



# HOUSE OF REPRESENTATIVES

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### *In Support of LD 539*

#### *An Act to Provide Substance Use Disorder Counseling for MaineCare Members with Acquired Brain Injury*

Greetings Senator Baldacci, Representative Meyer, and esteemed members of the Joint Standing Committee on Health and Human Services. My name is Representative Walter Riseman of Harrison. Thank you for the opportunity today to bring forward testimony for this important legislation.

What I want to talk about today is the vital need to continue and expand support to comprehensive multi treatment programs for neurorehabilitation services in an effort to support individuals with traumatic brain injuries. There are many who need on-going and long-term support for their unique conditions. In particular, programs which provide long-term support for addressing dual or even triple diagnosis conditions. Many Mainecare members and caregivers are left to struggle to choose between single purpose programs which address only one diagnosis at a time such as mental health, physical disability, or drug addiction conditions. Caregivers are often forced to pick one type of treatment over the others. Multi-diagnosis means two or more co-occurring conditions are present. I want to take a minute to describe the dilemma.

I believe you are aware of the news reports about “shaken baby” incidents. They make up a significant percentage of all Acquired Brain Injuries (ABI)<sup>1</sup>. Please recognize that shaken babies are not the result of some accidental circumstance but are victims of sick and cruel adults who have inflicted life threatening physical trauma on defenseless children. Results can be horrifying in nature. Some of the immediate results include:

- Seizures occurring in 67.5% of the infants,
- 75% taken to the Emergency Department had some form of cardiopulmonary arrest,
- Subdural hematoma and subarachnoid hemorrhages occur in around 37.5% of the cases,
- Subarachnoid hemorrhage and intracranial hemorrhage symptoms were found around 50% of the time,
- Focal subdural fresh bleeding was seen in 50% of cases.<sup>2</sup>

“Acquired brain injuries are often accompanied by significant, long-term cognitive, emotional behavioral, and physical changes that alter the lives of brain injury survivors and their families. In addition, brain injury survivors are at increased risk of experiencing social, mental and substance use disorder challenges.”<sup>3</sup>

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<sup>1</sup> Over 5,000 Mainers will experience a traumatic brain injury in 2023 according to the ABIAC 2002 report, Page 12.

<sup>2</sup> Oruç M, Dündar AS, Okumuş H, Görmez M, Şamdancı ET, Celbiş O. Shaken baby syndrome resulting in death: a case series. *Turk J Pediatr.* 2021;63(1):31-36. doi: 10.24953/turkjped.2021.01.004. PMID: 33686824.

<sup>3</sup> Acquired Brain Injury Advisory Council Annual Report 2022, Page 13

It is true that the physical trauma of a shaken baby will require an intensive amount of rehabilitation to achieve physical healing. While it is true physical harm can be mitigated, brain damage is guaranteed to be lifelong.<sup>4</sup> Additionally traumatic injuries of this magnitude will most likely result in emotional and mental health repercussions, both for the child and the family.

#### **What happens to the brain function with a frontal lobe injury?**



We know now that frontal lobe damage seems to have an impact on divergent thinking, or flexibility and problem solving ability. There is also evidence showing lingering interference with attention and memory even after good recovery from a TBI (Stuss et al., 1985).

In Michael's case, he tried consciously and subconsciously to find relief from the emotional and mental scarring caused by his devastating trauma. He hasn't been able to achieve a consistent, reliable and longer term . At times he has questioned why he got to live but his siblings didn't. His life has been a revolving door of therapy and program professionals. I believe it is safe to conclude that a child in this circumstance and in combination with other developmental factors will ultimately begin a progressive journey to self-medicate to try to find relief. With no true success coming from traditional medications at around seventeen he gradually turned to increasing potencies of cannabis to find relief. Finally at age eighteen he began experimenting with various drugs in an effort to find relief. It didn't take long for him to become a full-blown heroin addict in and out short-term rehab facilities and programs. Once "rehabbed" he was back on the streets in a little as 5 days.

He has been diagnosed as having triple co-occurring diagnoses: Drug addiction, mental health and brain injury. It appears there has been no availability of programs designed to help treat this entire spectrum. This is why the reinstatement of substance abuse counseling in Maine's neurorehabilitation programs is so critically important. His mental health and brain injury diagnoses have led him down this path. The Mainecare 102 clinic structure stands at the forefront of creating new opportunities to assist individuals like Michael.

I urge you to unanimously vote this bill OTP. Thank you. I will try to answer any questions you may have.

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