

Dear House Education Committee Members,

My name is David Kracke, I reside in Portland, and I am Oregon's Brain Injury Advocate Coordinator at the Center on Brain Injury Research and Training (CBIRT) at the University of Oregon. I am writing this statement in opposition to the current version of HB 2670.

I want to state up front that I applaud the effort behind HB 2670 and the drafters' desire for Oregon to better serve its brain injury survivors and their loved ones. In this regard, I think the drafters of HB 2670 have opened the door for discussions into the two areas addressed by HB 2670, and I look forward to those discussions. However, I do have issues with some aspects of the bill, and I believe that additional work is necessary to make this the best bill possible.

Here are my primary concerns:

Issue 1: Adding "internally caused" brain injury to the list of disabilities that qualify for IEP services in Oregon without additional stakeholder input is problematic:

HB 2670's attempt to have non-traumatic brain injuries specifically identified as an eligibility category for development of a student's Individualized Education Program (IEP) in Oregon is a good idea, although it is a much more complicated fix than the one represented in HB 2670. Current IDEA law does not specifically identify "internally caused" brain injuries (from, for instance, near drowning and other anoxic events, tumor, infection, disease process, and the like) as a type of injury that automatically makes a student eligible for an IEP, and, as a result, many students with "internally caused" brain injuries are required to utilize the "other health impairment" category in order to qualify for an IEP. This should be changed in Oregon, as well as within the IDEA itself. In this sense, the drafters of HB 2670 are correct. Change is needed. With that being said, however, it is a much larger fix than the one contemplated in HB 2670 and requires an all-hands-on-deck approach with detailed, and well thought out, input from many different stakeholders, including, most importantly, the ODE. Further, this fix could probably happen just as effectively with an ODE rule change within the OARs. If a pause is allowed on this bill, I, and others at CBIRT, will work diligently with the drafters and other important stakeholders to make the necessary changes in a timely manner and with the hope of having it ready for consideration later this legislative session.

Issue 2: Amending ORS 410.750 to include specific reference to "services...for children who qualify for early intervention services or special education and related services under ORS chapter 343" is unnecessary since ORS 410.750 already provides for those services.

I do not believe this amendment to ORS 410.750 is necessary, nor do I think amending ORS 410.750 at this point in that young program's development is a good idea. Further, the proposed amendment may trigger a fiscal impact that was not addressed when ORS 410.750 was being developed as SB 420 in 2023.

Oregon's Brain Injury Program at ODHS, developed because of ORS 410.750, provides brain injury resource navigation, and other services, for all Oregonians with brain injury related services and support needs, including any students or parents of students, affected by brain injury. In other words, the specific services identified in the proposed amendment to ORS 410.750 in HB 2670

already exist within the ORS 410.750 program structure. As a result, there is no need to amend ORS 410.750, and any amendment such as the one contemplated by HB 2670 would add a layer of unnecessary confusion to Oregon DHS's Brain Injury Program. In fact, opening ORS 410.750 to amendments such as the one proposed in HB 2670 would set an unfortunate precedent in that other groups would seek specific mention of their interests related to the ODHS Brain Injury Program when such specific mention is unnecessary.

Further, ORS 410.750 specifically states in the definition section that "brain injury" means "damage to the brain from an internal or external source..." As the person who wrote the first draft of what is now ORS 410.750, I can say with certainty that this "internal or external source" language was intentional and used in a way to maximize the scope of people with brain injuries who could utilize the DHS Brain Injury Program to access available brain injury support and service. Certainly, students with brain injuries, from whatever cause, internal, or external, were included in the groups to be served by this program. There is no reason to specifically mention them, as HB 2670 does.

For these reasons, I oppose HB 2670. With that opposition stated, however, I do encourage the stakeholders behind HB 2670 to work with a broad coalition of other stakeholders, including CBIRT, DOE representatives, and others to craft amendments to HB 2670 soon with the goal of having the bill ready for further consideration by this committee within the next month. Thank you.

Sincerely,

David Kracke, JD

Oregon's Brain Injury Advocate Coordinator

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