

DEPT. COMM. NO. 241

REPORT TO THE THIRTY-FIRST LEGISLATURE

**STATE OF HAWAII
2019**

**PURSUANT TO SECTION 321H-4
HAWAII REVISED STATUTES**

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



PREPARED BY:

**STATE OF HAWAII
DEPARTMENT OF HEALTH**

December 2018

EXECUTIVE SUMMARY

In accordance with the provisions of Section 321H-4, Hawaii Revised Statutes (HRS), “Neurotrauma,” the Department of Health (DOH), Developmental Disabilities Division (DDD), Neurotrauma Program respectfully submits this annual report on the activities of the Neurotrauma Special Fund (NSF).

The NSF was established for 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.” The NSF is funded by surcharges from traffic citations that are related to causes of neurotrauma injuries.

Surcharges from neurotrauma related traffic citations 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. The Neurotrauma Advisory Board (NTAB) provides stakeholder input into the Neurotrauma Program’s activities and advisory recommendations regarding the special fund.

During FY 2018, Neurotrauma Program worked on meeting the goals and objectives of the Hawaii Neurotrauma Supports Strategic Plan. Program staff also worked diligently to successfully implement activities to use 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 Hawaii, families, survivors, and other community stakeholders. The Neurotrauma Program supported:

- The Hawaiian Islands Regional Stroke Network with the Queen’s Medical Center to develop and implement a process to provide residents of Hawaii with appropriate access to care in their respective communities. With Queen’s Medical Center as the “hub,” seven “spoke” hospitals statewide have 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 4.5 hours has been proven to reduce the long-term effects of stroke;
- The Hawaii Neurotrauma Registry (HNTR) with the University of Hawaii, Pacific Disabilities Center. HNTR gathers information on the long-term service and support needs of survivors of neurotrauma injuries and their family members and has steadily increased the number of participants added to the registry this fiscal year. HNTR also continues to provide education on neurotrauma injuries and to build public awareness at community events; and
- Project Head, Neck, Spine with the University of Hawaii, Kinesiology and Rehabilitation Services Department. Project Head, Neck, Spine developed an online educational resource aimed to educate eighth and ninth grade students on the seriousness of head (concussions), neck and spinal cord injuries. The project will expand by piloting and implementing the educational resource with eighth and ninth grade students, and subsequently developing, piloting, and implementing the online educational resource for upper elementary school and lower elementary school students in Hawaii.

During FY 2019, the Neurotrauma Program will continue to work closely with the TBIAB, NTAB and community organizations to meet goals consistent with Chapter 321H-4, HRS. The Neurotrauma Program will continue its efforts to collect and analyze data, provide training to prevent disabilities, educate and disseminate information on traumatic brain injury (TBI), stroke and spinal cord injury to survivors and their families, and implement the Neurotrauma Supports Strategic Plan to improve the statewide system of services and supports for individuals living with neurotrauma in Hawaii.

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 Thirty-First 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 the fund activities for the period of July 2017 to June 2018.

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

The Neurotrauma statute was passed by the legislature and codified in Chapter 321H, HRS in 2002. In compliance with the statute, the NTAB was established to advise the DOH 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. The Board members have developed a strategic plan to guide its work. The current membership of the NTAB is listed in Attachment I.

Neurotrauma Supports Strategic Plan: Fiscal Years 2018-2020

On February 1, 2018, the Neurotrauma Program held a joint advisory board meeting with the NTAB and TBIAB to launch the Neurotrauma Supports Strategic Plan for fiscal years 2018 through 2020 (Attachment II).

Board members gave further input to the Neurotrauma program on strategies to meet the goals and objectives. This Legislative Report provides highlights of how the Neurotrauma Program implemented activities to address the goals and objectives of the Strategic Plan during FY 2018.

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 provided education on neurotrauma throughout FY 2018 through contracts and partnerships with:

- University of Hawaii Kinesiology and Rehabilitation Science (UH-KRS);
- Queen's Medical Center (QMC);
- University of Hawaii, Pacific Disabilities Center (UH-PDC);
- Rehabilitation Hospital of the Pacific (REHAB); and
- Access Surf Hawaii.

UH-KRS Educational Activities

UH-KRS hosted an annual Concussion Summit and conducted concussion workshops to educate parents, coaches, student-athletes, Department of Education (DOE) administrators and staff on identifying the signs and symptoms of concussions during high school athletics and appropriate return to play protocols to promote healing and reduce the chance of further injury. The Neurotrauma Program also partnered with UH-KRS during Brain Injury Awareness Month in March 2018 to provide education on preventing neurotrauma injuries, helmet fitting, and free multi-sport helmets to University of Hawaii students.

In addition, the Neurotrauma Program funded UH-KRS's Project Head, Neck, Spine. In FY 2018, UH-KRS developed an online educational resource aimed to educate eighth and ninth grade students about the seriousness of head, neck, and spine injuries. UH-KRS developed the content, which included information on recognizing head, neck, and spine injuries, assisting someone who has sustained an injury, and preventing these injuries. DOE teachers reviewed the content for accuracy and adherence to the Hawaii Content and Performance Standards III for Health. In FY 2019, UH-KRS will expand the project by pilot-testing the online educational resource within eighth and ninth grade classrooms and will develop additional versions of the educational resource for upper and lower elementary school students.

Queen's Medical Center Educational Activities

QMC educated providers about the use of telemedicine technology and supports development of stroke care protocols to expedite evaluation and treatment, monitor for complications, and provide standard post-acute stroke care. In addition, QMC provided education to the public about the signs, symptoms, and risk factors of stroke, the importance of calling 9-1-1 immediately, and the availability of effective treatment with tPA. In FY 2018, QMC:

- Implemented a F.A.S.T. School Stroke Education Program. As part of the program, QMC visited nine public elementary, intermediate, and high schools on Oahu in the Campbell-Kapolei complex, including Barbers Point Elementary School, Ewa Beach Elementary School, Ewa Elementary School, Hookele Elementary School, Iroquois Point Elementary School, Kaimiloa Elementary School, Makakilo Elementary School, Mauka Lani Elementary School, and Pohakea Elementary School. QMC 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 received a rubber duck key

- chain. 2,541 students received a rubber duck key chain and a total of over 9,000 individuals received the F.A.S.T. stroke education message;
- Provided F.A.S.T. stroke education to Maryknoll School first graders
 - Provided stroke education to over 200 seniors at the Kupuna Community Service;
 - Provided stroke education to over 500 U.S. and international participants aged 20-60 at the Ultimate Frisbee Tournament.
 - Provided stroke education at the 6th Annual Molokai Disability Resource Fair for Molokai senior community members.

The Neurotrauma Program also partnered with QMC, Hawaii Medical Service Association, Kaiser Permanente, Department of Health Public Health Nursing, the American Heart/American Stroke Association, and the Neurotrauma Registry for a Mini Stroke Awareness Health Fair in May 2018 at Kahala Mall on Oahu. Vendors provided free blood pressure screenings and information about stroke, risk factors, prevention measures, and available resources for stroke survivors and their family members.

UH-PDC Educational Activities

UH-PDC conducted educational presentations on neurotrauma for community organizations and distributed educational materials on neurotrauma at community events. During FY 2018, HNTR attended 25 community events, provided 35 presentations to professionals and community members, and participated in 26 events/presentations in collaboration with other community organizations. The Neurotrauma Program also partnered with UH-PDC to host a public showing of the movie Concussion for Brain Injury Awareness Month in March 2018. Emergency Department nurses from Queen's Medical Center gave an educational presentation on traumatic brain injury prior to showing the movie.

REHAB Educational Activities

The Neurotrauma Program partnered with REHAB to implement the Unmasking Brain Injury Project for Brain Injury Awareness Month in March 2018. The Unmasking Brain Injury Project is a national initiative aimed at raising awareness about the prevalence and impacts of TBI and to give survivors a voice and a creative outlet to educate others about what it is like to live with a TBI. The Neurotrauma Program traveled to neighbor islands to facilitate mask making events with brain injury support groups, and individuals from Oahu, Hawaii island, Kauai, and Maui participated in the project. The masks were displayed at the Rehabilitation Hospital of the Pacific, Pearlridge Shopping Center, and the State Capitol throughout the month of March 2018.

Access Surf Hawaii Educational Activities

The Neurotrauma Program partnered with Access Surf for Spinal Cord Injury Awareness Month in September 2017. Access Surf is a non-profit organization that creates community-based programs for anyone with a disability to enjoy the water. The Neurotrauma Program provided education to the community on preventing spinal cord injuries at an Access Surf Day at the Beach event in September.

Partnerships with Community Organizations for Helmet Fitting and Education

Throughout the fiscal year, the Neurotrauma Program partnered and participated in twelve community events on Oahu and gave away over 1500 bike and multi-sport helmets to

protect children and adults statewide. The community events included the Children and Youth Day, a health fair event at Kaiser Clinic in Waipio, a bike event at Kahuku High School, Kula Harvest Festival, Toys for Tots, a University of Hawaii at Manoa Hawaii Concussion Awareness and Management Program event, three Light Up the Night Events, Hokulani Elementary School, Kids Fest on Kauai, and the ESPN Sports Festival.

Partnerships with agencies resulted in promotion of neurotrauma awareness during the designated months for Spinal Cord Injury, Brain Injury, and Stroke Awareness, consistent with Strategic Plan Objective 1.1. The educational presentations conducted in partnership with UH-KRS, UH-PDC, and QMC provided the public with information about neurotrauma. It also provided increased awareness about neurotrauma and services for neurotrauma survivors, among service providers, consistent with Strategic Plan Objectives 1.2, 1.3, and 2.2. The statewide outreach conducted by the Neurotrauma Program, in partnerships with agencies, identified funding mechanisms and expanded the database of statewide services and supports available for neurotrauma survivors and their family members, consistent with Strategic Plan Objectives 2.3, 3.1, and 3.2.

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

The Neurotrauma Program continued 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 100 patients who are given tPA within 3 to 4.5 hours of suffering a stroke, 28 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:
 - the signs and symptoms of stroke,
 - the need to expedite evaluation, and
 - the availability of effective treatment with tPA.

As of June 2018, there were 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, North Hawaii Community Hospital, and Kahuku Hospital. Maui Memorial Medical Center had been an eighth spoke site but has since transitioned from state-owned to a Kaiser subsidiary and is no longer a spoke site as of March 1, 2018. 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 2018, there have been a total of 966 telestroke calls. A telestroke call, or teleconsultation, is an on-call staffing model to remotely access patients at the seven "spoke sites" with a Neurologist at QMC. It is 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 an individual patient has the diagnosis of

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 817 completed calls (provided timely expert stroke patient evaluation and/or consultation to providers) and 139 incomplete calls (non-telestroke or experienced technical difficulties). A total of 302 patients were administered tPA, and 272 patients were transferred to QMC for treatment. 104 patients who received tPA were able to remain at the hospital location site or transferred to another location. The activities of the QMC Stroke Network Project are consistent with Strategic Plan Objectives 2.2 and 3.2, that address expanding capacity through existing disability and health care systems and identifying methods to access services and supports for individuals with neurotrauma who live on the neighbor islands.

The Neurotrauma Program continued to fund UH-PDC to provide information and referrals (I&R) for individuals with neurotrauma or family members to assist individuals to identify and access services and supports. Between July 2017 and June 2018, PDC provided I&R to 228 individuals and provided 837 pieces of information or referrals. UH-PDC and DOH conducted regular outreach to service providers in the community to maintain a current listing of resources available to individuals with neurotrauma. The I&R activities of UH-PDC are consistent with Strategic Plan Objective 3.1 of the Neurotrauma Supports Strategic Plan, that addresses conducting research to identify and expand the database of available services and supports in order to link survivors of neurotrauma and family members to these resources.

(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 Hawaii Neurotrauma Registry (HNTR) will assist the Neurotrauma Program in prioritizing activities to support the needs of neurotrauma survivors. Creating and maintaining a neurotrauma registry is consistent with Objective 2.1 of the Neurotrauma Supports Strategic Plan, that involves increasing data reporting to obtain a more accurate assessment of the needs of individuals with neurotrauma and their family members through the neurotrauma registry.

As of June 2018, the UH-PDC enrolled 277 individuals into the HNTR. 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 also analyze this data and make recommendations to Neurotrauma Supports and the NTAB.

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

In FY 2018, the Neurotrauma Program expended \$45,000 from the NSF for various educational and awareness activities on a statewide basis. These expenses were consistent with the goals and objectives set forth by the TBIAB, NTAB, and DOH.

In FY 2018, a total of \$793,666 has been deposited into the funds from traffic surcharge collections. This amount is a \$101,709 increase as compared to FY 2017. Total encumbrance as of June 30, 2018 was \$686,926. As of July 1, 2018, there was a beginning unencumbered cash balance of \$1,953,168 in the Neurotrauma Special Fund.

A FY 2019 budget for the NSF is provided in Attachment III. The Neurotrauma Program with the input from the TBIAB, NTAB and other community constituents plans to utilize the NSF in accordance to Section 321H-4, HRS, by supporting:

- **Head, Neck & Spine Injuries: Safety Awareness and Education** by UH-KRS to develop and provide an online educational resource to educate school-age children and students about the seriousness of head (concussions), neck and spinal cord injuries;
- **Hawaii Neurotrauma Registry** with UH-PDC to continue to provide education and awareness about neurotrauma and collect data to better serve those with neurotrauma injuries;
- **Transfer Training Program** with the Rehabilitation Hospital of the Pacific to educate and train caregivers and healthcare professionals on body mechanics, safe patient handling skills, and how to proficiently assist in transfer mobility.
- **Two Users to access the “Get with the Guidelines” database** for data on stroke incidence and quality of health care metrics from all Hawaii hospitals that serve stroke patients. The Get with the Guidelines database also allows access to comparative national data, to help assess benchmarks in Hawaii.
- **Travel to Neighbor Islands** to conduct statewide outreach, connect with survivors of neurotrauma and their family members and community partners, identify community resources that provide services for individuals with neurotrauma injuries, and provide information about the Neurotrauma Program.
- **Neurotrauma Awareness Events** to provide public education and awareness about living with a neurotrauma injury and neurotrauma injury prevention during Brain Injury Awareness Month (March), Stroke Awareness Month (May), Spinal Cord Injury Awareness Month (September), and Traumatic Brain Injury Awareness Month (September).
- **Education & Dissemination of Information** to the public by distributing written information (e.g. TBI, Spinal Cord and Stroke Discharge folders, brochures, etc.), promotional products, and bike and multi-sport helmets; funding for conferences; providing assistance through the neurotrauma helpline and maintaining the Neurotrauma Program website.

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 Hawaii

Angie Enoka

Neurotrauma Injury
Survivor/Traumatic Brain Injury

Rita Manriquez

STBIAB Member

Sara Farnham

Rehabilitation Hospital of the Pacific

Leilani Nutt

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 2019

Beginning Cash Balance as of 7/1/18	\$ 2,002,017
Estimated Revenues FY 2019	\$ 804,000
<u>FY 19 Estimated Expenses</u>	
Contract Encumbrances	
1. University of Hawaii Kinesiology and Rehabilitation Science Head, Neck, Spine Contract	\$ 227,313
2. University of Hawaii – Pacific Disabilities Center Neurotrauma Registry	\$ 199,981
3. Rehabilitation Hospital of the Pacific Transfer Training Program	\$ 10,446
4. Website Maintenance and Flyer Design	\$ 11,000
Get with The Guidelines Stroke Data	\$ 5,500
NASHIA Membership	\$ 1,000
Travel to Conduct Statewide Outreach	\$ 8,000
Neurotrauma Awareness Events	\$ 45,000
Education/Awareness Activities (promotional items with Neurotrauma Helpline, bike helmets, and conferences)	\$ 45,000
Stationary and Office Supplies	\$ 41,500
Personnel	\$ 290,290
Total Expenses	\$ 885,030
Estimated Ending Cash Balance as of 6/30/19	\$ 1,920,987

**[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]