



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

In reply, please refer to:

December 26, 2019

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

The Honorable Scott K. Saiki, Speaker
and Members of the House of
Representatives
Thirtieth 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

Annual Report providing an Annual Report on the Activities under the Neurotrama
Special Fund pursuant to Section 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:

<https://health.hawaii.gov/opppd/department-of-health-reports-to-2020-legislature/>

Sincerely,

A handwritten signature in black ink that reads "Bruce S. Anderson".

Bruce S. Anderson, Ph.D.
Director of Health

Enclosures

REPORT TO THE THIRTIETH LEGISLATURE

**STATE OF HAWAII
2020**

**PURSUANT TO SECTION 321H-4
HAWAII REVISIED 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 2019

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 of the Neurotrauma Special Fund (NSF).

The NSF established DOH-DDD as the agency to "develop, lead, administer, coordinate, monitor, evaluate and set direction for a comprehensive system for survivors of neurotrauma injuries." The NSF is funded by surcharges from neurotrauma-related traffic citations that have been deposited into the NSF since January 2003. 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 2019, the Neurotrauma Program continued to work on meeting the goals and objectives of the Hawaii 2018-2020 Neurotrauma Supports Strategic Plan. Program staff implemented 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 Hawai'i, families, survivors, and other community stakeholders.

The Neurotrauma Program supported:

- **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 access to stroke-related health care in their respective communities through telemedicine. QMC serves as the "hub" for seven "spoke" hospitals statewide and has 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 this fiscal year. HNTR also continued 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 developed and piloted an online educational resource aimed to educate students in grades five through nine on the seriousness of head, neck and spinal cord injuries. The project will expand by developing, piloting, and implementing the online educational resource for lower elementary school students, home schooled students, and teachers in Hawaii.

During FY 2020, 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 (SCI) 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 Hawai'i.

REPORT TO THE LEGISLATURE IN COMPLIANCE WITH SECTION 321H-4, HAWAII REVISIED 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 2018 to June 2019.

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

Chapter 321H, HRS was passed by the legislature 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 members consist of key stakeholder group representation statewide. Board members participated in the development of the Neurotrauma Supports Strategic Plan to guide its work. Current members of the NTAB are listed in Attachment I.

Neurotrauma Supports Strategic Plan FY 2018-2020

During FY 2019, the Neurotrauma Program continued its efforts to meet the goals and objectives defined in the Neurotrauma Supports Strategic Plan for FY 2018-2020 (Attachment II). Board members gave 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 2019.

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:

Consistent with the Neurotrauma Strategic Plan objectives 1.1, 1.2, 1.3, and 2.2, the Neurotrauma Program provided education on neurotrauma to the public and providers, with the goal of expanding capacity through disability and health care systems throughout FY 2019, through the following contracts and partnerships with community organizations.

UH-KRS Educational Activities

UH-KRS hosted an annual Concussion Summit and conducted concussion workshops to identify the signs and symptoms of concussions in high school athletic events. Training was also conducted on appropriate return-to-play protocols to promote healing and reduce the chance of further injury. Summit attendees included parents, coaches, student-athletes, and Department of Education (DOE) administrators and staff.

The Neurotrauma Program funded UH-KRS's Project Head, Neck, Spine. During FY 2019, UH-KRS piloted the online educational resource with six (6) middle and high schools. Over seven-hundred and fifty (750) students were educated about the seriousness of head, neck, and spine injuries. The students had a pre-test average of 58.5% and a post-test average of 76.9%, indicating increased comprehension of the curriculum material. UH-KRS also developed the content for upper elementary students, which included information on recognizing head, neck, and spine injuries, assisting someone who 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 2020, Project Head, Neck, Spine will continue to implement the middle and high school curriculum with additional schools and students, pilot the upper elementary modules, and develop content for lower elementary school students.

QMC Educational Activities

QMC educated providers about the use of telemedicine technology and supported development of stroke care protocols to expedite evaluation and treatment, monitor for complications, and provide standard post-acute stroke care. QMC also provided 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.

During FY 2019, QMC implemented a FAST School Stroke Education Program. As part of the program, QMC worked with six (6) elementary schools in the Nanakuli-Waianae School District, ten (10) elementary schools in the Campbell-Kapolei School District, and nine (9) elementary schools in the Kauai School District. 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. Five-thousand, nine-hundred and sixteen (5,916) students received a rubber duck key chain and a total of twenty-one thousand, two hundred ninety-eight (21,298) individuals received the FAST stroke education message.

UH-PDC Educational Activities

UH-PDC conducted educational presentations on neurotrauma for community organizations and distributed educational materials on neurotrauma at community events statewide.

During Fiscal Year 2019, HNTR provided forty-seven (47) educational presentations on Oahu, attended sixteen (16) community events on Oahu, and conducted fourteen (14) presentations on the Neighbor Islands. Audiences included survivors of neurotrauma injuries, seniors, students, support groups, and health fair attendees, among others.

Partnerships with Community Organizations for Education

Throughout the fiscal year, the Neurotrauma Program participated in ten (10) community events on Oahu and the Neighbor Islands and gave away over one-thousand, one-hundred (1,100) bike and multi-sport helmets to protect children and adults statewide. The community events were a Bennet Foundation event, Easter Seals/Assistive Technology Resource Center workshop, iLOVERehab anniversary event, Children and Youth Day, Footsteps to Transition, SPIN Conference, Haiku Flower Festival, Kailua Farmer's Market, Hokulani Elementary, and the Hawaii Medical Service Association (HMSA) Women's Health Fair. In addition, the Neurotrauma Program partnered with the American Heart/American Stroke Association, Prevent Suicide Hawaii Taskforce, and the Rehabilitation Hospital of the Pacific to sponsor provider and/or public education on neurotrauma.

Education for Neurotrauma Awareness Months

Consistent with Strategic Plan Objective 1.1, the Neurotrauma Program partnered with community agencies to promote awareness of neurotrauma during the designated months for Spinal Cord Injury, Brain Injury, and Stroke Awareness. For Spinal Cord Injury Awareness Month, the Neurotrauma Program partnered with AccesSurf to provide education to the community during a Day at the Beach event in September 2018. Also in September 2018, Traumatic Brain Injury Awareness Month, the Neurotrauma Program displayed masks made by Hawaii survivors of brain injury as part of the UnMasking Brain Injury project, which is aimed at raising awareness of the experience of living with a brain injury. In March 2019, the Neurotrauma Program partnered with DOH Emergency Medical Services and Injury Prevention Branch, Hawaii Disability Rights Center, and the Area Health Education Center to provide education on the brain, disability rights and preventing drunk driving at FarmLover's Farmer's Markets in Pearlridge and Kakaako. Individuals were also able to engage in activities aimed at raising awareness on the physical symptoms associated with having a brain injury. For Stroke Awareness Month in May 2019, the Neurotrauma Program hosted a Stroke Awareness Community Health Fair at Kahala Mall. Participating vendors included the Queen's Medical Center, HMSA, Kaiser Permanente, the American Heart/American Stroke Association, Pacific Disabilities Center, and DOH Public Health Nursing. The event offered free blood pressure screenings, healthy snacks, product giveaways, information on stroke prevention and insurance benefits that promote healthy living.

(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 that 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 (100) patients who are given tPA within three to four and a half hours of suffering a stroke, twenty-eight (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:
 - Signs and symptoms of stroke,
 - Need to expedite evaluation, and
 - Availability of effective treatment with tPA.

As of June 2019, there were seven “spoke” site hospitals linked to QMC, with QMC Punchbowl serving as the “hub”. The seven “spoke” sites are: Molokai General Hospital, Wahiawa General Hospital, Hilo Medical Center, QMC West Oahu, Kona Community Hospital, North Hawai‘i Community Hospital, and Kahuku Hospital. 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. From the start of the contract in 2011 through June 2019, there were a total of one-thousand, four-hundred thirteen (1,413) 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 one-thousand, two-hundred, fifty-one (1,251) completed calls where the neurologist provided timely expert stroke patient evaluation and/or consultation to providers and one hundred sixty-two (162) incomplete calls, which included non-telestroke calls or calls that experienced technical difficulties. A total of four-hundred twenty-four (424) patients were treated with IV tPA by telemedicine, which resulted in an estimated \$19.1 million in cost savings. State funding for the Hawaiian Islands Regional Stroke Network concluded in May 2019; however, the project will successfully sustain itself through a subscription-based hub-and-spoke model. QMC designed the model to minimize ongoing operating costs for each spoke hospital and contracted with all of the current spoke hospitals to provide ongoing telestroke services at each spoke hospital for the following year. QMC staff published an article titled, “Impact of Statewide Telestroke Network on Acute Stroke Treatment in Hawai‘i” in the September 2019 issue of the Hawaii Journal of Health & Social Welfare.

The Neurotrauma Program 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. During FY 2019, PDC provided I&R to one-hundred twenty-nine (129) individuals.

(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 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.

During FY 2019, PDC recruited fifty-five (55) new survey participants, and as of June 2019, had a total of three-hundred and twenty-six (326) individuals in the HNTR. HNTR is compiling information on service and support needs (needs assessment) of individuals who have experienced a neurotrauma injury and their families. Consistent with Strategic Plan objectives 3.1 and 3.2, 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 the Neurotrauma Program and the NTAB.

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

In FY 2019, 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 TBIAB, NTAB, and DOH.

In FY 2019, a total of \$668,342 was deposited into the funds from traffic surcharge collections. This amount is a \$138,201 decrease compared to FY 2018. The total expenditure as of June 30, 2019 was \$962,190. As of July 1, 2019, there was a beginning unencumbered cash balance of \$1,655,320 in the NSF.

A projected FY 2020 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:

- **RAPID Hawaii: A Statewide Collaboration on Acute Stroke Care** with QMC to increase capacity to treat patients throughout the islands by educating providers to assess the appropriateness of using mechanical thrombectomy for patients to prevent disabilities;
- **Head, Neck & Spine Injuries: Safety Awareness and Education** by UH-KRS to develop and implement 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	TBIAB Member
Sara Farnham	Private Sector
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 2020

Beginning Cash Balance as of 7/1/19	\$ 1,655,320
Estimated Revenues FY 2020	\$ \$727,443
<u>FY 20 Estimated Expenses</u>	
Contract Encumbrances	
1. Queen's Medical Center RAPID Hawaii	\$ 270,000
2. University of Hawai'i Kinesiology and Rehabilitation Science Project Head, Neck, Spine	\$ 219,670
3. Research Corporation of the University of Hawaii Concussion Summit	\$ 20,000
4. Wellness Neuro and Spinal Cord Injury Transfer Training Program	\$ 14,985
5. James Peters Design Website Maintenance	\$ 9,000
Get with the Guidelines Stroke Data	\$ 5,500
NASHIA Membership	\$ 1,000
Travel to Conduct Statewide Outreach	\$ 8,000
Education/Awareness Activities (promotional items, helmets	\$ 70,000
Personnel	\$ 292,636
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Total Expenses	\$ 910,791
Estimated Ending Cash Balance as of 6/30/2020	\$ 1,471,972

**[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]