



State of New Hampshire  
Brain & Spinal Cord Injury  
Advisory Counsel

C/o Brain Injury Association of New Hampshire  
52 Pleasant Street  
Concord, NH 03301



## 2017 ANNUAL REPORT

The Brain and Spinal Cord Injury Advisory Council (The “Advisory Council”) is charged by the New Hampshire Legislature with investigating the unmet needs of New Hampshire residents with brain or spinal cord injuries. See NHRSA 137-K. The Advisory Council has been holding public hearings for seventeen years, since its establishment by statute in 1997.

In 2016, two public hearings were held: On May 16, 2017 at Granite State Independent Living in Concord, New Hampshire; and on October 4, 2017 at St. Joseph Hospital in Nashua, New Hampshire. The testimony at the hearings indicated that significant unmet continue to persist in the State.

**Transportation.** There is a lack of public transportation for a population that is frequently unable to drive. Survivors describe numerous impacts including difficulties getting to medical appointments, difficulty accomplishing basic life responsibilities, and isolation from activities in the community.

**Employment.** Survivors describe loss of employment and lack of supports needed to return to work, misunderstanding about their abilities and deficits, and difficulty finding employers receptive to their disabilities.

**Community Programs.** Post rehabilitation programs, such as the program at the Kremfels Center, are not available to survivors who do not live in the Portsmouth area. There is unanimity among survivors regarding the benefits of the Kremfels Center. Some survivors travel from as far away as Keene to participate. Transportation issues are significant. There should be more programs like that.

**Discharge Planning and Support.** Survivors face significant obstacles when they are discharged from acute care. They are frequently unable to negotiate through multiple systems, which is not intuitive, even when services are available. Pertinent information should be more available at discharge. Resource directories and assistance in obtaining services are important.

**Lack of General Public Education and Awareness.** Survivors report that there can be misunderstanding by employers and even by primary care health professionals, particularly when the survivor appears normal. Access to resources is more complicated because many people do not understand how brain injuries affect survivors, families and caregivers.

**Medical Records Sharing.** Survivors describe difficulties obtaining proper treatment because medical records are not shared by providers. Electronic records are lacking.

**Managed Care Issues.** The managed care companies may not approve medications, notwithstanding efforts of doctors and pharmacies. Medications need to be provided on a timely basis.

Due to the chronic and continuing nature of unmet needs presented at hearings over the years, and the need for funding to address such needs, the Advisory Council determined in 2016 to create a task force pursuant to RSA 137-K to determine the feasibility of establishing a brain injury trust fund. Stakeholders were invited. The task force included persons with knowledge about brain injury, including providers and survivors and representatives from the Department of Safety and from the Department of Health and Human Services. Four meetings with presentations were held in September and October. Enclosed please find a copy of the BRAIN INJURY TRUST FUND TASK FORCE REPORT dated June 6, 2016.

If you have any questions about this report, feel free to contact Advisory Council Secretary Ellen Edgerly at 603-225-8400. Prior reports are available on the New Hampshire Brain Injury Website. <http://www.bianh.org/bsciac.html>.

Respectfully submitted,

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Newton Kershaw, Jr.  
Chair, Brain and Spinal Cord Injury Advisory Council