CPAN

COALITION PROTECTING AUTO NO-FAULT

Currently over 16,686 auto injuries in the MCCA are the result of brain injuries. In other states, without the access to care, such as under Michigan's auto no-fault, individuals spiral into poverty and have no choice but to become dependent on government programs, according to the Brain Injury Association of America and NASHIA.

In offering and supporting the low-cost policy outlined in HB 5013, which is a $25,000 lifetime PIP benefit, proponents have stated that this level of care is comparable with what other states are doing. In fact, Mayor Duggan, as well as other vocal supporters have publicly stated that people in the other states are doing *"just fine"* without a lifetime benefit that is part of Michigan's unique auto no-fault system. CPAN's **strong opposition** to caps or options of such low coverage is based on the knowledge of what happens to survivors without such care and what is happening in other states to those that unfortunately suffer a moderate to severe TBI.

Attached is a document co-authored by the Brain Injury Association of America and the National Association of State Head Injury Administrators, which provides a narrative of the reality in other states and the resulting outcome of the lack of a quality care for the TBI patient. This lack of coverage in medical care more often than not results in medical bankruptcy, shifting costs to government sponsored programs, as explained in the Michigan House Fiscal Agency's analysis of HB 5013. Without community based rehabilitation and long-term care, TBI survivors and their families face untenable circumstances, often ending in tragic situations involving incarceration, homelessness, and poverty.

Michigan residents deserve better and should remain the leader in the country as to how we provide a full continuum of care for our Michigan residents that suffer from such a debilitating injury at no direct cost to the taxpayer.

Learn more at www.protectnofault.org

BRAIN INJURY ASSOCIATION OF AMERICA

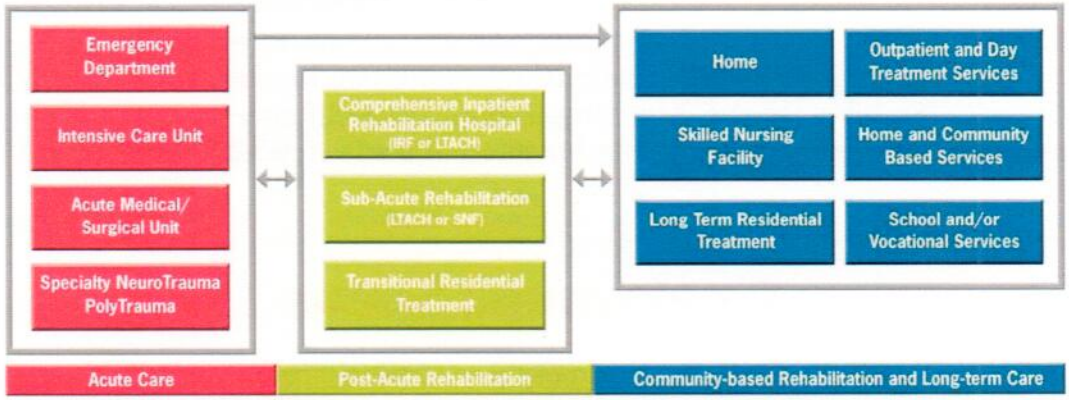
nashia
giving states a voice
National Association of State Head Injury Administrators

Access to Care for Individuals with Traumatic Brain Injury in the U.S. October 2017

According to the Centers for Disease Control and Prevention, the annual incidence of traumatic brain injury (TBI) in the U.S. in 2013 was 2.8 million.[1] The injury affects people of all ages, races, ethnicities, and incomes. TBI causes physical, cognitive, and behavioral impairments that change the way a person moves, talks, thinks, feels and acts.

The estimated cost of care for a person with a moderate to severe TBI ranges from $1,522,935 to $2,178,627.[2] These costs encompass emergency medical services; rehabilitation provided on an inpatient, transitional, or outpatient basis; and ongoing management of chronic conditions. Individuals who are injured may also require home and community-based services to live independently.

Traumatic Brain Injury Continuum of Care



The importance of access to the full continuum of care, including the post-acute stages of treatment, is evident in the quality of the outcomes achieved by the patient, the beneficial impact of these outcomes on family caregivers, and reduced societal costs.[3] Numerous variables (i.e., pre-injury demographics, injury etiology and severity, treatment setting, provider expertise, intervention types and intensities, etc.) influence access, but none more so than payer type. Different payer types make provisions for, or place restrictions on, patient access to the full continuum of care. Payers with long-term liability, such as workers compensation insurers and legal settlements, tend to invest in comprehensive, intensive treatment upfront because doing so minimizes disability and reduces lifelong costs.[3,4,5]

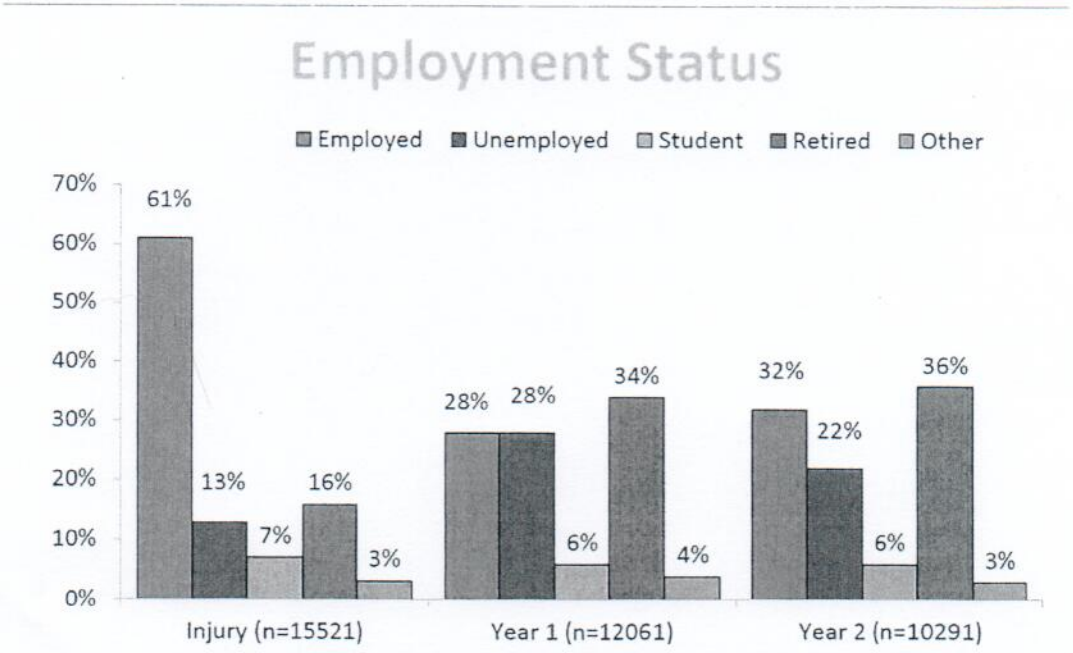
Patients with individual or group health insurance plans may access inpatient rehabilitation or, if clinically appropriate, a nursing home benefit that typically covers up to 100 days of care.

Alternatively, plan holders access rehabilitative services on an outpatient basis according to their policy limits – generally 30 visits per year for physical, occupational, and speech therapy. Unfortunately, individual or group health insurance plans do not typically provide for intensive residential rehabilitation, supports, or many of the community-based services needed along the full continuum of care.

Younger, non-white adults with government-funded insurance are more likely to be released from acute care with no further treatment, while older patients are more likely to be discharged to nursing homes.[6] Altogether, as many as half of individuals age 15 and older who survive a moderate to severe TBI may be discharged directly home from an acute hospital with little or no further treatment, and as few as 15% may be referred to acute rehabilitation.[7]

All too often individuals with TBI are denied access to post-acute rehabilitation care and ongoing management of chronic conditions. Reports from families and providers suggest that the primary reason for limited service utilization is denial of access to care. Government-funded insurance, such as Medicare and Medicaid, restrict access to care by prohibiting treatment in alternative medical (non-hospital) settings, opting instead for inappropriate institutionalization of patients in nursing homes, psychiatric facilities, and correctional institutions that provide limited rehabilitation care. Like private insurers, Medicare and Medicaid place caps on the amount of care provided.

Regrettably, inadequate treatment results in greater medical complications, permanent disability, family dysfunction, homelessness, medical indigence, suicide and involvement with the criminal or juvenile justice system, including incarceration. Inadequate treatment also leads to lost productivity, need for long-term care and institutional placements, as well as greater use of public programs, such as Medicare, Medicaid, vocational rehabilitation, Supplemental Security Income and Social Security Disability Income. According to the CDC, the lifetime cost of TBIs incurred in 2010 and treated in emergency departments, hospitals or died exceeded $141.5 billion.[8]



States bear much of these costs through joint state/federal programs, such as special education for school-aged children and vocational rehabilitation for adults attempting to return to the workforce. Unfortunately, less than half of those who were working prior to injury are employed one or two years later.[9] Consequently, many people who sustain TBIs shift from employer-based health insurance to Medicaid.

In late 2007, the Rutgers Center for State Health Policy surveyed 23 states and found that Medicaid waivers targeted to individuals with brain injuries had more than doubled from 5,400 individuals served in 2002 to 11,214 in 2006, at a cost of $155 million in 2002 growing to $327 million in 2006. The per capita cost remained relatively constant at approximately $30,000 per year. The Rutgers survey found 1,228 individuals were placed on waiting lists in nine states[10] In 2015, the National Association of State Head Injury Administrators reported the number of states with brain injury waivers dropped to 21.[11] A 2011 Massachusetts Brain Injury Commission Report found a 75% increase in the number of people with brain injury applying for public services between FY 2005 and FY 2010.[12]

When individuals cannot access rehabilitation of sufficient scope, duration, and intensity, the burden of care falls on families. Few caregivers are equipped to manage the physical, cognitive or behavioral challenges presented by a loved one with brain injury. To assist families, 25 states across the country have developed resources and assistance funded by general revenue and/or dedicated funding, known as trust fund programs supported by fees or fines levied on traffic related offenses. Depending on the state, the program may provide for outpatient rehabilitation, personal care, transportation, and similar services. Trust funds are often a payer of last resort, and many states cap the amount of help available to each individual at $15,000. These caps are wholly inadequate for meeting the long-term needs of individuals.

In summary, individuals who sustain moderate to severe traumatic brain injuries need access to expert trauma care, comprehensive rehabilitation, and community-based services and supports. When access to the full continuum of care is delayed, denied, or curbed in any way, individuals often spiral into poverty and have no choice but to become dependent on government programs and family caregivers.

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