

DAVID Y. IGE
GOVERNOR OF HAWAII



VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

DEPT. COMM. NO. 246
11:07A A-MAL 81

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:

December 28, 2017

The Honorable Ronald D. Kouchi,
President and Members of the Senate
Twenty-Ninth State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Scott K. Saiki, Speaker
and Members of the House of
Representatives
Twenty-Ninth State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Saiki, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the report "Requiring the Department of Health to Provide an Annual Report on the Activities under the Neurotrauma Special Fund," as required by §321H-4 Hawaii Revised Statutes (HRS).

In accordance with Section 93-16, HRS, I am also informing you that the report may be viewed electronically at:

<http://health.hawaii.gov/opppd/departments-of-health-reports-to-2018-legislature/>

Sincerely,

A handwritten signature in cursive script that reads "Virginia Pressler".

VIRGINIA PRESSLER

Director of Health

Enc.

c: Senate
House
Legislative Reference Bureau
SOH Library System (7 copies)
University of Hawaii

REPORT TO THE TWENTY-NINTH LEGISLATURE

**STATE OF HAWAI'I
2018**

**PURSUANT TO SECTION 321H-4
HAWAI'I REVISED STATUTES**

**REQUIRING THE DEPARTMENT OF HEALTH TO PROVIDE
AN ANNUAL REPORT ON THE ACTIVITIES UNDER
THE NEUROTRAUMA SPECIAL FUND**



PREPARED BY:

**STATE OF HAWAI'I
DEPARTMENT OF HEALTH**

December 2017

EXECUTIVE SUMMARY

In accordance with the provisions of Section 321H-4, Hawai'i Revised Statutes (HRS), "Neurotrauma," the Department of Health (DOH), Developmental Disabilities Division (DDD), neurotrauma program respectfully submits this annual report on the activities funded by the Neurotrauma Special Fund (NSF).

State statutory provisions (Chapter 321H, HRS) mandate DOH to "develop, lead, administer, coordinate, monitor, evaluate and set direction for a comprehensive system for survivors of neurotrauma injuries." The NSF was established to assist in the development of the comprehensive system. DOH-DDD implements this law with the guidance of the Neurotrauma Advisory Board (NTAB) members who provide stakeholder input on the neurotrauma program's activities, advise and make recommendations on expenditures of the special fund.

The NSF is funded by surcharges from traffic citations that are related to causes of neurotrauma injuries. Surcharges have been deposited into the NSF since January 2003; and the neurotrauma program continues to work with neurotrauma survivors and their families to identify priorities for expenditure of moneys that are available in the NSF. The highest priority of NSF expenditures, based on the feedback received from neurotrauma survivors and their constituents, is to provide neurotrauma survivors assistance with access to appropriate services and supports.

During FY 2017, neurotrauma program staff worked with the National Association of State Head Injury Administrators to receive technical assistance and training to develop the Hawai'i Neurotrauma Supports Strategic Plan FY 2018-2020. Neurotrauma stakeholders and NTAB provided input to develop the goals of the strategic plan and this plan is being used to provide direction for the neurotrauma program.

DOH-DDD neurotrauma program staff worked diligently and successfully implemented activities to expend funds from the NSF, in accordance with the mandate of Section 321H-4, HRS, in collaboration with the Traumatic Brain Injury Advisory Board (TBIAB), NTAB, Brain Injury Association of Hawai'i, families, survivors, and other community stakeholders. NSF was expended to support:

- **The Hawai'i Concussion Awareness & Management Program (HCAMP)** with the University of Hawai'i, Kinesiology and Rehabilitation Services Department (UH-KRS). HCAMP implemented a baseline testing concussion management program for high school student-athletes and implemented a return to play protocol for students who became concussed while playing high school athletics. HCAMP provided education on concussion awareness to community and youth organizations. The NSF initial funding for HCAMP was in May 2010 and concluded in August 2016;
- **The Hawaiian Islands Regional Stroke Network** with the Queen's Medical Center (QMC) to develop and implement a process to provide residents of Hawai'i with appropriate access to stroke related health care in their respective communities through telemedicine. QMC serves as the "hub" for seven "spoke" hospitals statewide and established streamlined care protocols for rapid triage, assessment, and treatment of patients with acute stroke to deliver high quality assessment and care for stroke patients with the use of Tissue Plasminogen Activator (tPA). The use of tPA within four and a half hours has been proven to reduce the long-term effects of stroke;

- **The Hawai'i Neurotrauma Registry (HNTR)** with the University of Hawai'i, Pacific Disabilities Center. HNTR gathers information on the long-term service and support needs of survivors of neurotrauma injuries and their family members. The number of survivors on the HNTR has steadily increased during fiscal year 2017. HNTR also continues to provide education on neurotrauma injuries and build public awareness at community events; and
- **Project Head, Neck, Spine** with the University of Hawai'i, Kinesiology and Rehabilitation Services Department. Project Head, Neck, Spine will develop and provide an online educational resource aimed to educate school-age children and students on the seriousness of head (concussions), neck and spinal cord injuries. Funding for Project Head, Neck, Spine was approved by the Governor's Office and encumbered during fiscal year 2017. We are currently awaiting execution of the contract as of the writing of this report.

In FY 2018, the neurotrauma program staff plans to continue to work closely with the TBIAB, NTAB and community organizations to identify opportunities to meet its goals which are consistent with Chapter 321H, HRS. The Neurotrauma program will meet its mandates by continuing its contracts to collect and analyze data, fostering training to prevent disabilities, educating and disseminating information on traumatic brain injury (TBI), stroke and spinal cord injury to survivors and their families, and implementing the Neurotrauma Supports Strategic Plan to improve the statewide system of services and supports for individuals living with neurotrauma in Hawai'i.

REPORT TO THE LEGISLATURE IN COMPLIANCE WITH SECTION 321H-4, HAWAII REVISED STATUTES

Introduction

Pursuant to Section 321H-4, HRS, DOH, DDD neurotrauma program respectfully submits this annual report on the activities of the Neurotrauma Special Fund (NSF) to the Thirtieth Legislature.

Chapter 321H, HRS, mandates the DOH to “develop, lead, administer, coordinate, monitor, evaluate, and set direction for a comprehensive system to support and provide services for survivors of neurotrauma injuries;” to establish a Neurotrauma Advisory Board (NTAB); and to administer the NSF. The NSF began accumulating moneys from neurotrauma related traffic citation surcharges (speeding, drunk driving, not wearing seat belts, leaving the scene of an accident involving bodily injury) since January 1, 2003. This report is a status report on activities funded by the special fund for the period of July 2016 to June 2017.

Neurotrauma Advisory Board (NTAB) and Traumatic Brain Injury Advisory Board (TBIAB)

State statutes on neurotrauma were passed by the legislature and codified in Chapter 321H, HRS in 2002. In compliance to this statute the NTAB was subsequently established to advise the DOH-DDD on the use of the NSF to implement these statutes. In 1997, the legislature passed Act 333 that created the TBIAB to advise the Department of Health in the development and implementation of a comprehensive plan to address the needs of persons affected by disorders of the brain. As a subset of the NTAB, the TBIAB would continue to exist and advocate on behalf of the individuals affected by a brain injury and would advise the Department of Health in consultation with the NTAB. In 2014, the Legislature amended Section 321H-3, HRS to reduce NTAB membership from twenty-one to eleven members to obtain quorum while maintaining the same representation of members for the board. All members are appointed by the Director of Health. The Board’s membership consists of key stakeholder group representation statewide; and board members have developed strategic goals to carry out their functions. Current members of the NTAB are listed in Attachment I.

Neurotrauma Supports Strategic Plan FY 2018-2020

During FY 2017, neurotrauma program staff received technical assistance and training from the National Association of State Head Injury Administrators (NASHIA) in the development of the Hawaii Neurotrauma Supports Strategic Plan FY 2018-2020. With the assistance of NASHIA, program staff formed a Neurotrauma Strategic Planning Committee that included Neurotrauma Supports staff; survivors of traumatic brain injury, spinal cord injury, and stroke; and representatives from the NTAB, Department of Vocational Rehabilitation, the Brain Injury Association of Hawaii, Rehabilitation Hospital of the Pacific, Queen’s Medical Center, and the University of Hawaii Pacific Disabilities Center. Program staff also conducted research on the history and background of neurotrauma in Hawaii, the current neurotrauma incidence and prevalence, and the current state of the system of supports and services available to individuals with a neurotrauma injury in Hawaii.

The Strategic Planning Committee updated vision, mission, values, and guiding principles for the neurotrauma program, identifying strengths, barriers, opportunities, and the needs of individuals with neurotrauma injuries and their family members/caregivers. The Strategic

Planning Committee, with input from NTAB and the public, developed the strategic plan goals, objectives, strategies, and evaluation measures. The final Neurotrauma Supports Strategic Plan goals and objectives are listed in Attachment II. Program staff will use the Strategic Plan to guide their activities and the expenditure of the NSF for FY 2018 through 2020.

Use of the Neurotrauma Special Fund

Section 321H-4, HRS, mandates that the NSF shall be used for:

- Education on neurotrauma;
- Assistance to individuals and families to identify and obtain access to services;
- Creation of a registry of neurotrauma injuries within the State to identify incidence, prevalence, individual needs, and related information; and,
- Necessary administrative expenses to carry out this chapter not to exceed two per cent of the total amount collected.

(1) Educational activities:

The neurotrauma program has been providing education on neurotrauma since 2008 through contracts and collaborative partnerships with:

- University of Hawai'i Kinesiology and Rehabilitation Science (UH-KRS);
- Queen's Medical Center (QMC);
- University of Hawai'i, Pacific Disabilities Center (UH-PDC); and
- Rehabilitation Hospital of the Pacific (RHOP).

UH-KRS hosts an annual Concussion Summit and conducts concussion workshops to educate parents, coaches, student-athletes, DOE administrators and staff on identifying the signs and symptoms of concussions in high school athletics, and appropriate return to play protocols to reduce the chance of further injury. The DOH-DDD also partnered with UH-KRS during Traumatic Brain Injury Awareness month in March 2017 to educate on preventing neurotrauma injuries, and provide helmet fitting and free multi-sport helmets to University of Hawai'i students.

QMC educates providers on the use of telemedicine technology and supports development of stroke care protocols to expedite evaluation and treatment, monitoring of complications, and standard post-acute stroke care. In addition, QMC provides education to the public about the signs, symptoms, and risk factors for stroke, the importance of calling 9-1-1 immediately, and the availability of effective treatment with tPA. In FY 2017, QMC:

- Conducted four presentations to community organizations on Oahu, including a senior living facility, elementary school students, private corporation employees, and stroke survivors at the Rehabilitation Hospital of the Pacific;
- Made five appearances on television or radio shows; and
- Implemented a FAST School Stroke Education Program. As part of the program, QMC visited nine public elementary, intermediate, and high schools on Oahu, including Leihoku, Makaha, Maili, Nanikapono, Nanakuli, and Waianae Elementary, Nanakuli Intermediate and High School, Waianae Intermediate, and Waianae High School, and provided information on the signs and symptoms of stroke and what to do if someone is having a stroke. Students were asked to review what they learned with family members and those who returned with a parent signature indicating that

the information was shared received a rubber duck key chain. Seven hundred ninety-one students received a rubber duck key chain and a total of eleven thousand, four hundred fifty-four individuals received the FAST stroke education message.

UH-PDC conducts educational presentations on neurotrauma for community organizations and distributes educational materials on neurotrauma at community events statewide. From the start of the contract on March 21, 2013 through June 2017, HNTR attended ninety-five community events, distributed over twenty-one thousand educational materials, provided sixty-one presentations to professionals and community members, and participated in forty-four events/presentations in collaboration with other community organizations.

The DOH partnered with RHOP during Children and Youth Day at the Capitol to provide free helmets with helmet fitting to children, and education on preventing neurotrauma injuries to children, adults, and families in Hawai'i.

Throughout the fiscal year, DOH-DDD has partnered and participated in six community events on Oahu and have given away one thousand, seventy-five helmets to protect children and adults statewide. The community events included Children and Youth Day, a bike event at Kapolei Middle School, Toys for Tots, a University of Hawai'i at Manoa Hawai'i Concussion Awareness and Management Program event, Light Up the Night, and the Ellison Onizuka Day of Exploration.

(2) Assistance to individuals and families to identify and obtain access to service activities:

The DOH-DDD Neurotrauma Program continues to fund QMC to:

- Improve statewide access to timely, expert stroke care evaluation and treatment with Tissue Plasminogen Activator (tPA) without the need to transfer patients to the Queen's Medical Center. tPA is a drug which can break-up or dissolve blood clots and was approved by the Food and Drug Administration in 1996 for the acute treatment of ischemic stroke. For every one hundred patients who are given tPA within three to four and a half hours of suffering a stroke, twenty-eight patients will suffer less long-term disabilities than if they had not received the medication resulting in an estimated \$45,000 cost savings per treated patient.
- Educate the public about:
 - Signs and symptoms of stroke,
 - Need to expedite evaluation, and
 - Availability of effective treatment with tPA.

As of June 2017, there are seven hospitals serving as "spoke" sites that are linked to QMC, and QMC Punchbowl serves as the "hub". The seven "spoke" sites are: Molokai General Hospital, Wahiawa General Hospital, Hilo Medical Center, QMC West Oahu, Kona Community Hospital, Maui Memorial Center, and North Hawai'i Community Hospital. A contract has been initiated and is in the process of being developed with Kahuku Hospital for the eighth "spoke" site. Emergency department doctors and nurses, hospitalists, and administrators of these hospitals have been educated on stroke care paths and protocols and received in-services on use of the telemedicine technology. As of June 2017, there were a total of five hundred eighty-two telestroke calls. A telestroke call, or teleconsultation, allows patients at the seven "spoke sites" to be seen remotely by an on-call neurologist at

QMC. Telestroke calls are done via an internet-based portal to wireless, mobile web cameras with two-way audiovisual capability through voice-over-internet-protocol (VOIP). The neurologist can determine whether the patient is having an acute stroke, the time of onset, and whether contraindications for tPA are present. The neurologist can make a recommendation to the Spoke hospital for or against the use of tPA. There were four hundred seventy-nine completed calls, where the neurologist provided timely expert stroke patient evaluation and/or consultation to providers and one hundred and three incomplete calls, which included non-telestroke calls or calls that experienced technical difficulties. A total of one hundred seventy-seven patients were administered tPA with one hundred twenty-six patients being transferred to QMC for treatment. Fifty-one patients who received tPA were able to remain at the hospital location site or transferred to another location.

Furthermore, the DOH-DDD continues to fund UH-PDC to provide information and referrals (I&R) to individuals with neurotrauma or family members to assist individuals in identifying and obtaining access to services and supports. From the start of the contract period, on March 21st, 2013, through June 2017, PDC provided I&R to four hundred eleven individuals and provided one thousand, one hundred forty-four pieces of information or referrals.

(3) Development of a registry within the State to identify incidence, prevalence, needs, and related information of survivors of neurotrauma injuries:

In March 2013, the neurotrauma program executed a contract with UH-PDC to develop and administer a neurotrauma registry, which includes individuals who have sustained a traumatic brain injury, spinal cord injury or stroke, disseminate an effective public service announcement and social media campaign to provide education and awareness of neurotrauma, and to encourage participation in the neurotrauma registry. Information obtained and analyzed from the registry will assist the neurotrauma program in prioritizing activities to support the needs of neurotrauma survivors. Creating and maintaining a neurotrauma registry is complementary to the Hawai'i DOH, Healthy Hawai'i Initiative in the areas of research, public and professional education, and evaluation.

As of June 2017, the UH-PDC accomplished the following activities:

1. Enrolled two hundred and two individuals into the HNTR;
2. Designed and ran twenty print ads on neurotrauma and the registry. HNTR produced three newsletters with over four hundred subscribers;
3. Disseminated a total of one thousand, four hundred forty-six radio Public Service Announcements on neurotrauma and the registry, and made seventy-four TV programs appearances (duplicated counts on broadcast); and
4. Created HNTR Facebook page effective July 2014 with eighty-four Facebook posts as of June, 2016. This Facebook page continues to be maintained. Twitter posts were effective October 2014 with forty-three posts and YouTube effective February 2015 with five hundred thirty-eight hits as of June, 2016.

As a related research activity, HNTR is compiling information on service and support needs (needs assessment) of individuals who have experienced a neurotrauma injury and their families. Information of available services and supports to individuals and families will go into a searchable database operated and maintained by the UH-PDC. UH-PDC will analyze this data and make recommendations to neurotrauma program staff and the NTAB.

(4) Necessary administrative expenses to carry out this chapter:

In FY 2016, the DOH expended \$45,000 from the NSF for various statewide educational and awareness activities. These expenses were consistent with the goals and objectives set forth by the STBIAB, NTAB, and DOH.

In FY 2017, a total of \$705,444.11 was deposited into the funds from traffic surcharge collections. This amount is a \$78,906.92 decrease compared to FY 2016. The total encumbrance as of June 30, 2017 was \$616,449.71. As of July 1, 2017, there was a beginning unencumbered cash balance of \$1,385,567 in the NSF.

A projected FY 2018 budget for the NSF is provided in Attachment III. The neurotrauma program with the input from the STBIAB, NTAB and other community constituents plans to utilize the NSF in accordance to Section 321H-4, HRS, by supporting:

- **Hawaiian Islands Regional Stroke Network** with QMC to increase capacity to treat patients throughout the islands by educating providers to assess the appropriateness of using Tissue Plasminogen Activator (tPA) for patients to prevent disabilities without having to transfer patients to a tertiary facility;
- **Hawai'i Neurotrauma Registry** with UH-PDC to continue to provide education and awareness about neurotrauma and to collect data to better serve those with neurotrauma injuries; and
- **Head, Neck & Spine Injuries: Safety Awareness and Education** by UH-KRS to develop and provide an online educational resource that will educate school-age children on the seriousness of head (concussions), neck and spinal cord injuries;
- **Education & Dissemination of Information** to the public through dissemination of written information (e.g. TBI, Spinal Cord and Stroke Discharge folders; conferences; helpline; mentoring, etc.) and information on its website. The website allows the program to give and receive feedback from the public.

ATTACHMENT I

NEUROTRAUMA ADVISORY BOARD

Chapter 321H-3, HRS

VOTING MEMBERSHIP

TERM REPRESENTATION

Molly Trihey

Neurotrauma Injury Survivor/Spinal
Cord Injury

Lyna Burian

Brain Injury Association of Hawai'i

Angie Enoka

Neurotrauma Injury
Survivor/Traumatic Brain Injury

Rita Manriquez

STBIAB Member

VACANT

Private Sector

VACANT

Queen's Medical Center
Trauma Center

VACANT

Private Sector

Milton Takara

At-Large

Scott Sagum

Chair and Neurotrauma Injury
Survivor/Stroke

Stella Wong

At-Large

Valerie Yamada

At-Large

ATTACHMENT II

NEUROTRAUMA SUPPORTS STRATEGIC PLAN

FISCAL YEARS 2018-2020

Goal 1: Expand public and professional awareness about neurotrauma and service delivery.

Objectives:

1.1: Identify partners and organizations (e.g., Brain Injury Association of Hawai'i, Hawai'i Disability Rights Center, Pacific Disabilities Center at the University of Hawai'i and the American Stroke Association) to promote neurotrauma awareness during various designated months (e.g. national spinal cord injury awareness month, stroke awareness month, brain injury awareness month, disability awareness month, disability employment awareness month).

1.2: Expand presentations for community organizations and the public, featuring interviews with professionals in the field of neurotrauma and survivors of neurotrauma and their family members

1.3: Increase awareness and knowledge of neurotrauma and identification among disability and health care providers, including mental health; community health; health care agencies providing in-home supports or caregiver services; and substance abuse programs.

Goal 2: Increase state's capacity to identify and disseminate information about resources, services, and supports to individuals with neurotrauma and their families.

Objectives:

2.1: Increase data reporting to obtain a more accurate assessment of the needs of individuals with neurotrauma and their family members through the neurotrauma registry.

2.2: Expand capacity through existing disability and health care systems.

2.3: Identify funding mechanisms and opportunities for expanding capacity.

Goal 3: Identify strategies and partnerships to improve access to health care, rehabilitation, education, and community-based long-term services and supports and community integration for individuals with neurotrauma.

Objectives:

3.1: Research to identify and expand the database of services and supports currently available in order to link survivors of neurotrauma and family members to these resources (e.g., Aging and Disability Resource Center, SPIN, 2-1-1, etc.).

3.2: Identify methods to access services and supports for individuals with neurotrauma who live on the neighbor islands (e.g., telehealth, support groups, mentorships, disability programs).

3.3: Identify opportunities for self-advocacy training to empower individuals with neurotrauma to access services to meet their needs.

ATTACHMENT III

PROJECTED BUDGET FOR THE NEUROTRAUMA SPECIAL FUND

FY 2018

Beginning Cash Balance as of 7/1/17	\$ 2,002,017
Estimated Revenues FY 2018	\$ 705,444
<u>FY 18 Estimated Expenses</u>	
Contract Encumbrances	
1. University of Hawai'i Kinesiology and Rehabilitation Science Head, Neck, Spine Contract	\$ 252,186
2. University of Hawai'i – Pacific Disabilities Center (5-month contract) Neurotrauma Registry	\$ 200,000
3. Queen's Medical Center Statewide Stroke Network	\$ 147,560
4. Web Re-Design & Maintenance	\$ 18,375
Get With The Guidelines Stroke Data	\$ 4,142
NASHIA Membership	\$ 1,000
NT Brochure Printing	\$ 2,892
Travel to Conduct Statewide Outreach	\$ 8,000
Education/Awareness Activities (promotional items with Neurotrauma Helpline, bike helmets, and conferences)	\$ 45,000
Personnel	\$ 290,289
Total Expenses	\$ 969,441
Estimated Ending Cash Balance as of 6/30/18	\$ 1,738,020

[CHAPTER 321H]
NEUROTRAUMA

Section

- 321H-1 Definitions
- 321H-2 Neurotrauma system
- 321H-3 Neurotrauma advisory board
- 321H-4 Neurotrauma special fund
- 321H-5 Rules

[§321H-1] Definitions. As used in this chapter, unless the context requires otherwise:

"Board" means the neurotrauma advisory board established under section 321H-3.

"Department" means department of health.

"Director" means the director of health.

"Neurotrauma" means a severe chronic disability of a person that is attributable to an injury to the central nervous system, such as traumatic brain injury and spinal cord injury, and likely to continue indefinitely. Neurotrauma can include other neurological dysfunctions but does not include substance misuse and abuse, Alzheimer's disease, or the infirmities of aging. Neurotrauma or other neurological deficits result in substantial functional limitations in two or more of the following areas:

- (1) Self-care;
- (2) Speech, hearing, or communication;
- (3) Learning;
- (4) Mobility;
- (5) Self-direction;
- (6) Capacity for independent living; and
- (7) Economic sufficiency. [L 2002, c 160, pt of §2]

[§321H-2] Neurotrauma system. The department of health shall develop, lead, administer, coordinate, monitor, evaluate, and set direction for a comprehensive system to support and provide services for survivors of neurotrauma injuries. [L 2002, c 160, pt of §2]

§321H-3 Neurotrauma advisory board. (a) There is established within the department a neurotrauma advisory board to advise the director in implementing this chapter.

(b) The board shall consist of eleven members to be appointed by the director. The director shall designate a member to be the chairperson of the advisory board. The director or a designee shall serve as an ex officio, nonvoting member of the advisory board. The director may also appoint up to three state and county representatives whose work relates to

neurotrauma to be ex officio, nonvoting members of the board. The members shall serve for a term of four years; provided that upon the initial appointment of members, two shall be appointed for a term of one year, three for a term of two years, three for a term of three years, and three for a term of four years. In establishing the advisory board, the director shall appoint:

- (1) Two survivors of neurotrauma or their family members (one for traumatic brain injuries and one for spinal cord injuries);
- (2) One member of the Brain Injury Association of Hawaii;
- (3) One member representing the state traumatic brain injury advisory board;
- (4) Two members representing private sector businesses that provide services for neurotrauma survivors;
- (5) One member representing trauma centers that provide services for neurotrauma survivors;
- (6) One representative for persons with stroke; and
- (7) Three at-large members.

(c) The members shall serve without compensation but shall be reimbursed for actual expenses, including travel expenses, that are necessary for the performance of their duties.

(d) The number of members necessary to constitute a quorum to do business shall consist of a majority of all the voting members who have been appointed by the director and have accepted that appointment. When a quorum is in attendance, the concurrence of a majority of the voting members in attendance shall make any action of the board valid. [L 2002, c 160, pt of §2; am L 2014, c 191, §1]

§321H-4 Neurotrauma special fund. (a) There is established the neurotrauma special fund to be administered by the department with advisory recommendations from the neurotrauma advisory board. The fund shall consist of:

- (1) Moneys raised pursuant to the surcharges levied under sections 291-11.5, 291-11.6, 291C-12, 291C-12.5, 291C-12.6, 291C-102, 291C-105, and 291E-61;
- (2) Federal funds granted by Congress or executive order, for the purpose of this chapter; provided that the acceptance and use of federal funds shall not commit state funds for services and shall not place an obligation upon the legislature to continue the purpose for which the federal funds are made available; and
- (3) Funds appropriated by the legislature for the purpose of this chapter.

(b) The fund shall be used for the purpose of funding and contracting for services relating to neurotrauma as follows:

- (1) Education on neurotrauma;
- (2) Assistance to individuals and families to identify and obtain access to services;
- (3) Creation of a registry of neurotrauma injuries within the State to identify incidence, prevalence, individual needs, and related information; and
- (4) Necessary administrative expenses to carry out this chapter not to exceed two per cent of the total amount collected.

(c) Moneys in the neurotrauma special fund may be appropriated to obtain federal and private grant matching funds, subject to section 321H-4(a)(2).

(d) In administering the fund, the director shall maintain records of all expenditures and disbursements made from the neurotrauma special fund.

(e) The director shall submit to the legislature an annual report on the activities under the neurotrauma special fund no later than twenty days prior to the convening of each regular session. [L 2002, c 160, pt of §2; am L 2006, c 129, §6]

[§321H-5] Rules. The director may adopt rules under chapter 91 necessary to carry out this chapter. [L 2002, c 160, pt of §2]