

# 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 services 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 and maximizing 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 the Improving Seniors' Timely Access to Care Act (H.R. 3173/S. 3018), and reject the use of prior authorization for IRF patients in traditional (Fee-For-Service) Medicare.
- Oppose the proposed Medicare "Review Choice Demonstration" project that seeks to impose pre-claim or post-claim review of 100% of IRF claims in half of the rehabilitation hospitals across the country.
- Ensure that efforts to design and implement a Medicare unified post-acute care (PAC) payment system do not negatively impact access for people with brain injury and other complex conditions.
- Extend tele-rehabilitation flexibilities and authorities 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 pending reimbursement cuts to therapists and other providers under the Physician Fee Schedule, Medicare sequester, and "PAYGO" scorecard system.
- 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 2.9 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 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 significant funding to the National Institutes of Health (NIH) to study the coronavirus, including \$1.1 billion alone to examine “Long COVID.” 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 in this population of COVID 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 pre-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) in 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 Increased 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).

- Urge policymakers to implement the plan that's been developed to improve coordination of federal activities that impact 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 28 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 so that all states and territories can participate.
- 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.

- Appropriate \$6.72 million for the TBI Program for the CDC's National Center for Injury Prevention and Control (NCIPC).
- Appropriate \$5 million for the National Concussion Surveillance System as authorized by the TBI Program Reauthorization Act of 2018.



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# End Mandatory Medicaid Estate Recovery



## STOP UNFAIR MEDICAID RECOVERIES

Currently Federal law requires state Medicaid programs to attempt to recover costs from the estates of now-deceased recipients, even if the state would prefer not to seek such recovery.

Medicaid programs must seek recovery for the costs of nursing home services, home and community-based services, and certain related services if the recipient was 55 years or older when the services were provided. States have the option to seek recovery for other services. The recovery is limited to the size of the deceased recipient's estate.

No other public benefit program requires that correctly paid benefits be recouped from deceased recipients' family members. The minimal revenue generated by estate recovery is outweighed by the burdens it places on low-income families. The burden falls inequitably on families whose loved ones experience heterogeneous illnesses, injuries, or chronic conditions that are unpredictable – such as brain injury.

## SUPPORT LEGISLATIVE ACTION

The Stop Unfair Medicaid Recoveries Act (H.R. 6698), introduced by Representative Jan Schakowsky (D-IL), would amend Title XIX of the Social Security Act to repeal the requirement that states establish a Medicaid Estate Recovery Program and limit the circumstances in which a state may place a lien on a Medicaid beneficiary's property.

Original cosponsors are Reps. Doris Matsui (D-CA), Yvette Clarke (D-NY), Rosa DeLauro (D-CT), Debbie Dingell (D-MI), Mike Quigley (D-IL), Lucille Roybal-Allard (D-CA), Mark Pocan (D-WI), Mary Gay Scanlon (D-PA), Danny Davis (NP-IL), Jesús "Chuy" García (D-IL), and Ayanna Pressley (D-MA).



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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:** Hon. Bill Pascrell, Jr. or Hon. Don Bacon

Tammy Baldwin, WI  
Andy Barr, KY-06  
Joyce Beatty, OH-03  
Donald S. Beyer, Jr., VA-08  
Andy Biggs, AZ-05  
Sanford Bishop, GA-02  
Cheri Bustos, IL-17  
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