocational); or that some injured people were not aware of their eligibility for various state programs and services. In 1993, to address that concern, the Department of Human Services, the Department of Health and the North Dakota Head Injury Association jointly developed a pamphlet outlining programs and services TBI individuals may require or are eligible to receive. Physicians, nurses, and other hospital staff are now more aware of the long-term effects of TBI and the services available to their patients. Therefore, it is unnecessary to require maintenance of a separate head injury registry and notification of each individual as the current law requires. We urge the Traumatic Head Injury Registry Law be repealed.

* * *

This completes my formal testimony. I will be pleased to answer any questions that you or other members of the committee have regarding this bill.

I should note that I have with me today Rod Gilmore, program manager of the Injury Prevention Program, the Division of Disease Control, and Tim Wiedrich, director of the Division of Emergency Health Services. Rod is responsible for the head injury registry and Tim is manager of the North Dakota Trauma Registry. Either of them can answer any technical questions you may have about these programs.

TRAUMATIC BRAIN INJURY DATA
FROM THE ND TRAUMA REGISTRY
BY
NORTH DAKOTA DEPARTMENT OF HEALTH

Traumatic Brain Injury (TBI) data is based on the following ICD-9 codes:

800.0 - 801.9	Fracture of the vault or base of the skull
803.0 - 804.9	Other and unqualified and multiple fractures of the skull
850.0 - 854.1	Intracranial injury, including concussion, contusion, laceration, and hemorrhage

The ND Trauma Registry includes 1,137 patients for 1997. The following is a breakdown of the TBI ICD-9 codes for 1997.

1997		
	800.0 - 801.9	66 patients
	803.0 - 804.9	14 patients
	850.0 - 854.1	137 patients

Detailed medical information can be reported for this patient population, including but not limited to length of hospital stay, age and sex of patient, patient outcome, location of injury, alcohol usage, protective devices, and injury severity scores.

Statement of

Murray G. Sagsveen
State Health Officer

Regarding

Senate Bill No. 2109
Repeal of the Traumatic Head Injury Registry Law

Before the

House Human Services Committee

February 15, 1999

Thank you for the opportunity to testify in support of Senate Bill No. 2019, which repeals the Department of Health's "Traumatic Head Injury Registry." The Traumatic Head Injury Registry is an unnecessary and duplicative data system that is no longer needed to track traumatic head injuries and deliver information about the services available to relatives and guardians of person who has received such an injury.

This bill is part of an ongoing effort of the Department to eliminate unnecessary and outdated programs and requirements that are not necessary to carry out the Department's overall responsibility to promote public health and assist in making necessary health services available to the citizens of North Dakota. And, it is consistent with the Governor's program to eliminate unnecessary and outdated rules: the law that is repealed by SB 2109 removes an unnecessary and burdensome paperwork requirement from hospitals and physicians.

Specifically, SB 2109 repeals sections 23-01-20 and 23-01-21 of the North Dakota Century Code which define a traumatic head injury, and require the Department of Health to establish and maintain a central registry of persons who have sustained such an injury, respectively.

This law is burdensome because it requires the attending physician or hospital to submit a report to the Department of Health containing certain demographic and injury information concerning each traumatic head injury patient. Then, the Department periodically forwards a list of traumatic head injury patients to the Department of Human Services which is required to notify each attending physician and injured person (or their family) of the rehabilitative services available for persons sustaining traumatic head injuries.

The law is unnecessary because most traumatic head injury cases are treated initially or subsequently in the hospitals located in the four largest or eight largest cities in North Dakota and the rehabilitative and other services available to persons who have sustained this type of injury are known to the staff of these hospitals. Therefore, it is unnecessary to give them this information each time a new trauma patient is treated at their facility. Third, the law is not being observed. The number of reported cases has declined from 350 several years ago, to 41 in 1997. In addition, because of a reduction in federal support for injury programs, the Department can no longer assign a partial FTE to this program.

Duplication

The Traumatic Head Injury Registry also duplicates information contained in the North Dakota Trauma Registry (NDTR) which collects data from designated trauma centers about persons who have received major traumatic injuries. Thirty six of the state's 46 hospitals submit data. Patient's included in the trauma registry are those with ICD-9 codes, which are standard diagnostic codes assigned to all illnesses and injuries, between 800.0 - 959.9, and one of the following:

- admitted for > 48 hours
- transferred into or out of another hospital
- trauma deaths
- admitted to the intensive care unit or operating room.

Statistical data can be extracted from the North Dakota Trauma Registry regarding all forms of trauma including traumatic head injuries. It is not necessary to maintain a separate traumatic head injury registry in order to maintain statistical information about the severely brain injured because most of the data is captured in the Trauma Registry.

In addition, information on traumatic head injuries can be extracted from the Health Care Claims Database [also established in 1987], which includes most insured inpatient hospital claims [about 70 percent of all hospital claims] as reported by all 46 community hospitals.

Conclusion

The driving force behind the Traumatic Head Injury Registry Law, the North Dakota Head Injury Association, has ceased operations. Their concern in 1987, at the time the law was enacted, was that some traumatic brain injury [TBI] cases, particularly in rural areas were falling through the cracks; that some TBI individuals were not receiving the rehabilitation (physical and vocational) they should have been receiving or were not aware of their eligibility for various state programs and services. But, in 1993 the Department of Human Services, the Department of Health, and the North Dakota Head Injury Association jointly developed a pamphlet outlining programs and services TBI individuals may require or are eligible to receive. Physicians, nurses, and other hospital staff are now more aware of the long term effects of TBI and the services available to their patients. Therefore, it unnecessary to maintain a separate head injury registry and to give notice to each individual as required by the current law, which we urge be repealed.

* * *

This completes my formal testimony. I will be pleased to answer any questions that you or other members of the committee have regarding this bill.