

Increase Access to Care for Individuals with Brain Injury



ENSURE PATIENT-CENTERED ACCESS TO REHABILITATION

When an individual sustains a brain injury, life-saving treatment is only the first step in recovery. Post-acute rehabilitation of sufficient scope, duration, and intensity delivered in inpatient rehabilitation hospitals and units (IRFs), residential/transitional rehabilitation facilities, and community-based outpatient programs is vital for regaining health, function, and independence. Each day, it becomes more difficult for patients with individual and group health insurance plans, as well as Medicare and Medicaid beneficiaries, to access the rehabilitation they need.

Ways to Overcome Barriers to Access:

- Oppose efforts to restrict access to rehabilitative services and devices in all settings of care.
- Reform the use of prior authorization in Medicare Advantage by passing H.R. 3107; the Improving Seniors' Timely Access to Care Act, and reject the use of prior authorization for IRF patients.
- Oppose the proposed Medicare demonstration project that seeks to impose pre-claim or post-claim review of 100% of IRF claims.
- Ensure that efforts to design and implement a Medicare uniform post-acute care (PAC) payment system do not negatively impact access for people with brain injury and other complex conditions.
- Continue the telerehabilitation flexibilities after the COVID-19 public health emergency ends while ensuring that access to in-person care is maintained and improved.
- Develop a permanent fix for the reimbursement cuts to therapists and other providers under the 2021 Physician Fee Schedule.
- Revise the so-called "three-hour rule" to expand access to all appropriate skilled therapies provided in IRFs (Access to Inpatient Rehabilitation Therapy Act).



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ABOUT BRAIN INJURY

An acquired brain injury (ABI) is any injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma. There are two types of ABI: non-traumatic and traumatic. Non-traumatic injuries arise from internal causes; traumatic injuries are caused by external forces. The Centers for Disease Control and Prevention (CDC) report that 2.8 million children and adults sustain TBIs annually and at least 5.3 million people live with a TBI-related disability. The cost to society for medical care and lost wages associated with TBI is \$76.5 billion (in 2010 dollars) annually.

Individuals with brain injury may experience memory loss, concentration or attention problems, slowed learning, and difficulty with planning, reasoning, or judgment. Emotional and behavioral consequences can include depression, anxiety, impulsivity, aggression, and thoughts of suicide. Physical challenges may include fatigue, headaches, difficulty with balance or motor skills, sensory loss, and seizures. Brain injury can lead to respiratory, circulatory, digestive, and neurological diseases – including epilepsy, Alzheimer's, and Parkinson's disease. Poor outcomes after brain injury result from shortened lengths of stay in both inpatient and outpatient treatment settings. Payers point to a lack of sufficient evidence-based research as a primary reason for coverage denial of medically necessary treatment. This occurs particularly when behavioral health services and cognitive rehabilitation are needed.

ABOUT BIAA

Founded in 1980, the mission of the Brain Injury Association of America (BIAA) is to advance brain injury awareness, research, treatment, and education to improve the quality of life for all people affected by brain injury. BIAA is dedicated to increasing access to high quality care and accelerating research. With a network of state affiliates, local chapters, and support groups, BIAA provides help, hope, and healing and serves as the voice of brain injury for individuals who are injured, their families, and the professionals who provide research, treatment, and services.

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Bolster Brain Injury Research



BUILD KNOWLEDGE ON COVID-19-RELATED BRAIN INJURIES

Congress has appropriated substantial funding to the National Institutes of Health (NIH) to study the coronavirus. Some individuals who have survived COVID-19 have significant, long-term complications and functional losses that must be studied and addressed. Access to medical and cognitive rehabilitation is critical to positive outcomes for these COVID-19 survivors. Congress should direct the NIH to conduct focused research to explain the mechanisms of brain injury and resulting cognitive impairments resulting from the virus and to discover how people with existing brain injuries may be uniquely affected.

FULLY FUND TBI MODEL SYSTEMS OF CARE

The TBI Model Systems are a collection of 16 research centers receiving grants administered by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) housed within the Administration for Community Living at the Department of Health and Human Services. The TBI Model Systems are the only source of non-proprietary longitudinal data on what happens to people with brain injury across the lifespan. These long-term research findings are critical to identifying and designing future improvements in brain injury treatment. The Model Systems are a key source of evidence-based medicine and serve as a “proving ground” for future researchers. TBI Model Systems sites work closely with the Department of Veterans Affairs on research to improve the treatment of Veterans with brain injuries.

BIAA urges Congress to increase funding by \$15 million over the next five years to expand the TBI Model Systems program from its current funding level of less than \$9 million. This funding increase would:

- Increase the number of multicenter TBI Model Systems Collaborative Research projects from one to three, each with an annual budget of \$1 million;
- Increase the number of competitively funded centers from 16 to 18 while increasing the per-center support by \$200,000 annually;
- Increase funding for the National Data and Statistical Center by \$100,000 annually to allow all participants to be followed over their lifetime; and
- Provide “line-item” budget authority to the TBI Model Systems within the broader NIDILRR budget to ensure accountability and reliability of these funds.



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Allocate Federal Resources



COORDINATE FEDERAL PROGRAMS

The U.S. Department of Health and Human Services (HHS) Administration for Community Living (ACL) funds programs impacting individuals with brain injury and families, including Aging and Disability Resource Centers, Assistive Technology, Independent Living Centers, Lifespan Respite Care; and the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR).

- Support HHS in carrying out its mandate to develop a plan for coordinating Federal activities impacting TBI service delivery.

INCREASE TBI ACT FUNDING

ACL administers the TBI State Partnership Grant Program to help states increase access to services and supports for individuals with TBI throughout the lifetime and the Protection and Advocacy (P&A) TBI Grant Program to provide advocacy services for people with brain injury. Currently only 24 states receive TBI State grants, and all the P&A grants are severely under-funded.

- Appropriate \$19 million to the Federal TBI State Grant Program to increase the number of state grants to \$300,000 and appropriate \$6 million to the P&A Grant Program.

FUND CDC TBI PROGRAM

The TBI Act of 1996, as amended, authorizes the Centers for Disease Control and Prevention (CDC) to collect data and conduct public education and research. The TBI Program Reauthorization Act of 2018 further authorized the establishment of a national concussion surveillance system.

- Support the TBI national concussion surveillance system at \$5 million as part of a total allocation of \$11.75 million and continue to include brain injury across multiple CDC programs, including STEADI, opioid misuse prevention, intimate partner violence, and others.

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Join the Congressional Brain Injury Task Force



The mission of the Congressional Brain Injury Task Force is to further education and awareness of brain injury and support funding for basic and applied research, brain injury rehabilitation, and development of a cure. Please join the Task Force to help make life better for individuals with brain injury and their families.

TO SIGN UP, CONTACT THE OFFICE OF A CO-CHAIR:

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