

REPORT TO THE TWENTY-NINTH LEGISLATURE

**STATE OF HAWAII
2017**

**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 2016

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 source of funding for the NSF are 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 activities and advisory recommendations regarding the special fund.

During FY 2016, the Neurotrauma Program staff successfully 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 Hawaii, families, survivors, and other community stakeholders. The Neurotrauma Program supported:

- The Hawaii Concussion Awareness Management Program (HCAMP) involving high school athletes in Hawaii’s public schools as well as concussion education and awareness presentations statewide targeting youth leagues and organizations. Through increased education, awareness and actual baseline cognitive testing, the health and safety of student athletes was increased. With this enhanced outreach, it ensured all parts of the state received the required information about concussions. With the passing of Act 262, baseline testing will continue for high school student athletes;
- The Hawaiian Islands Regional Stroke Network is working with the Queens Medical Center to develop and implement a process to provide citizens of Hawaii with appropriate access to care in their respective communities. Seven spoke hospitals statewide have established streamlined care protocols for rapid triage, assessment, and treatment of patients with acute stroke in an effort 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; and
- The University of Hawaii, Pacific Disabilities Center (formerly: Pacific Basin Rehabilitation Research and Training Center) Hawaii Neurotrauma Registry (HNTR) has shown a steady increase in the number of participants added to the registry this Fiscal Year. HNTR also continues to provide education and awareness information on neurotrauma injuries to the public at community events.

For FY 2017, the Neurotrauma Program staff will continue to work closely with the TBIAB, NTAB and community organizations to identify opportunities to meet its goals which are consistent with Chapter 321H-4, 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 to survivors and their families on traumatic brain injury (TBI), stroke and spinal cord injury;
- And strategically planning to provide a comprehensive neurotrauma system.

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 Twenty-Ninth 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 2015 to June 2016.

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, and in compliance to this statute the NTAB was subsequently 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 TBIAB¹ 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.

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:

¹ Neurotrauma means an injury to the central nervous system which includes the brain. Traumatic brain injury (TBI) means an intracranial injury, occurs when an external force [traumatically injures](#) the brain. Neurotrauma includes TBI and other injuries.

The Neurotrauma Program staff continues to support numerous educational activities through:

Collaboration for Education: The Neurotrauma Program has been providing neurotrauma education since 2008 through contracts and partnerships with:

- University of Hawaii, Pacific Disabilities Center (UH-PDC) Ho'oikaika Traumatic Brain Injury Peer Mentoring Program;
- University of Hawaii Kinesiology and Rehabilitation Science (UH-KRS),
- Queens Medical Center (QMC); and
- Brain Injury Association of Hawaii (BIA-HI).

The contract with the UH-PDC for the Ho'oikaika Traumatic Brain Injury Peer Mentoring Program ended in September 2012 but volunteer mentors who were part of the Ho'oikaika program renamed themselves Hui Malama Po'o and continue to meet on a regular basis to carry on with experiences gained from the Ho'oikaika project.

In February 2014, BIA-HI opened the Brain Injury Resource Center as a result of collaboration with the Neurotrauma Program. The NSF provides funding to establish a framework for a resource center. The BIA-HI is currently in the process of re-organization. The Brain Injury Association has proven to be a large support for neurotrauma programs in other states. Continued collaboration with BIA-HI would be beneficial to Hawaii's neurotrauma program.

Research on High School Athletes: Since August 2010, the Neurotrauma Program has funded UH-KRS to conduct a research study on concussion management of all high school athletes in the State of Hawaii. This study:

- Used the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT) concussion management software and the Graded Symptom Checklist (GSC) tool to determine baseline cognitive test data for all high school student-athletes and to assess students' symptoms after a concussion injury occurs. The project helps neurotrauma injury survivors and the community by educating student-athletes, coaches, parents, athletic trainers, and other staff on the seriousness of concussion injuries and on developing and implementing return to play and return to learn protocol, which will reduce the risk of more severe and long-term damage following a concussion injury.
- Provided primary care physicians and high school athletic trainers with data from the concussion management program so they may make recommendations for student athletes to safely return to play;
- Submitted Hawaii-based longitudinal research evidence for concussion management protocol utilizing data obtained from ImPACT, Standard Assessment for Concussion (SAC) to develop best practices;
- Trained high school administrators, athletic trainers, physicians, and neuropsychologists participating in the study;
- Educated coaches, parents, and athletes on concussion; and

- Provided concussion awareness and education to community and youth organizations.

A total of 67 schools participated in the baseline testing and of the 67 schools, 21 schools were private schools belonging to the Interscholastic League of Honolulu (ILH). The remaining schools are all public schools statewide.

During the 2015-16 academic year, baseline data was collected on 9,066 student-athletes statewide. During this period 1,092 concussions were reported. As the number of baseline tests decreased from the previous year (9,451 baselines during the 2014-15 academic year), the number of concussions reported increased (1,052 concussions reported in the academic 2014-15 year). HCAMP data cannot determine with confidence why concussion data increased besides an increase in education, awareness and improved reporting by athletic trainers.

The UH-KRS also provided data to the Neurotrauma Program on injury rates by sport and gender during the 2015-16 academic year. It is no surprise that the sport of football continues to have the highest percentage of concussions primarily due to having a significantly higher number of students participating in football compared to other sports.

To determine risk for concussion, it is important to determine the rate of injury by the type of sport. UH-KRS, determined that girls' judo continues to have the highest rate of concussions per 10,000 athlete exposures, followed by football, girls' basketball, girls' soccer, and boys' judo. Athlete exposure is a unit of susceptibility to injury, which is defined as one athlete participating in one game or practice, in which he/she is exposed to the possibility of athletic injury. These findings will provide athletic trainers, school administrators, and school athletic governing bodies statewide with objective injury data that directly influences the development of concussion education, prevention and management programs.

Of the participating schools, students in the 9th and 11th grades who play contact sports that have a risk for concussion, have an ImPACT assessment tool administered for baseline measurement and/or post-concussion assessment at the start of the school year. The coaches, trainers and aides at the schools have been trained to administer these tests to the students. Student-athletes baseline tests are critical for athletic trainers to assess readiness to return to participation following a concussion. Without a baseline test, student-athletes may be "cleared" to return to participation prematurely and at risk for a more severe concussion.

Increased Awareness through Education: A major component of the contract with UH-KRS is increasing education and awareness of concussion among high school student-athletes, school administrators, game officials, parents, and athletic association officials. In December 2012, the Neurotrauma Program modified its contract with the UH-KRS to develop and implement a statewide concussion educational and awareness program specifically targeted to organizations' and facilities' staff that care, support, and provide services to children, youth and their families. During the period August 2015 to August 2016, UH-KRS completed eight community presentations on concussion education and awareness statewide. The following organizations received concussion training through the contract with UH-KRS:

- Play Sports Hawaii;

- Big Boys Football League;
- Pacific Health Kids Fest;
- ESPN 1420 Event;
- Hawaii Pacific Health, Concussion Summit; and
- McKinley High School Clinic.

Approximately 250 participants received concussion awareness and education from the program since the inception of the contract modification. Based on random post-test surveys conducted by UH-KRS, participants had a better understanding of what a concussion is, how to recognize signs and symptoms of a concussion, what to do and who to contact in the event of a concussion or a suspected concussion after participating in the education and awareness sessions.

The final year of the HCAMP contract which ended on August 1, 2016 sought to address the sustainability of HCAMP as NSF funding was ending. During this fiscal year, a concussion coalition was organized to provide insight and recommendations for HCAMP to continue. Members of the coalition recommended that legislative action be pursued to provide funding through state legislation. On July 12, 2016, Act 262 - Relating to Concussions was signed into law. Act 262 extends the original Act 197 to include mandatory baseline cognitive testing for high school students and education/awareness to youth athletics.

Lastly, the UH-KRS, through NT special funds, has developed a website (www.hawaiiconcussion.com) to post reports and articles on concussion and provide information about concussion related activities in Hawaii high schools, parent groups, and community organizations. The website contains awareness and education materials on concussion focused specifically on high school sports, coaches, athletic trainers, parents, state and national resources, news, and upcoming concussion related events. During the 2014-15 academic year, UH-KRS included a section on the website that focused on concussion awareness and education targeted at children and youth, their parents, youth sports, recreational organizations, childcare facilities and community organizations which has continued through the 2015-16 academic year.

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

The DOH 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 Queens 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 3-4.5 hours of suffering a stroke, 28 patients will suffer less long-term disabilities than if they had not received the medication.
- Educate the public about:
 - the signs and symptoms of stroke,
 - the need to expedite evaluation,
 - the availability of effective treatment with tPA; and

- Educate providers and support development of stroke care protocols to expedite evaluation and treatment, monitor for complications, and provide standard post-acute stroke care.

As of June 2016, 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 Hawaii Community Hospital. A contract has been initiated 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 2016, there have been a total of 345 telestroke calls. Telestroke calls 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 273 completed calls (provided timely expert stroke patient evaluation and/or consultation to providers) and 72 were incomplete (non-telestroke or experienced technical difficulties). There were 20 telestroke calls from Molokai General Hospital, 47 calls from Wahiawa General Hospital, 45 calls from Hilo Medical Center, 109 calls from Queens Medical Center West Oahu, 27 calls from Kona Community Hospital, 21 calls from Maui Memorial Center, and 4 from North Hawaii Community Hospital. 101 patients were administered tPA with 71 patients being transferred to QMC for treatment. 30 patients who received tPA were able to remain at the hospital location site or transferred to another location.

The DOH Neurotrauma Program continues to fund QMC for Community Education on stroke including:

- An article in Star-Advertiser on 9/28/15 entitled, “When Stroke Symptoms are Present FAST Action is Critical”;
- A QMC West Oahu Community Health Fair, which was held in May 2014 with over 1,000 individuals on stroke signs and symptoms and the telestroke network; and
- A public health campaign “Spot a Stroke”, a joint effort between the DOH, QMC, and the American Heart Association, which placed stroke education signs on every Oahu bus from May 2014-September 2014. This campaign resulted in an estimated 14 million impressions on Oahu bus riders.

(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, (to include 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 Hawaii DOH, Healthy Hawaii Initiative in the areas of research, public and professional education, and evaluation.

As of June 2016, the UH-PDC accomplished the following activities:

1. Enrolled 185 individuals into the HNTR;
2. Distributed 14,556 HNTR brochures and 20,625 neurotrauma educational materials at various public events statewide;
3. Conducted 49 presentations on the neurotrauma registry to over 1,221 professionals who interact with or provide support or direct services to survivors of neurotrauma injuries;
4. Designed and ran 18 print ads on neurotrauma and the registry. HNTR produced 3 newsletters with over 400 subscribers;
5. Disseminated a total of 1,446 radio Public Service Announcements on neurotrauma and the registry, and made 74 TV programs appearances (duplicated counts on broadcast); and
6. Created HNTR Facebook page effective July 2014 with 84 Facebook posts as of June 2016. This Facebook page is maintained continuously. Twitter post were effective October 2014 with 40 posts and YouTube effective February 2015 with 315 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.

In accordance with the contract, the UH-PDC is required to establish an advisory board for the neurotrauma registry. There are five individuals who are on the HNTR Advisory Board. HNTR is seeking more Advisory Board members, from the Neighbor Islands.

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

In FY 2016, the DOH 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 STBIAB, NTAB, and DOH.

In FY 2016, a total of \$784,351 has been deposited into the funds from traffic surcharge collections. This amount is a \$678 decrease compared to FY 2015. Total encumbrance as of June 30, 2016 was \$783,712. As of July 1, 2016, there was a beginning unencumbered cash balance of \$1,369,930 in the NSF.

A projected FY 2017 budget for the NSF is provided in Attachment II. The Neurotrauma Program with the input from the STBIAB, NTAB and other community constituents plans to utilize the NSF in accordance with 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 that will educate school-age children and students on the seriousness of head (concussions), neck and spinal cord injuries;

- **Hawaii Neurotrauma Registry** with UH-PDC to continue to collect data to better serve those with neurotrauma injuries;
- **Hawaiian Islands Regional Stroke Network** with QMC to increase capacity to treat patients throughout the island chain by educating providers to assess patients to determine appropriateness of using Tissue Plasminogen Activator (tPA) to prevent disabilities without having to transfer patients to a tertiary facility;
- **Hawaii Health Information Corporation** to purchase Hawaii neurotrauma injury (traumatic brain injury, spinal cord injury, stroke) surveillance data encompassing hospital and emergency department admissions and discharges. The data will allow the neurotrauma program to gain a better understanding of Hawaii's incident rate of neurotrauma injuries and to improve the system of supports of individuals with neurotrauma and their families;
- **National Association of State Head Injury Administrators** to provide technical assistance and training in the development of the Hawaii Neurotrauma Strategic Plan;
- **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.) but also through its website. The website allows the program to give and receive feedback from the public; and
- **Brain Injury Educational Event Planning** as indicated in Attachment II, the Neurotrauma Program has budgeted \$50,000 to conduct planning for a 2017 brain injury educational event during the month of March, which is Brain Injury Awareness month. The monies will be used for an educational program for professional development in the area of neurotrauma as well as incorporating additional information on educational and awareness activities that support survivors of neurotrauma and their families.

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

VACANT

Private Sector

Doris Warner, R.N.

Queens Medical Center
Trauma Center

Ian Mattoch, Esq.

Private Sector

Milton Takara

At-Large

Scott Sagum

Chair and Neurotrauma Injury
Survivor/Stroke

Stella Wong

At-Large

Valerie Yamada

At-Large

ATTACHMENT II

PROJECTED BUDGET FOR THE NEUROTRAUMA SPECIAL FUND

FY 2017

Beginning Cash Balance as of 7/1/16	\$ 2,074,339
Estimated Revenues FY 2017	\$ 784,351
<u>FY 2017 Estimated Expenses</u>	
Contract Encumbrances	
1. University of Hawaii Kinesiology and Rehabilitation Science Head, Neck, Spine Contract	\$ 291,500
2. University of Hawaii – Pacific Disabilities Center (5-month contract) Neurotrauma Registry	\$ 96,819
3. Queen’s Medical Center Statewide Stroke Network	\$ 147,560
4. Hawaii Health Information Corporation- Purchase Neurotrauma Data	\$ 35,000
5. Web Design & Maintenance	\$ 9,000
6. NASHIA: Technical Assistance for Development of Neurotrauma Strategic Plan	\$ 20,000
Brain Injury Educational Events (Planning)	\$ 50,000
Education/Awareness Activities (promotional items with Neurotrauma Helpline, bike helmets, and conferences)	\$ 45,000
Personnel	\$ 260,000
Total Expenses	\$ 954,879
Estimated Ending Cash Balance as of 6/30/17	\$ 1,903,811

**[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]