



TBI Registries and Trauma Registries: State by State

State	TBI Registry	Trauma Registry	Other Information
<p>1. Alabama</p>	<p style="text-align: center;">Alabama Statewide Head and Spinal Cord Injury Registry Act</p> <p>Section 22-11C-1 Short title. This chapter shall be known and may be cited as the 'Alabama Head and Spinal Cord Injury Registry Act.' (Act 98-611, p. 1343, §1.) Section 22-11C-10</p> <p>Section 22-11C-10 Advisory Panel on Head and Spinal Cord Injury. The State Health Officer may establish and coordinate an Advisory Panel on Head and Spinal Cord Injury which shall provide governmental and non-governmental input regarding the Head and Spinal Cord Injury Registry. The membership of the panel may include, but is not limited to, representatives from appropriate state departments and agencies, persons with head and spinal cord injuries or their family members, experts on head and spinal cord injuries, providers of head and spinal cord injury care, and representatives of state affiliates of national head and/or spinal cord injury organizations. (Act 98-611, p. 1343, §10.) Section 22-11C-11</p> <p>Section 22-11C-11 Report of findings and recommendations. The State Health Officer, with input from the advisory panel, shall prepare a report that describes findings from the Head and Spinal Cord Injury Registry and make new recommendations for the prevention of head and spinal cord injuries and provision of rehabilitative services for persons with head and spinal cord injuries and transmit the report to the Legislature and make the report available to the public. These findings shall be presented to an annual meeting</p>		<p>Sends follow-up letters to individuals who have been reported with moderate to severe TBI. Once the system converts to ICD-10 codes and the decision is made as to how to determine who has mTBI –letters will stopped while conversion is being made, then will go back to sending letters.</p>

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<p>AL cont.</p>	<p>of experts in the field of head and spinal cord injury. Section 22-11C-12</p> <p>Liability under chapter. (a) No person shall have any claim or cause of action against the State of Alabama, or its political subdivisions, or any individual arising out of any acts or omissions which occurred under the provisions of this chapter, if the state, political subdivisions, or individual is in compliance with this chapter. (b) No person shall have any claim or cause of action against any person, or the employer or employee of any person, who participates in good faith in the reporting or receiving, or both, of head or spinal cord registry data or data for head or spinal cord injury morbidity or mortality studies in accordance with this chapter. (c) No license of a health care facility or health care provider may be denied, suspended, or revoked for the good faith disclosure of confidential or privileged information in the reporting of head or spinal cord injury registry data or data for head or spinal cord injury morbidity or mortality studies in accordance with this chapter. (d) No license of a health care facility or health care provider may be denied, suspended, or revoked for the failure to disclose confidential or privileged information in the reporting of head or spinal cord injury registry data or data for head or spinal cord injury morbidity or mortality studies. (e) Nothing in this chapter shall be construed to apply to the authorized disclosure of confidential or privileged information when that disclosure is due to gross negligence or wanton or willful misconduct. (Act 98-611, p. 1343, §12.) Section 22-11C-2</p> <p>Section 22-11C-2 Legislative intent. It is the intent of the Legislature to ensure the referral of persons who have traumatic brain and/or spinal cord injuries to a coordinated rehabilitation program developed and administered by other state agencies, to ascertain information relative to the occurrence of head injuries resulting in moderate to severe traumatic brain injuries or spinal cord injuries, to identify prevention programs to prevent these disabling conditions, and to recommend to the Legislature, state agencies, and other interested organizations steps to prevent and better treat these conditions. (Act 98-611, p. 1343, §2.) Section 22-11C-3</p>		
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<p>AL cont.</p>	<p>Section 22-11C-3 Definitions. For purposes of this chapter, the following words shall have the following meanings unless the context clearly indicates otherwise. (1) TRAUMATIC BRAIN INJURY or HEAD INJURY. Hereinafter, referred to as 'head injury.' An occurrence of injury to the head that is documented in a medical record, with one or more of the following conditions attributed to head injury: a. Observed or self-reported decreased level of consciousness. b. Amnesia. c. Skull fracture. d. Objective neurological or neuropsychological abnormality. e. Diagnosed intracranial lesion. f. As an occurrence of death resulting from trauma, with head injury listed on the death certificate, autopsy report, or medical examiner's report in the sequence of conditions that resulted in death. This definition applies to an acquired injury to the brain. This term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. (2) SPINAL CORD INJURY. The occurrence of an acute traumatic lesion of neural elements in the spinal canal (spinal cord and Cauda equina), resulting in temporary or permanent sensory deficit, motor deficit, or bowel or bladder dysfunction. Section 22-11C-4 Alabama Statewide Head and Spinal Cord Injury Registry. The State Health Officer may establish, contingent on the availability of funding, within the Department of Public Health the Alabama Statewide Head and Spinal Cord Injury Registry for the purpose of providing accurate and up-to-date information about head and spinal cord injuries in Alabama and facilitating the evaluation and improvement of head and spinal cord injuries prevention, diagnosis, therapy, rehabilitation, and referral to coordinated, rehabilitation programs administered by other state agencies. The purpose of these referrals shall be to ensure that these programs shall provide eligible persons the opportunity to obtain the necessary rehabilitative services enabling them to be referred to a vocational rehabilitation program or to return to an appropriate level of functioning in their community. The State Committee of Public Health shall adopt rules necessary to effect the purposes of this chapter, including the</p>		
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AL cont.	<p>data to be reported, and the effective date after which reporting shall be required. (Act 98-611, p. 1343, §4.) Section 22-11C-5</p> <p>Section 22-11C-5 Reporting injuries; access to records. (a) Each case of confirmed head or spinal cord injury shall be reported within 90 days of admission or diagnosis in the manner prescribed by rule. Reports are to be submitted on a monthly basis. (b) Any further demographic, diagnostic, treatment, or follow-up information shall be provided upon request by the State Health Officer concerning any person now or formerly diagnosed as having or having had a head or spinal cord injury. The State Health Officer or his or her authorized representative shall be permitted access to all records, including death certificates, of persons identified with head or spinal cord injuries.</p>		
2. Alaska	<p>Chapter 47.80. PERSONS WITH Sec. 47.80.500. Statewide traumatic or acquired brain injury program..... (c) The department shall (1) establish and implement a traumatic or acquired brain injury registry of information from service providers that includes (A) health status, including age, cause, and severity of injury and region of brain affected; (B) acute recovery period; (C) location of the (i) event that caused the injury; (ii) hospital treating the injury; and (iii) residence of the person with traumatic or acquired brain injury; (D) access to and use of rehabilitation services, including behavioral, vocational, and long-term care services; (E) access to and use of neuropsychological assessment; (F) status of long-term recovery at five-year intervals; (G) financial and social effects on family; (H) cost associated with services; (2) establish standards and recommendations for improvement of prevention, assessment, treatment, and care of persons with traumatic or acquired brain injury in the state; (3) contract with service providers and qualified entities to carry out the purposes of this section;</p>	X	

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AK Cont.	<p>(4) provide a standardized reporting form for use in gathering data for the registry.</p> <p>(d) In (c) of this section, "service provider" means a public or private entity that provides health education, group shelter, or criminal justice services to individuals in the state.</p>		
3. Arkansas	<p style="text-align: center;">2010 Arkansas Code Title 20 - Public Health And Welfare Subtitle 2 - Health And Safety Chapter 14 - Individuals With Disabilities Subchapter 7 - Head Injuries § 20-14-703 - Central registry -- Reports.</p> <p>20-14-703. Central registry -- Reports.</p> <p>(a) The Arkansas Head Injury Foundation is a nonprofit organization devoted entirely to persons who have suffered head injuries. It is an affiliate of the National Head Injury Foundation. The foundation shall establish and maintain a central registry of head-injured disabled persons.</p> <p>(b) (1) Every public and private health and social agency and attending physician shall report to the foundation within five (5) calendar days after an identification of any head-injured disabled person. However, the consent of the individual shall be obtained prior to making this report, except that every head injury resulting in permanent partial, permanent total, or total disability shall be reported to the foundation immediately upon identification.</p> <p>(2) The report shall contain the name, age, residence, and type of disability of the individual and such additional information as may be deemed necessary by the foundation.</p> <p>(3) (A) Within fifteen (15) days of the report and identification of a head-injured person, the foundation shall furnish the Division of Health of the Department of Health and Human Services all available information for use in any information system on injuries maintained by the division.</p> <p>(B) The foundation shall not release the identity of the patient, reporting physician, or hospital. However, the identity of the patient shall be released upon written consent of the patient or parent or guardian of the patient, the</p>	X	

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AR cont.	identity of the reporting physician shall be released upon written consent of the reporting physician, and the identity of the hospital shall be released upon written consent of the hospital.		
4. Arizona		X	
5. California		X	
6. Colorado		X	CDC funded follow up project conducted by Craig Hospital.
7. Connecticut	<p>Section 19a-6e - Traumatic brain injury patient registry.</p> <p>Universal Citation: CT Gen Stat § 19a-6e (2013)</p> <p>The Department of Public Health shall establish a registry of data on traumatic brain injury patients. Each hospital, as defined in section 19a-490, shall make available to the registry such data concerning each traumatic brain injury patient admitted to such hospital as the Commissioner of Public Health shall require by regulations adopted in accordance with chapter 54. The data contained in such registry may be used by the department and authorized researchers as specified in such regulations, provided personally identifiable information in such registry concerning any such traumatic brain injury patient shall be held confidential pursuant to section 19a-25. The data contained in the registry shall not be subject to disclosure under the Freedom of Information Act, as defined in section 1-200. The commissioner may enter into a contract with a nonprofit association in this state concerned with the prevention and treatment of brain injuries to provide for the implementation and administration of the registry established pursuant to this section.</p> <p>(P.A. 01-90, S. 2; P.A. 05-272, S. 42.)</p> <p>History: P.A. 05-272 replaced former provisions re disclosure of information with requirement that personally identifiable information in traumatic brain injury registry be held confidential pursuant to Sec. 19a-25, effective July 13, 2005.</p>	X	
8. Delaware		X	
9. Florida	<p>BRAIN AND SPINAL CORD INJURY CENTRAL REGISTRY</p> <p>FL Stat § 381.74 (2013)</p> <p>381.74 Establishment and maintenance of a central registry.—The department</p>	X	<p>Brain and Spinal Cord Injury Central Registry</p> <p><i>The Brain and Spinal Cord Injury Program's purpose is to provide all eligible residents who sustain a traumatic brain or spinal cord injury the opportunity to obtain the necessary services that will enable them to return to an appropriate</i></p>

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<p>FL Cont.</p>	<p>shall establish and maintain a central registry of persons who have moderate-to-severe brain or spinal cord injuries.</p> <p>(1) Every public health agency, private health agency, public social agency, private social agency, and attending physician shall report to the division within 5 days after identification or diagnosis of any person who has a moderate-to-severe brain or spinal cord injury. The consent of such person shall not be required.</p> <p>(2) The report shall contain the name, age, residence, and type of disability of the individual and such additional information as may be deemed necessary by the department.</p>		<p><i>level of functioning in their community. Funding for the program is through traffic-related fines, temporary license tags, motorcycle specialty plates and general revenue.</i></p> <p>CENTRAL REGISTRY REFERRAL PROCESS</p> <p>Referrals may be called into the Brain and Spinal Cord Injury Program's (BSCIP) Central Registry toll free number or may be faxed to the program. Florida law (F.S. 381.74) requires that all hospitals, attending physicians, public, private, or social agencies refer all new traumatic moderate-to-severe brain or spinal cord injuries to the Central Registry. Individuals who meet the eligibility criteria and require services and supports to sustain their health and safety in the community may refer themselves to the BSCIP Central Registry. A BSCIP Case Manager or Children's Medical Services Nurse Care Coordinator representing the program will contact the reported individual within 10 working days. The case manager will work with the individual and family to determine program eligibility and provide information about federal, state, and community resources. When appropriate and necessary, an individual community reintegration plan may be developed and</p>
<p>10. Georgia</p>	<p>2010 Georgia Code TITLE 31 - HEALTH CHAPTER 18 - REGISTRY FOR TRAUMATIC BRAIN AND SPINAL CORD INJURIES</p> <p>§ 31-18-1 - Declaration of policy O.C.G.A. 31-18-1 (2010) 31-18-1. Declaration of policy It is the intent of the General Assembly to create a state-wide central registry for traumatic brain and spinal cord injuries to ensure the registration of all persons with traumatic brain or spinal cord injuries in order that all such persons might obtain information about rehabilitative, independent living, and other services or goods provided by existing state agencies, departments, other organizations, and individuals.</p>	<p>X</p>	

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<p>GA cont.</p>	<p>§ 31-18-3 - Reporting procedures O.C.G.A. 31-18-3 (2010) 31-18-3. Reporting procedures Every public and private health and social agency, every hospital or facility that has a valid permit or provisional permit issued by the Department of Community Health under Chapter 7 of this title, and every physician licensed to practice medicine in this state, if such physician has not otherwise reported such information to another agency, hospital, and facility, shall report to the Brain and Spinal Injury Trust Fund Commission such information concerning the identity of the person such agency, hospital, facility, or physician has identified as having a traumatic brain or spinal cord injury as defined in this chapter. The report shall be made within 45 days after identification of the person with the traumatic brain or spinal cord injury. The report shall contain the name, age, address, type and extent of injury, and such other information concerning the person with the injury as the Brain and Spinal Injury Trust Fund Commission, which is administratively assigned to the department, may require.</p>		
<p>11. Hawaii</p>	<p style="text-align: center;">2009 Hawaii Code Volume 06 TITLE 19 - HEALTH CHAPTER 321H - NEUROTRAUMA §321H-4 - Neurotrauma special fund.</p> <p>§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</p>		<p>The Neurotrauma Registry is a voluntary database of Hawaii residents with neurotrauma injury (TBI: Traumatic Brain Injury, Spinal Cord Injury or Stroke). Funded by the Department of Health, the state of Hawaii currently has no information about how many people are living with neurotrauma injury and what their needs are. A registry would provide lawmakers, medical providers and researchers the information they need to better serve these individuals.</p> <p style="text-align: center;"><u>(Complete the Survey Now—link)</u></p> <p>Registry participants will receive information about their injury and referral to services. In the long term, a registry may lead to:</p> <ul style="list-style-type: none"> • Better support services • Changes in legislation • New research on neurotrauma Hooikaika (a past project) volunteers assist the project by promoting the registry and enrolling new participants. Our volunteers are our best spokespeople and promoters. We discuss the registry with health care

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HI cont.	<p>services relating to neurotrauma as follows:</p> <ul style="list-style-type: none"> (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. <p>(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).</p> <p>(d) In administering the fund, the director shall maintain records of all expenditures and disbursements made from the neurotrauma special fund.</p> <p>(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]</p>		<p>providers and advocacy groups. Promote the registry directly to the public through health fairs and community events as well as through advertising (television, radio, newspapers and online).</p>
12. Idaho		X	
13. Illinois	<p style="text-align: center;">PUBLIC HEALTH (410 ILCS 515/) Head and Spinal Cord Injury Act.</p> <p>(410 ILCS 515/1) (from Ch. 111 1/2, par. 7851) Sec. 1. As used in this Act, unless the context clearly indicates otherwise:</p> <ul style="list-style-type: none"> (a) "Department" means the Department of Public Health. (b) "Head Injury" means a sudden insult or damage to the brain or its coverings, not of a degenerative nature, which produces an altered state of consciousness or temporarily or permanently impairs mental, cognitive, behavioral or physical functioning. Cerebral vascular accidents, aneurisms and congenital deficits are excluded from this definition. (c) "Spinal cord injury" means an injury that occurs as a result of trauma, which involves spinal vertebral fracture, or where the injured person suffers any of the following effects: <ul style="list-style-type: none"> (1) effects on the sensory system including numbness, tingling or loss of sensation in the body or in one or more extremities; ((2) effects on the motor system including weakness or paralysis in one or more extremities; (3) effects on the visceral system including bowel or bladder dysfunction or 	X	

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<p>IL cont.</p>	<p>hypotension.</p> <p>(d) "Council" means the Advisory Council on Spinal Cord and Head Injuries.</p> <p>Sec. 2. (a) The Department shall establish and maintain an information registry and reporting system for the purpose of data collection and needs assessment of head and spinal cord injured persons in this State. (410 ILCS 515/2) (from Ch. 111 1/2, par. 7852)</p> <p>(b) Reports of head and spinal cord injuries shall be filed with the Department by a hospital administrator or his designee on a quarterly basis.</p> <p>(c) Reporting forms and the manner in which the information is to be reported shall be provided by the Department. Such reports shall include, but shall not be limited to, the following information: name, age, and residence of the injured person, the date and cause of the injury, the initial diagnosis and such other information as may be required by the Department. (Source: P.A. 86-510; 87-691.) (410 ILCS 515/3) (from Ch. 111 1/2, par. 7853)</p> <p>Sec. 3. (a) All reports and records made pursuant to this Act and maintained by the Department and other appropriate persons, officials and institutions pursuant to this Act shall be confidential. Information shall not be made available to any individual or institution except to:</p> <ol style="list-style-type: none"> (1) appropriate staff of the Department; (2) any person engaged in a bona fide research project, with the permission of the Director of Public Health, except that no information identifying the subjects of the reports or the reporters shall be made available to researchers unless the Department requests and receives consent for such release pursuant to the provisions of this Section; and (3) the Council, except that no information identifying the subjects of the reports or the reporters shall be made available to the Council unless consent for release is requested and received pursuant to the provisions of this Section. Only information pertaining to head and spinal cord injuries as defined in Section 1 of this Act shall be released to the Council. <p>(b) The Department shall not reveal the identity of a patient, physician or hospital, except that the identity of the patient may be released upon written consent of the patient, parent or guardian, the identity of the physician may be released upon written consent of the physician, and the identity of the hospital may be released upon written consent of the hospital.</p> <p>(c) The Department shall request consent for release from a patient, a physician or hospital only upon a showing by the applicant for such release that obtaining the identities of certain patients, physicians or hospitals is necessary</p>		
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<p>IL cont.</p>	<p>for his bonafide research directly related to the objectives of this Act.</p> <p>(d) The Department shall at least annually compile a report of the data accumulated through the reporting system established under Section 2 of this Act and shall submit such data relating to spinal cord and head injuries in accordance with confidentiality restrictions established pursuant to this Act to the Council. (Source: P.A. 86-510.)</p> <p>(410 ILCS 515/4) (from Ch. 111 1/2, par. 7854)</p> <p>Sec. 4. No individual or organization providing information to the Department in accordance with this Act shall be held liable in a civil or criminal action for divulging confidential information unless such individual or organization acted in bad faith or with malicious purpose. (Source: P.A. 86-510.)</p> <p>(410 ILCS 515/5) (from Ch. 111 1/2, par. 7855)</p> <p>Sec. 5. (a) Nothing in this Act shall be construed to compel any individual to submit to any medical or Department examination, treatment or supervision of any kind. (b) Violation of any provision of Sections 2 through 4 of this Act shall be a petty offense. (Source: P.A. 86-510.)</p> <p>(410 ILCS 515/6) (from Ch. 111 1/2, par. 7856)</p> <p>Sec. 6. (a) There is hereby created the Advisory Council on Spinal Cord and Head Injuries within the Department of Human Services. The Council shall consist of 29 members, appointed by the Governor with the advice and consent of the Senate. Members shall serve 3-year terms and until their successors are appointed by the Governor with the advice and consent of the Senate. The members appointed by the Governor shall include 2 neurosurgeons, 2 orthopedic surgeons, 2 rehabilitation specialists, one of whom shall be a registered nurse, 4 persons with head injuries or family members of persons with head injuries, 4 persons with spinal cord injuries or family members of persons with spinal cord injuries, a representative of an Illinois college or university, and a representative from health institutions or private industry. These members shall not serve more than 2 consecutive 3-year terms. The Governor shall appoint one individual from each of the following entities to the Council as ex-officio members: the unit of the Department of Human Services that is responsible for the administration of the vocational rehabilitation program, another unit within the Department of Human Services that provides</p>		
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<p>IL cont.</p>	<p>services for individuals with disabilities, the State Board of Education, the Department of Public Health, the Department of Insurance, the Department of Healthcare and Family Services, the Division of Specialized Care for Children of the University of Illinois, the Statewide Independent Living Council, and the State Rehabilitation Advisory Council. Ex-officio members are not subject to limit of 2 consecutive 3-year terms. The appointment of individuals representing State agencies shall be conditioned on their continued employment with their respective agencies.</p> <p>(b) From funds appropriated for such purpose, the Department of Human Services shall provide to the Council the necessary staff and expenses to carry out the duties and responsibilities assigned by the Council. Such staff shall consist of a director and other support staff.</p> <p>(c) Meetings shall be held at least every 90 days or at the call of the Council chairman, who shall be elected by the Council.</p> <p>(d) Each member shall be reimbursed for reasonable and necessary expenses actually incurred in the performance of his official duties.</p> <p>(e) The Council shall adopt written procedures to govern its activities. Consultants shall be provided for the Council from appropriations made for such purpose.</p> <p>(f) The Council shall make recommendations to the Governor for developing and administering a State plan to provide services for spinal cord and head injured persons.</p> <p>(g) No member of the Council may participate in or seek to influence a decision or vote of the Council if the member would be directly involved with the matter or if he would derive income from it. A violation of this prohibition shall be grounds for a person to be removed as a member of the Council by the Governor.</p> <p>(h)The Council shall:</p> <p>(1) promote meetings and programs for the discussion of reducing the debilitating effects of spinal cord and head injuries and disseminate information in cooperation with any other department, agency or entity on the prevention, evaluation, care, treatment and rehabilitation of persons affected by spinal cord and head injuries;</p> <p>(2) study and review current prevention, evaluation, care, treatment and rehabilitation technologies and recommend appropriate preparation, training, retraining and distribution of manpower and resources in the provision of services to spinal cord and head injured persons through private and public residential facilities, day programs and other specialized services;</p> <p>(3) recommend specific methods, means and procedures which should be</p>		
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IL cont.	<p>adopted to improve and upgrade the State's service delivery system for spinal cord and head injured citizens of this State;</p> <p>(4) participate in developing and disseminating criteria and standards which may be required for future funding or licensing of facilities, day programs and other specialized services for spinal cord and head injured persons in this State;</p> <p>(5) report annually to the Governor and the General Assembly on its activities, and on the results of its studies and the recommendations of the Council; and</p> <p>(6) be the advisory board for purposes of federal programs regarding traumatic brain injury.</p> <p>(i) The Department of Human Services may accept on behalf of the Council federal funds, gifts and donations from individuals, private organizations and foundations, and any other funds that may become available.</p> <p>(Source: P.A. 95-331, eff. 8-21-07.)</p>		
14. Indiana	<p>State Medical Surveillance Registry for Traumatic Spinal Cord and Brain Injuries (2007)</p> <p>Sec. 4. The fund is to be used for the following purposes:</p> <p>(1) Establishing and maintaining a state medical surveillance registry for traumatic spinal cord and brain injuries.</p> <p>(2) Fulfilling the duties of the board established by section 5 of this chapter.</p> <p>(3) Funding research related to the treatment and cure of spinal cord and brain injuries, including acute management, medical complications, rehabilitative techniques, and neuronal recovery. Research must be conducted in compliance with all state and federal laws.</p> <p>(4) Concerning spinal cord injuries, funding of at least ten percent (10%) and not more than fifteen percent (15%) of money in the fund for: (A) post acute extended treatment and services for an individual with a spinal cord injury; or (B) facilities that offer long term activity based therapy services at affordable rates to an individual with a spinal cord injury that requires extended post acute care.</p> <p>(5) Concerning brain injuries, funding of at least ten percent (10%) and not more than fifteen percent (15%) of money in the fund for: (A) post acute extended treatment and services for an individual with a brain injury; or (B) facilities that offer long term activity based therapy services at affordable rates to an individual with a brain injury that requires extended post acute care.</p> <p>(6) Develop a statewide trauma system.</p>	X	

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	<p>However, not more than fifty percent (50%) of money in the fund may be used for purposes of developing a statewide trauma system.</p>		
<p>15. Iowa</p>	<p>TITLE IV PUBLIC HEALTH SUBTITLE 2 HEALTH-RELATED ACTIVITIES CHAPTER 135 DEPARTMENT OF PUBLIC HEALTH 135.22 Central registry for brain or spinal cord injuries.</p> <p>Universal Citation: IA Code § 135.22 (through 2013)</p> <p>135.22 Central registry for brain or spinal cord injuries.</p> <p>1. As used in this section:</p> <p>a. Brain injury means clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions, or tumor of the brain, not primarily related to a degenerative disease or aging process, which temporarily or permanently impairs a person's physical, cognitive, or behavioral functions, and is diagnosed by a physician. The diagnoses of clinically evident damage to the brain used for a diagnosis of brain injury shall be the same as specified by rule for eligibility for the home and community-based services waiver for persons with brain injury under the medical assistance program.</p> <p>b. Spinal cord injury means the occurrence of an acute traumatic lesion of neural elements in the spinal cord including the spinal cord and cauda equina, resulting in temporary or permanent sensory deficit, motor deficit, or bladder or bowel dysfunction.</p> <p>2. The director shall establish and maintain a central registry of persons with brain or spinal cord injuries in order to facilitate prevention strategies and the provision of appropriate rehabilitative services to the persons by the department and other state agencies. Hospitals shall report patients who are admitted with a brain or spinal cord injury and their diagnoses to the director no later than forty-five days after the close of a quarter in which the patient was discharged. The report shall contain the name, age, and residence of the person, the date, type, and cause of the brain or spinal cord injury, and additional information as the director requires, except that where available, hospitals shall report the Glasgow coma scale. The director shall consult with health care providers</p>	<p>X</p>	

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	concerning the availability of additional relevant information. The department shall maintain the confidentiality of all information which would identify any person named in a report. However, the identifying information may be released for bona fide research purposes if the confidentiality of the identifying information is maintained by the researchers, or the identifying information may be released by the person with the brain or spinal cord injury or by the person's guardian or, if the person is a minor, by the person's parent or guardian.		
16. Kansas		X	
17. Kentucky		X	
18. Louisiana	RS 40:2845 (6) Establish and maintain a statewide trauma registry to collect and analyze data on the incidence, severity, and causes of trauma, including traumatic brain injury. The registry shall be used to improve the availability and delivery of pre-hospital or out-of-hospital care and hospital trauma care services.	X	TBI/SCI Registry (1988)
19. Maine			
20. Maryland	<p style="text-align: center;">Maryland Health - General Section 20-108 Article - Health - General</p> <p>§ 20-108. (a) (1) In this section the following words have the meanings indicated. (2) "Disabled individual" means an individual with actual or potential limitations in self-care, mobility, hygiene, vocation, family role, or coping mechanisms. (3) "Reportable condition" means a: (i) Spinal cord injury; (ii) Stroke; (iii) Amputation; or (iv) Head injury. (b) 1) Each hospital shall report to the Department within 7 days of the occurrence of a reportable condition. (2) (i) The report shall contain the individual's name, age, residence, the type of disability, and any additional information that the Department requires. (ii) The information collected under this section is confidential and not open to inspection nor considered a public record. The information shall only be used statistically for the use of the Department in the performance of its duties, except that the identities of individuals reported may be disclosed for</p>	X	MD Core Injury and Violence Prevention Program: Vital statistics data, hospital and emergency department discharge data and death records used to assess injury risks, shape intervention development, and evaluate the impact of injury and violence prevention initiatives.

State	TBI Registry	Trauma Registry	Other Information
	<p>research purposes in accordance with the criteria set forth in § 10-624(e) of the State Government Article.</p> <p>(c) The report form shall be developed by the Department with input from physicians, disabled individuals, and consumer advocates. The Department shall be responsible for distributing the form to physicians and institutions.</p> <p>(d) The Department shall establish a central registry to compile information about disabled individuals with reportable conditions.</p> <p>(e) (1) Within 15 days of receiving a report of an individual with a reportable condition, the Department shall notify the individual or the individual's parent or guardian of any assistance or services that may be available from the State and of the eligibility requirements for such assistance or services.</p> <p>(2) Upon request, the Department shall refer the individual to appropriate divisions of the Department and other agencies, public or private, which provide rehabilitation services for persons with reportable conditions.</p> <p>(3) The Department shall make each public and private health and social agency aware of the rehabilitation information provided by the Department and advise them how to contact the Department to obtain the information.</p> <p>(4) All other agencies of the State shall cooperate with the Department to provide available, appropriate rehabilitation services to an individual with a reportable condition who meets the eligibility requirements for such services.</p>		
21. Massachusetts			
22. Michigan			
23. Minnesota	<p>144.662 TRAUMATIC BRAIN INJURY AND SPINAL CORD INJURY REGISTRY.</p> <p>The commissioner of health shall establish and maintain a central registry of persons who sustain traumatic brain injury or spinal cord injury. The purpose of the registry is to:</p> <p>(1) collect information to facilitate the development of injury prevention, treatment, and rehabilitation programs; and</p> <p>(2) ensure the provision to persons with traumatic brain injury or spinal cord injury of information regarding appropriate public or private agencies that provide rehabilitative services so that injured persons may obtain needed services to alleviate injuries and avoid secondary problems, such as mental illness and chemical dependency.</p> <p>History: 1991 c 292 art 2 s 6</p>	X	Sends follow up letters to those reported via the brain injury registry..

State	TBI Registry	Trauma Registry	Other Information
24. Mississippi	<p>2014 Mississippi Code Title 37 - EDUCATION Chapter 33 - CIVILIAN VOCATIONAL REHABILITATION TREATMENT AND REHABILITATION SERVICES FOR SPINAL CORD AND HEAD INJURIES § 37-33-263 - Creation of spinal cord and traumatic brain injuries registry Universal Citation: MS Code § 37-33-263 (2014)</p> <p>(1) The State Board of Health shall establish in the State Department of Health a program to:</p> <p>(a) Identify and investigate spinal cord and traumatic brain injuries; and</p> <p>(b) Maintain a central registry for cases of spinal cord and traumatic brain injuries.</p> <p>(2) The State Department of Health shall design the registry program so that it will:</p> <p>(a) Provide information in a central data bank of accurate, precise and current information on spinal cord and traumatic brain injuries;</p> <p>(b) Provide for the collection of such data to identify risk factors and causes of spinal cord and traumatic brain injuries;</p> <p>(c) Provide information for early identification of spinal cord and traumatic brain injuries:</p> <p>(d) Provide for the dissemination of such data for the purposes of care and support for persons with spinal cord and traumatic brain injuries;</p> <p>(e) Provide for the analysis of such data for the purpose of prevention.</p> <p>(3) The State Board of Health shall adopt rules, regulations and procedures to govern the operation of the registry program and to carry out the intent of this section.</p> <p>(4) The State Board of Health in its rules and regulations shall specify the types of information to be provided to the spinal cord and traumatic brain injuries registry and the persons and entities who are required to provide such information to the registry.</p> <p>(5) The State Board of Health by rule shall prescribe the manner in which records and other information are made available to the State Department of Health.</p> <p>(6) Information collected and analyzed by the State Department of Health under this section shall be placed in a central registry to facilitate research and to maintain security.</p>	X	

State	TBI Registry	Trauma Registry	Other Information
	<p>(a) Data obtained under this section directly from the medical records of a patient is for the confidential use of the State Department of Health and the persons or public or private entities that the State Department of Health determines are necessary to carry out the intent of this section. The data is privileged and may not be divulged or made public in a manner that discloses the identity of an individual whose medical records have been used for obtaining data under this section.</p> <p>(b) Information that may identify an individual whose medical records have been used for obtaining data under this section is not available for public inspection under the Mississippi Public Records Act of 1983.</p> <p>(c) Statistical information collected under this section is public information.</p> <p>(7) The State Department of Health may use the registry to:</p> <p>(a) Investigate the causes of spinal cord and traumatic brain injuries and other health conditions as authorized by statute;</p> <p>(b) Design and evaluate measures to prevent the occurrence of spinal cord and traumatic brain injuries, and other conditions;</p> <p>(c) Conduct other investigations and activities necessary for the State Board of Health and the State Department of Health to fulfill their obligation to protect the public health; and</p> <p>(d) Identify those persons who cannot achieve complete independence after suffering spinal cord and traumatic brain injuries.</p> <p>(8) Any person or entity who misuses the information provided to the registry shall be subject to a civil penalty of Five Hundred Dollars (\$ 500.00) for each such failure or misuse. Such penalty shall be assessed and levied by the State Board of Health after a hearing, and all such penalties collected shall be deposited into the State General Fund.</p> <p>(9) The State Health Officer may appoint or delegate his authority to establish and appoint an advisory council, for the purposes of this section, to the State Department of Rehabilitation Services Advisory Council on Spinal Cord Injuries and Traumatic Brain Injuries. The advisory council may designate a subcommittee to act as the registry's advisor. The State Board of Health shall consult and be advised by the committee on the promulgation of rules, regulations and procedures for the purposes of this section.</p>		

State	TBI Registry	Trauma Registry	Other Information
25. Missouri	<p style="text-align: center;">Brain and Spinal Cord Injury Registry</p> <p>192.737. 1. The department of health and senior services shall establish and maintain an information registry and reporting system for the purpose of data collection and needs assessment of brain and spinal cord injured persons in this state.</p> <p>2. Reports of traumatic brain and spinal cord injuries shall be filed with the department by a treating physician or his designee within seven days of identification. The attending physician of any patient with traumatic brain or spinal cord injury who is in the hospital shall provide in writing to the chief administrative officer the information required to be reported by this section. The chief administrative officer of the hospital shall then have the duty to submit the required reports.</p> <p>3. Reporting forms and the manner in which the information is to be reported shall be provided by the department. Such reports shall include, but shall not be limited to, the following information: name, age, and residence of the injured person, the date and cause of the injury, the initial diagnosis and such other information as required by the department. (L. 1986 H.B. 1243 § 2, A.L. 2011 H.B. 464)</p> <p>192.739. 1. All reports and records made pursuant to sections 192.735 to 192.744 and maintained by the department and other appropriate persons, officials and institutions pursuant to sections 192.735 to 192.744 shall be confidential. Information shall not be made available to any individual or institution except to:</p> <p>(1) Appropriate staff of the department;</p> <p>(2) Any person engaged in a bona fide research project, with the permission of the director of the department, except that no information identifying the subjects of the reports or the reporters shall be made available to researchers unless the department requests and receives consent for such release pursuant to the provisions of this section;</p> <p>(3) The Missouri brain injury advisory council, except that no information identifying the subjects of the reports or the reporters shall be made available to the council unless consent for release is requested and received pursuant to the provisions of this section. Only information pertaining to brain injuries as defined in section 192.735 shall be released to the council.</p> <p>2. The department shall not reveal the identity of a patient, a reporting physician or hospital, except that the identity of the patient may be released</p>	X	Uses 1 form for TBI/SCI Registry and Trauma Registry to Collect Information.

State	TBI Registry	Trauma Registry	Other Information
	<p>upon written consent of the patient, parent or guardian, the identity of the physician may be released upon written consent of the physician, and the identity of the hospital may be released upon written consent of the hospital.</p> <p>3. The department shall request consent for release from a patient, a reporting physician or hospital only upon a showing by the applicant for such release that obtaining the identities of certain patients, physicians or hospitals is necessary for his research.</p> <p>4. The department shall at least annually compile a report of the data accumulated through the reporting system established under section 192.737 and shall submit such data relating to brain injuries as defined in section 192.735 and in accordance with confidentiality restrictions established pursuant to sections 192.735 to 192.744 to the director of the Missouri brain injury advisory council.</p>		
26. Montana		X	
27. Nebraska	<p style="text-align: center;">Brain and Head Injury Registry Act</p> <p>81-653. Act, how cited; brain injury registry; legislative intent. (1) Sections 81-653 to 81-662 shall be known and may be cited as the Brain Injury Registry Act. (2) The intent of the Brain Injury Registry Act is to require the establishment and maintenance of a brain injury registry in and for the State of Nebraska. (3) The purpose of the brain injury registry is to provide a central data bank of accurate, precise, and current information to assist in the statistical identification of persons with brain or head injury, planning for the treatment and rehabilitation of such persons, and the prevention of such injury. 81-653.</p> <p>81-654. Brain injury registry; terms, defined. For purposes of the Brain Injury Registry Act: (1) Brain or head injury means clinically evident neurotrauma resulting directly or indirectly from closed or penetrating brain or head trauma, infection, febrile condition, anoxia, vascular lesions, toxin, or spinal cord injury, not primarily related to congenital or degenerative conditions, chemical dependency, or aging processes, which impairs mental, cognitive, behavioral, or physical functioning; and (2) Department means the Department of Health and Human Services.</p>	X	

State	TBI Registry	Trauma Registry	Other Information
	<p>81-655. Brain injury registry; Department of Health and Human Services; establish and maintain; information released.</p> <p>The department shall establish and maintain the brain injury registry. The registry shall consist of information concerning persons with brain or head injury that occurs within the state. The registry shall include such information as the department deems necessary and appropriate for the statistical identification of persons with brain or head injury, planning for the treatment and rehabilitation of such persons, and the prevention of such injury. Any information released from the registry shall be disclosed as Class I, Class II, and Class IV data as provided in sections 81-663 to 81-675.</p> <p>81-656. Brain injury registry; Department of Health and Human Services; duties. In order to implement the intent and purposes of the Brain Injury Registry Act, the department shall:</p> <p>(1) Adopt and promulgate necessary rules and regulations to carry out the act, including, but not limited to, a uniform system of classification of brain or head injury which is consistent with medically and clinically accepted standards and definitions for use in reporting by treating medical personnel and hospitals. In adopting and promulgating such rules and regulations, the department shall be guided by the standards and definitions of the International Classification of Disease, Clinical Modification Coding System of the World Health Organization;</p> <p>(2) Execute any contracts that the department deems necessary to carry out the act; and</p> <p>(3) Comply with all necessary requirements in order to obtain funds or grants.</p> <p>81-660. Brain injury registry; liability for providing information; limitation. No physician, psychologist, hospital, or administrator, officer, or employee of a hospital or medical professional who is in compliance with sections 81-657 and 81-663 to 81-675 shall be civilly or criminally liable for disclosing the information required under section 81-657.</p> <p>81-662. Brain injury; department; provide information regarding services. Within thirty days after receiving a report of brain or head injury, the department shall provide relevant and timely information to the person with</p>		

State	TBI Registry	Trauma Registry	Other Information
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<p>NE cont.</p>	<p>such injury to assist such person in accessing necessary and appropriate services relating to such injury. The department may develop such information or utilize information developed by other sources and approved by the department. The department may provide such information directly or contract with an appropriate entity to provide such information. Costs associated with providing such information shall be paid from cash funds, gifts, and grants. No General Funds shall be used to pay such costs. Funds received by the department for the payment of such costs shall be remitted to the State Treasurer for credit to the Health and Human Services Cash Fund. The department shall not be required to provide information under this section if sufficient funding is unavailable.</p>		
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State	TBI Registry	Trauma Registry	Other Information
28. Nevada		X	
29. New Hampshire	<p style="text-align: center;">Brain and Spinal Cord Injury Registry</p> <p style="text-align: center;">Section 137-K:4</p> <p>137-K:4 Duties. – The commissioner shall:</p> <p>I. Educate the public regarding factors associated with the risk of brain and spinal cord injuries.</p> <p>II. Monitor the morbidity and mortality of brain and spinal cord injuries.</p> <p>III IV. Offer prevention services to population groups at risk of developing brain and spinal cord injuries.</p> <p>V. Undertake risk assessment activities.</p> <p>Source. 1999, 349:6, eff. Jan. 21, 2000.</p> <p style="text-align: center;">Section 137-K:5</p> <p>137-K:5 Brain and Spinal Cord Injury Registry Established. – There shall be established in the department a brain and spinal cord injury registry for compilation and analysis of information relating to the incidence, diagnosis, and treatment of brain and spinal cord injuries.</p> <p>Source. 1999, 349:6, eff. Jan. 21, 2000.</p> <p style="text-align: center;">Section 137-K:6</p> <p>137-K:6 Reporting. – All facilities shall provide a report to the brain and spinal cord injury registry containing information regarding a brain and spinal cord injury diagnosed or being treated.</p> <p>Source. 1999, 349:6, eff. Jan. 21, 2000.</p> <p style="text-align: center;">Section 137-K:7</p> <p>137-K:7 Disclosure; Confidentiality. –</p> <p>I. A report provided to the brain and spinal cord injury registry disclosing the identity of an individual, who was reported as having a brain and spinal cord injury, shall only be released to persons demonstrating a need which is essential to health-related research, except that the release shall be conditioned upon the individual granting authority to release the information and personal identities remaining confidential.</p> <p>II. Analyses and compilations of data prepared under RSA 137-K:4 which do not disclose the identity of an individual and which cannot be used to surmise an identity shall be available to the public under RSA 91-A.</p> <p>III. The physician-patient privilege shall not apply to reports prepared pursuant to RSA 137-K:6.</p>		

State	TBI Registry	Trauma Registry	Other Information
NH cont.	<p>Source. 1999, 349:6, eff. Jan. 21, 2000.</p> <p style="text-align: center;">Section 137-K:8</p> <p>137-K:8 Maintenance of Reports. – Reports provided to the brain and spinal cord injury registry under RSA 137-K:6, and analyses and data prepared under RSA 137-K:4 shall be maintained by the department in a manner suitable for brain and spinal cord injury research purposes, and shall be available to persons as prescribed in RSA 137-K:7.</p> <p>Source. 1999, 349:6, eff. Jan. 21, 2000.</p>		
30. New Jersey	<p style="text-align: center;">Brain Injury Central Registry</p> <p>C.52:9EE-1 Short title. 1. This act shall be known and may be cited as the "Brain Injury Research Act."*</p> <p>C.52:9EE-8 Central registry of persons who sustain brain injuries. 8. a. The commission shall establish and maintain, in conjunction with the Department of Health and Senior Services, a central registry of persons who sustain brain injuries other than through disease, whether or not the injury results in a permanent disability, in order to provide a database that indicates the incidence and prevalence of brain injuries and that will serve as a resource for research, evaluation and information on brain injuries and available services. b. The commission shall require the reporting of all cases of brain injuries, except those caused through disease, and the submission of specified additional information on reported cases as it deems necessary and appropriate. The commission shall, by regulation, specify the health care facilities and providers required to make the report of a brain injury to the registry, information that shall be included in the report to the registry, the method for making the report and the time period in which the report shall be made. c. The reports made pursuant to this section are to be used only by the commission and the Department of Health and Senior Services and such other agencies as may be designated by the commission or the department and shall not otherwise be divulged or made public so as to disclose the identity of any person to whom they relate; and to that end, the reports shall not be included under materials available to public inspection pursuant to P.L.1963, c.73 (C.47:1A-1 et seq.) and P.L.2001, c.404 (C.47:1A-5 et al.). d. No individual or organization providing information to the commission in</p>		

State	TBI Registry	Trauma Registry	Other Information
NJ Cont.	<p>accordance with this section shall be deemed to be, or held liable for, divulging confidential information. Nothing in this section shall be construed to compel any individual to submit to medical, commission or department examination or supervision.</p> <p>e. A health care facility or health care provider who is required to report a brain injury to the commission and who fails to comply with the provisions of this section shall be liable to a penalty of up to \$100 per unreported brain injury case. A penalty sued for under the provisions of this section shall be recovered by and in the name of the commission and shall be deposited in the "New Jersey Brain Injury Research Fund" established pursuant to this act.</p> <p>* Central Registry created as part of the Brain Injury Research Act. "Commission" refers to the New Jersey State Commission on Brain Injury Research established pursuant to this act, which established a nonlapsing revolving fund to be known as the "New Jersey Brain Injury Research Fund."</p>		
31. New Mexico		X	
32. New York		X	
33. North Carolina		X	
34. North Dakota		X	
35. Ohio		X	
36. Oklahoma		X	<p>The Injury Prevention Service has had the authority to collect and maintain traumatic brain injury surveillance data since traumatic brain injuries were mandated a reportable condition in April 1991 by the Oklahoma Board of Health and the Oklahoma legislature (HJR 1040).</p> <p>Because a complete, consistent hospital discharge database was not available in Oklahoma until January 2005</p>

State	TBI Registry	Trauma Registry	Other Information
			<p>(2002 data), traumatic brain injury surveillance data were collected directly from medical records for 1992-2003. A contact person was designated at each hospital's medical records department to work with Injury Prevention Service staff to generate a list of traumatic brain injury patients based on the traumatic brain injury discharge codes and to make medical records available for review. Data elements were collected through medical record reviews by trained Injury Prevention Service staff at all 116 acute care hospitals (including federal facilities) in the state.</p> <p>From 1992-1998, approximately 100 variables, including most of the current basic and extended data elements recommended by the National Center for Injury Prevention and Control, were collected on all hospitalized cases. From 1999-2000, a 50% random sample of hospital medical records was selected and abstracted for both the basic and extended variables. For the remaining 50% of medical records, only the basic variables were abstracted. From 2001-2003, due to reduced funding, only basic variables were collected on all traumatic brain injury cases.</p>
37. Oregon		X	
38. Pennsylvania		X	
39. Rhode Island	<p style="text-align: center;">TITLE 23 Health and Safety CHAPTER 23-1 Department of Health SECTION 23-1-49</p> <p>§ 23-1-49 Registry of persons with head injuries and/or spinal cord injuries. – (a) The state department of health is authorized, empowered, and directed to establish and maintain a central registry of persons suffering from acquired traumatic brain and/or spinal cord injuries.</p> <p>(b) The state director of health shall require the reporting of all newly diagnosed traumatic brain and/or spinal cord injuries and the submission of any specified additional information on reported injuries that she or he deems necessary and appropriate for the recognition, prevention, or control of those</p>		<p>Since 2007, Rhode Island law mandates a Traumatic Brain Injury Registry of traumatic brain injuries diagnosed in the emergency department or in an inpatient unit. Cases must be reported to the Department of Health within 14 days of diagnosis.</p> <p>All traumatic brain injury survivors are sent an informational packet from the Rhode Island Department of Health.</p>

State	TBI Registry	Trauma Registry	Other Information
<p>RI cont.</p>	<p>injuries. (c) The central traumatic brain and spinal cord injury registry shall maintain comprehensive records of all reports submitted pursuant to this section. These reports shall be confidential in accordance with chapter 37.3 of title 5 and subject to the restrictions on release incorporated in that chapter. (d) The state department of health shall make rules and regulations that are necessary to implement the provisions of this section pursuant to chapter 35 of title 42.</p> <p>History of Section. (P.L. 1996, ch. 160, § 1.)</p>		
<p>40. South Carolina</p>	<p style="text-align: center;">Head and Spinal Cord Injury Information System</p> <p style="text-align: center;">Title 44 - Health CHAPTER 38 Head and Spinal Cord Injuries</p> <p style="text-align: center;">ARTICLE 1 Head and Spinal Cord Injury Information System</p> <p>SECTION 44-38-10. Head and Spinal Cord Injury Information System created; purpose.</p> <p>There is created the South Carolina Head and Spinal Cord Injury Information System to provide a central information surveillance system and registry for head and spinal cord injuries.</p> <p>HISTORY: 1992 Act No. 457, Section 1.</p> <p>SECTION 44-38-20. Definitions. As used in this article:</p> <p>(1) "Council" means the South Carolina Head and Spinal Cord Injury Information System Council established pursuant to this article.</p> <p>(2) "Head injury" means an insult to the skull or brain, not of a degenerative or congenital nature, but one caused by an external physical force that may produce a diminished or altered state of consciousness which results in impairment of cognitive abilities or physical functioning and possibly in</p>		<p>The purpose of the South Carolina Traumatic Brain Injury Follow-up Registry (SCTBIFR) is to describe the health outcomes and service needs of South Carolinians after discharge from the hospital following a brain injury. At one, two and three years after injury, participants are interviewed about their health including physical and emotional well-being, life satisfaction, persistent symptoms and secondary conditions, return to work and school, and the use of and need for different services, such as employment, transportation and rehabilitation services. The study is supported by CDC.</p>

State	TBI Registry	Trauma Registry	Other Information
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<p>SC cont.</p>	<p>behavioral or emotional functioning. It does not include cerebral vascular accidents and aneurysms.</p> <p>(3) "Spinal cord injury" means an acute, traumatic lesion of neural elements in the spinal canal resulting in any degree of sensory deficit, motor deficit, or major life functions. The deficit or dysfunction may be temporary or permanent.</p> <p>(4) "System" means the South Carolina Head and Spinal Cord Injury Information System established pursuant to this article.</p> <p>SECTION 44-38-30. Head and Spinal Cord Injury Information System Council; establishment and purpose; composition; election of chairman; appointment of advisors; compensation and expenses.</p> <p>(A) There is the South Carolina Head and Spinal Cord Injury Information System Council established for the purpose of overseeing the daily activities of the system which shall be under the Head and Spinal Cord Injury Division of the Department of Disabilities and Special Needs. The council is composed of the following ex officio members or their designees: the chairman, Developmental Disabilities Council, Office of the Governor, the chairman of the Joint Committee to Study the Problems of Persons with Disabilities, the State Director of the State Department of Mental Health, the Commissioner of the Department of Vocational Rehabilitation, the Director of the State Department of Disabilities and Special Needs, the Director of the South Carolina Department of Health and Environmental Control, the Director of the South Carolina Department of Health and Human Services, Dean of the University of South Carolina School of Medicine, the Dean of the Medical University of South Carolina, the Executive Director of the South Carolina Hospital Association, one representative from each of the head injury advocacy organizations, and one individual with a spinal cord injury. The council shall elect a chairman who may appoint such other nonvoting members who may serve in an advisory capacity to the council, including representatives from the private service delivery sector.</p> <p>(B) Members of the council shall receive no compensation, including subsistence, per diem, or mileage for service on the council.</p> <p>HISTORY: 1992 Act No. 457, Section 1; 1993 Act No. 181, Section 1102.</p> <p>SECTION 44-38-40. Duties of council.</p>		
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State	TBI Registry	Trauma Registry	Other Information
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<p>SC cont.</p>	<p>In carrying out the purposes of this article the council shall:</p> <p>(1) determine and implement the most cost effective method: (a) to collect, record, analyze, and disseminate data on the incidence and causes of head and spinal cord injuries; (b) to gather such other data as needed from existing sources of the South Carolina Statewide Hospital Data System and the Trauma Registry of the Division of Emergency Medical Services;</p> <p>(2) provide information for initiation of case management services and preventive programs for head and spinal cord injured persons in this State;</p> <p>(3) develop and promote primary prevention programs related to preventing head and spinal cord injuries;</p> <p>(4) perform other duties and functions as determined by the council to be necessary for implementation of this article.</p> <p>SECTION 44-38-50. Reporting of required information; follow up to persons entered in registry; gathering information from other states; approval of and participation in research activities.</p> <p>The council shall develop:</p> <p>(1) reporting forms and procedures for reporting the information required by this article;</p> <p>(2) a system to provide follow up to individuals entered in the registry;</p> <p>(3) procedures for gathering information from other states in which a South Carolina resident may be admitted for a head or spinal cord injury, or both; and</p> <p>(4) procedures for approving research projects or participation in research activities.</p> <p>SECTION 44-38-60. Confidentiality of reports and records; nondisclosure under Freedom of Information Act.</p> <p>(A) All reports and records made pursuant to this article and maintained by the system, any agency, hospital, institution, other facility, or person pursuant to this article are confidential and may not be disclosed under the Freedom of Information Act. Information must not be released except to:</p> <p>(1) appropriate staff of the system;</p> <p>(2) submitting hospitals or their designees;</p>		
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State	TBI Registry	Trauma Registry	Other Information
<p>SC cont.</p>	<p>(3) a person engaged in a research project approved pursuant to Section 44-38-50 except that no information identifying a subject of a report or a reporter may be made available to a researcher unless consent is obtained pursuant to this section; (4) a member of the council except that no information identifying a subject of a report or a reporter may be made to the council unless consent is obtained pursuant to this section.</p> <p>(B) The identity of a patient, physician, or hospital is confidential and may not be released, except that the identity of a patient may be released upon informed written consent of the patient, or the patient's legal guardian or legal representative; the identity of a physician may be released upon written consent of the physician; and the identity of a hospital may be released upon written consent of the hospital.</p> <p>SECTION 44-38-70. Council to submit annual report.</p> <p>The council shall submit an annual report to the Joint Committee to Study Problems of Persons with Disabilities including, but not limited to, the incidence and status of head and spinal cord injuries in South Carolina, the administration of the system and recommendations for modifications in the system, and for improving the delivery of services to persons with these injuries.</p> <p>SECTION 44-38-80. Qualified immunity from liability for release of information in accordance with article.</p> <p>No person, medical facility, or other organization providing or releasing information in accordance with this article may be held liable in a civil or criminal action for divulging confidential information unless the individual or organization acted in bad faith or with malicious purpose.</p> <p>SECTION 44-38-90. Penalty for intentional noncompliance with article.</p> <p>A person subject to this article who intentionally fails to comply with reporting or confidentiality and disclosure requirements of this article is subject to a civil penalty of not more than one hundred dollars for a violation the first time a person fails to comply and not more than five thousand dollars for a subsequent violation.</p>		
<p>41. South Dakota</p>			

State	TBI Registry	Trauma Registry	Other Information
42. Tennessee	<p style="text-align: center;">2010 Tennessee Code Title 68 - Health, Safety and Environmental Protection Chapter 55 - Head and Spinal Cord Injury Information System Part 2 - TBI Coordinator, Registry and Advisory Council 68-55-204 - Reports to department.</p> <p>68-55-204. Reports to department.</p> <p>(a) The commissioner shall design and establish a reporting system which shall require the treating hospital to report to the department within a reasonable period of time after the identification by the treating hospital of a person with TBI. The consent of the injured person shall not be required.</p> <p>(b) The required report must be submitted on forms provided by the department and must include the following information:</p> <ol style="list-style-type: none"> 1) The name, age and residence of the injured person; and (2) Other information requested by the department that is currently available and collected by computer in the medical records department of the treating hospital. <p>(c) The furnishing of the required information shall not subject the person or treating hospital providing the information to any liability or any action for damages or relief.</p> <p>(d) The information provided pursuant to this section shall be used only for the purposes stated in this chapter and shall only be used in accordance with the rules promulgated by the commissioner and, in all other instances, shall be confidential records as defined in § 10-7-504(a)(1).</p> <p>(e) A treating hospital subject to the provisions of this chapter that intentionally fails to comply with reporting or confidentiality and disclosure requirements of this chapter is subject to a civil penalty of not more than one hundred dollars (\$100) for the first violation and not more than five thousand dollars (\$5,000) for a second or subsequent violation. [Acts 1993, ch. 443, § 6; 1996, ch. 1025, § 2.]</p>		Hospitals are mandated to provide information to the Department of Health on all individuals with brain injury that are admitted to the hospital overnight. Data is available starting from the first quarter of 1996 and contains information on the nature and cause of the injury. Analysis of the data allows staff to pinpoint where and how injuries are occurring, what age groups are affected, and enables the development of programs to prevent injuries. All Tennessee residents listed on the registry receive a letter to inform them of the services available through the TBI Program.
43. Texas		X	
44. Utah			
45. Vermont		X	
46. Virginia	<p style="text-align: center;">Spinal Cord and Brain Injury Registry</p> <p>A Code of Virginia amendment eliminated the DARS Central Registry for Brain Injury and Spinal Cord Injury, effective July 1, 2008. The Code mandated that DRS work collaboratively with the Virginia Department of Health (VDH) to obtain information from the Virginia Statewide Trauma Registry on patients treated for brain injury and spinal cord injury, for the purpose of conducting</p>	X	<p>Virginia was the first state to require reporting of head or brain injuries to a central registry.</p> <p>Initial Law—repealed: The Code of Virginia § 51.5-11 requires the Department of Rehabilitative Services (DRS) to maintain a brain injury registry. Hospitals and attending</p>

State	TBI Registry	Trauma Registry	Other Information
	outreach.		<p>physicians are statutorily required to report within 30 days of identification of the injury those persons sustaining brain injury in which "permanent disability is likely to result."</p> <p>DRS contracts with BIAV to provide outreach services to brain injury survivors and their families. Virginia's registry is a service-oriented rather than surveillance-oriented registry. The primary reason for the registry is to provide information to survivors and their families about brain injury symptoms and services. BIAV reported that from 1/1/99 through 2/29/00, 114 of the 4,310 (or 2.6 percent) of their outreach cards resulted in a request for information.</p> <p>BIAV also has a contract with DRS to provide technical assistance to hospitals to improve compliance with reporting requirements and to assist DRS with its Open Registry Program. The Open Registry Program allows individuals to be added to the brain injury registry either through self reporting or by being reported by a health care professional. Very few persons are reported to the Open Registry Program.</p>
47. Washington		X	
48. West Virginia	<p>2009 West Virginia Code CHAPTER 18. EDUCATION ARTICLE 10A. REHABILITATION SERVICES. §18-10A-15 Establishment of a central registry of traumatic head injury; acute care facility required to report head injury.</p> <p>§18-10A-15. Establishment of a central registry of traumatic head injury; acute care facility required to report head injury. (a) The Center for Excellence in Disabilities shall maintain a central registry of persons who sustain severe head injury other than through disease, whether or not permanent disability results, in order to facilitate the provision of appropriate services through referral and collaboration with the division and other state agencies for such persons.</p> <p>(b) The current acute care facility shall report to the Center for Excellence in</p>	X	

State	TBI Registry	Trauma Registry	Other Information
	Disabilities by the most expeditious means within seven days after identification of any person sustaining such an injury. The report shall contain the name and residence of the person and the name of the current acute care facility.		
49. Wisconsin			
50. Wyoming			Trauma System

- 48 states and jurisdictions have implemented hospital inpatient reporting systems
- 34 states have ambulatory surgery data reporting
- 31 states have emergency department reporting

Disclaimer: These statutes may not be the most recent version nor may have not captured all relating statutes.

Compiled by Susan L. Vaughn, Director of Public Policy, National Association of State Head Injury Administrators. Visit NASHIA's website for additional information on TBI and public services: www.nashia.org.

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