

rise to urge you to join me in supporting LB 308 for several reasons. While I cannot argue whether or not there is a true need for another half-time position, I can argue that the registry could be a good pay off for us. First of all, the registry can enhance the most appropriate use of treatment due to the most appropriate diagnosis. It is not unusual for the manifestations of a head trauma to occur some time after the incident. And for that reason it is not unusual to have children who are misdiagnosed and placed inappropriately in educational programs. Not unusual that we waste, in fact, two or three years, if not longer, putting children in inappropriate programs, and that's not efficient use of our dollars in terms of intervention and treatment programs. Second of all, the registry can enhance access to services by being a resource for providing information and education to those persons who have had some kind of head trauma, or injury. Thirdly, the information that we gather should give us important data regarding trends that should lead to preventive activities that in the long run will save us dollars across time, not to mention serious injury to people. And finally, I would also say that the data should provide us with critical information to go after grants, both private and public dollars, that could help us both with treatment programs and preventive activities. Good data should be the basis for determining the programs that we have in this state. And I think the head registry here is a good first step in doing that, and I would urge you to support it.

SPEAKER BAACK: Thank you, Senator Rasmussen. Senator Byars, you're next.

SENATOR BYARS: Thank you, Mr. Speaker. I rise also to support LE 308, and possibly for some of the same reasons and some different reasons. When we heard testimony last year relative to this bill, one thing that probably impressed me as much as anything else was that there seems to be a presumption, whether it be real or not, out there somewhere that people are not receiving appropriate treatment for head injuries. There is no basis that we can find to be able to establish that this is true, or that this is not true. Whether it's being spread just by personal stories, or it certainly isn't coming from objective data. And I think that points out the tremendous need that we have in this state for establishing data, and certainly on a confidential basis, but establishing data that we can see truthfully whether treatment is being given or treatment is not being given. And, if it is, fine, let's attempt to enhance it.