



MICHIGAN BRAIN INJURY  
PROVIDER COUNCIL

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Testimony on behalf of the Brain Injury Association of Michigan  
and the Michigan Brain Injury Provider Council

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Hello, my name is Lynn Brouwers. Thank you, State Representative Lund, and members of the Committee for allowing me to speak. I am here testifying on behalf of the Brain Injury Association of Michigan where I serve as a member of the Board of Directors. I am also speaking on behalf of the Michigan Brain Injury Provider Council, where I serve as President of the Board.

I also offer my comments as a health care provider with over 30 years' experience. I worked for over 25 years in hospitals in Grand Rapids as the manager and director of medical rehabilitation programs and have worked for a rehabilitation provider in SE Michigan for the past 4 years.

I am sympathetic to the tragedy of drunk driving. I volunteered my time for 25 years to run a free family and survivor support group through the Brain Injury Association of Michigan where both the injured drunk drivers and the victims of drunk drivers came to talk about their lives after injury. I volunteered with MADD, ringing the bells in memory each year, of people who lost their lives because of drunk drivers.

While I am an advocate of prevention, **I am here to ask you to not pass HB 5588.**

The section of MDCH that studies unintentional injury and violence reported to me that 38% of car crash fatalities involved ETOH or drugs. I am not sure of the actual percentage of drivers who are intoxicated or who have controlled substances in their system at the time of injury. It could be as low as 6000 each year, but it could be higher.

Hospitals will still treat people who are intoxicated at the time of their injuries. Hospitals will be faced with millions in uncompensated care, after using all avenues including third party collection agencies, to get their bills paid. The highest injury group is 16-24 year olds. Families will have to foot the bills for their (stupid) teenagers or family members. And the State of Michigan will have to step in to cover medical care when families have spent down to having less than \$2000 in the bank.

- Perhaps the savings to insurance companies could be used to set up a fund help the state cover the costs shifted to them?

Section 625 of the Public Health Code references Act 368 of the Public health Code. This is the section that describes Schedule 1 and Schedule 2 controlled substances. This list of controlled substances is worrisome. Many medications prescribed by doctors that fall in the category of controlled substances. These are common medications used to treat ADHD, sleep difficulties, pain, and many other problems. Used as prescribed, our doctors allow us to drive. There is a BIG problem with drug testing. Having evidence of drugs in a person's blood or urine samples does not correlate with intoxication. Medications can stay in our systems for days or weeks. This could prevent people from driving, for fear that they would be uninsured if they were injured. Productive people with chronic conditions would be rendered unproductive.

- Perhaps insurance agents should have all drivers sign clear and strongly worded disclosure statement so drivers know that they will be precluded from using their PIP benefit because they have legally prescribed medications in their bodies at the time of their injury.

In summary, there are already legal and financial repercussions for drinking and driving. Feel free to toughen those consequences. People who disable or kill others because of drinking and driving should face severe consequences. Toughen the financial penalties. Take away the right to drive. Make sure they can be sued. And keep prevention programs funded. We have come a long way in fighting the perception that it is okay to drink and drive but even one unnecessary death is too many.

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