

**Written Testimony  
Before the Committee on Finance, U.S. Senate**

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal

**Submitted by the  
National Association of State Head Injury Administrators  
September 25, 2017**

On behalf of the members of the National Association of State Head Injury Administrators (NASHIA), thank you for this opportunity to comment on the proposed Graham-Cassidy legislation to repeal the Affordable Care Act (ACA), which also makes significant changes and cuts to the federal Medicaid program. NASHIA was formed by state administrators of brain injury programs, however, our membership extends to individuals with brain injury, their families, rehabilitation professionals, and providers offering an array of rehabilitative and community short-term and long-term services and supports. Our mission is to assist states in improving and coordinating systems to assist individuals and their families to obtain the array of services and supports needed after a brain injury in order to live and work in the community as independently as possible.

After reviewing the proposed legislation, NASHIA must oppose the Graham-Cassidy-Heller-Johnson Proposal for these reasons:

1. The proposed legislation eliminates the Medicaid program as an entitlement program -- the major payor of long-term services and supports for individuals with disabilities, including brain injury, and older adults, thus placing the burden on states to address the long-term needs of citizens as they age or incur health conditions, such as dementia, Alzheimer's or a brain injury due to a fall – the second leading cause of brain injury.
2. It does not guarantee that Essential Health Benefits will be covered in health insurance policies as states may waive covered services, such as rehabilitation and therapies, which are vital to recover from a brain injury. Shifting the responsibility to states to assure adequate coverage will result in the business community, employees/employers and consumers to advocate for policies that are inexpensive, less robust in terms of coverage. Unfortunately, no one can predict whether he or she will incur a brain injury. It's only after a traffic crash, a fall from a ladder, or a sports-related concussion that the policy holder will then know what is afforded to them. Once an individual incurs a brain injury, then that individual will be subject to those services covered by the policy.
3. It allows insurance companies to discriminate against people with pre-existing conditions and all but guarantees these individuals will pay higher premiums. Once an individual sustains a brain injury, including a concussion, the person will fall under the pre-existing condition category. Although high risk pools have been mentioned as a solution to cover individuals with pre-existing conditions, these pools have not been without challenges. Prior to the ACA, 35 states offered high risk pools, which had limitations. Depending on the state, these limitations included lifetime or annual caps; excluded services needed by the pre-existing condition; had high deductibles; and/or high, unaffordable premiums.

**About TBI and Treatment, Rehabilitation, Community Long-term Services and Supports**

To provide appropriate treatment, rehabilitation, services and supports necessary for individuals to recover and to live as independently as possible requires many systems to work together including,

medical, rehabilitation and health care providers and organizations; and disability and human services systems, all of which are financed by private and public payors. Initially, individuals with a brain injury may be treated by emergency medical services professionals/technicians, emergency departments or within physicians' offices. Individuals with moderate to severe brain injuries are admitted to a trauma center or another hospital for acute care and receive treatment designed to stabilize the patient and prevent further physical, cognitive and/or emotional damage. The patients generally receive acute rehabilitation and post-acute rehabilitation, which may be provided in residential rehabilitation facilities or hospitals, skilled nursing facilities, or outpatient clinics.

Assisting individuals with brain injury and their families with the navigation of these systems and making service delivery as seamless as possible is challenging. Depending on the severity of injury, age at the time of injury, and disability and health-related conditions, which may emerge over time, requires health care and disability systems to be responsive and adept at providing appropriate and effective services to minimize the results of a TBI-related disability that affect cognitive, behavioral, and physical functioning. Payment systems impact whether individuals receive the treatment and services required.

While private health insurance policies may cover the upfront costs of care, depending on the adequacy of the policy, they generally do not pay for the long-term therapies to maintain functioning or long-term community services and supports to enable the individual to live and work in the community. In more recent years, families have found that once a member with a brain injury is considered "medically stable", they are carted off to a nursing home for recovery – no matter what the age of the individual is. Once there, it is difficult to obtain the necessary cognitive, behavioral and social therapies to help the individual to recover and transition to home and community. States have to cobble funding streams, including Medicaid and state funding, to make community living happen.

Each state now differs as to what is covered under Medicaid. But, all states must cover non-emergency transportation, in-patient hospital services, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for children under age 21, physician services, nursing facility services, outpatient services and home health. Allowing states to choose services provided and who is covered will further result in disparities across the states.

### **In closing**

Our rehabilitative and long-term services and supports systems for individuals with brain injury are fragile now. To change these payor systems will result in less coverage and certainly shifts the burden to states – which are already experiencing budget difficulties to pay for education, infrastructure, and other growing needs. This will likely pit individuals with differing disabilities, children, low-income and aging populations, along with providers, against one another for limited funds.

Therefore, we ask that you please oppose this bill and work towards health care and long-term care systems that will offer the right services at the right time to minimize the results of brain injury. We offer our assistance to help achieve that goal. You may contact Rebeccah Wolfkiel, NASHIA Governmental Relations, at [rwolfkiel@ridgepolicygroup.com](mailto:rwolfkiel@ridgepolicygroup.com); Phone: (202)-480-8901 or Susan Vaughn, NASHIA Director of Public Policy at [publicpolicy@nashia.org](mailto:publicpolicy@nashia.org), if you have any questions or wish further information.