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Testimony of Rep. Allison Hepler presenting
**LD 623, An Act to Enhance Support Services for Individuals with
an Acquired Brain Injury**
Before the Joint Standing Committee on Health and Human Services

Good afternoon, Senator Ingwersen, Representative Meyer and members of the Health and Human Services Committee. I am Allison Hepler and I represent the towns of Arrowsic, Georgetown, Phippsburg, West Bath and Woolwich. I am here today to present **LD 623, An Act to Enhance Support Services for Individuals with an Acquired Brain Injury**.

This bill provides an update of the language in the statute for support of underserved brain injury populations. Specifically, it codifies the state's preference for Maine-based organizations to provide core brain injury supports for underserved populations and it highlights the importance of providing access to community-based brain injury screening and access to federal traumatic brain injury (TBI) grant funds.

Three recent developments highlight the importance of codifying community-based brain injury screening in the current brain injury law:

1. Brain injury co-occurs frequently in individuals with mental health and substance use disorder. This is a key underserved population in the state. Since the existing statute was passed five years ago, many more individuals are now surviving an overdose through the widespread availability of Naloxone. These individuals are at high risk for anoxic and hypoxic brain injury. Additionally, the response to substance use disorder (SUD) treatment and the need for accommodations is different for individuals with brain injury.
2. The federal Centers for Medicare and Medicaid Services (CMS) has recently designated traumatic brain injury (TBI) as a chronic health condition. Those who experience brain injury often have lifelong altering effects, even if they were never diagnosed.
3. The American Society for Addiction Medicine (ASAM) has approved a new criterion for "neurologic informed care," emphasizing that substance use disorder treatment providers need to be aware of potential cognitive impairments and adjust their approach to treatment accordingly.

In codifying the importance of brain injury screening in the current statute, no new resources are needed. The Office of Aging and Disability Services is already subscribing to an innovative brain injury screening tool – the Online Brain Injury Screening and Support System (OBISSS). It is now available to any organization supporting individuals with co-occurring brain injury and mental health and/or substance use disorder. It is currently being piloted at Kennebec Behavioral Health, Aroostook Mental Health and Spurwink in Lewiston.

Representatives of the brain injury community will follow me in support of this testimony. I thank you for your consideration and am confident that they will be able to answer any detailed questions you may have.

Thank you.