

# 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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