



Increase Access to Care for Individuals with Brain Injury

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, or those injuries caused by an internal force, and traumatic. A traumatic brain injury (TBI) is an alteration in brain function or other evidence of brain pathology caused by an external force. 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 live with a TBI-related disability. The cost to society for medical care and lost wages associated with TBI is \$76.3 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 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.

ENSURE PATIENT-CENTERED ACCESS TO REHABILITATION

Individuals with brain injury rely on Medicare and Medicaid to access the rehabilitative services and devices needed to regain health, function, and independence. When an individual sustains a brain injury, emergency medical treatment and hospital-based acute surgical care is only the first step in recovery. Post-acute medical rehabilitation of sufficient scope, duration, and intensity delivered in inpatient rehabilitation facilities (IRFs), residential or transitional treatment programs, and community-based outpatient clinics is vital.

Patients often face barriers to access to rehabilitative services and devices due to coverage restrictions. Many private insurers place limits on services or steer patients away from the most appropriate settings of care to cut costs. If trends continue, some Medicare beneficiaries will find it harder to access rehabilitation. The Medicare Payment Advisory Commission (MedPAC) reports Medicare Advantage participants have one-third the access to IRFs compared to traditional Medicare beneficiaries. Utilization management tools like prior authorization, restrictive or proprietary admission guidelines, and onerous regulatory requirements significantly limit access to care for individuals with brain injury. Key steps to increase access to care include the following:

- Ensure that efforts to unify Medicare's Post-Acute Care payment system do not negatively impact access for people with brain injury and other complex conditions.
- Oppose efforts to restrict access to rehabilitation therapy services in all settings of care.
- Revise the "three-hour rule" to expand access to all appropriate skilled therapies (Access to Inpatient Rehabilitation Therapy Act)
- Reform the use of prior authorization in Medicare Advantage (Improving Seniors' Timely Access to Care Act), and reject the use of prior authorization for IRF care in traditional Medicare.
- Reform managed care plans in Medicare, Medicaid, and private insurance to ensure appropriate access to rehabilitation and habilitation services and devices.
- Maintain rehabilitation's status as the standard of care for people with brain injury to achieve maximum recovery, full function, return to work and other life roles, and independent living.

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