

Brain Injury Access to Rehabilitation Act of 2015 (BIARA)

FACT SHEET – SB 190 (Beall)

Background:

An acquired brain injury (ABI) is an alteration in brain function caused by an external force, vascular, toxic, metabolic, neoplastic or infections cause.

- Over 350,000 Californians live with traumatic brain injury (TBI), a form of ABI.¹
- ER's treated 234,443 Californians in 2012 diagnosed with brain injury, compared to 128,713 Californians in 2006, an 82% increase.
- Reported unemployment rates have varied widely, from 10% to 99%, with most showing only about a 30% return to employment.
- 4% of those diagnosed with TBI at the ER in 2009 were transferred to a psychiatric facility.
- 31,449 Californians were hospitalized in 2012 with TBI, compared to 28,839 in 2006, an almost 10% increase.
- 34% of those who transferred from the ER to an acute care hospital had private insurance.²
- In 2009, 44% of the 193,432 diagnosed in California with traumatic brain injury (TBI) at the ER had private insurance.³

The Impact of Brain Injury:

- Problems with balance & motor skills
- Behavioral issues including impulsivity and assaultive behavior
- Seizures, Respiratory, circulatory, digestive, and neurological diseases
- Cognitive deficits
- Sensory losses
- Epilepsy, Alzheimer's and Parkinson's disease
- Loss of Independence and employment
- Homelessness

Neurological recovery is dependent upon access to a continuum for acute and post acute medical brain injury rehabilitation that is:

- Intensive and of sufficient duration and provided by a highly specialized multidisciplinary team.
- Lifetime cost of care for moderate to severe brain injury can range from \$1 million to well over \$10 million per person.⁶
- Lifetime costs for a person with a severe traumatic brain injury are estimated between \$1 million to \$3.125 million.⁷
- Brain injury related lifetime expenses equals \$44 billion including \$4.5 billion in direct treatment costs and \$20.6 billion in work-loss and disability.⁸

Sponsor:

Brain Injury Association of California

Staff Contact:

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Decrease Costs to the State:

- Denial of appropriate treatment settings⁴ shifts the cost of untreated disability to public health and government assistance programs.
- Appropriate brain injury treatment and recovery saves California \$2 billion in lifetime costs for every 100 patients treated.⁵
- The State will save over \$74 billion annually in lifetime savings by allowing patients with brain injury to be properly treated in the most appropriate treatment settings to reduce disability.

What the Bill Does:

SB 190 will:

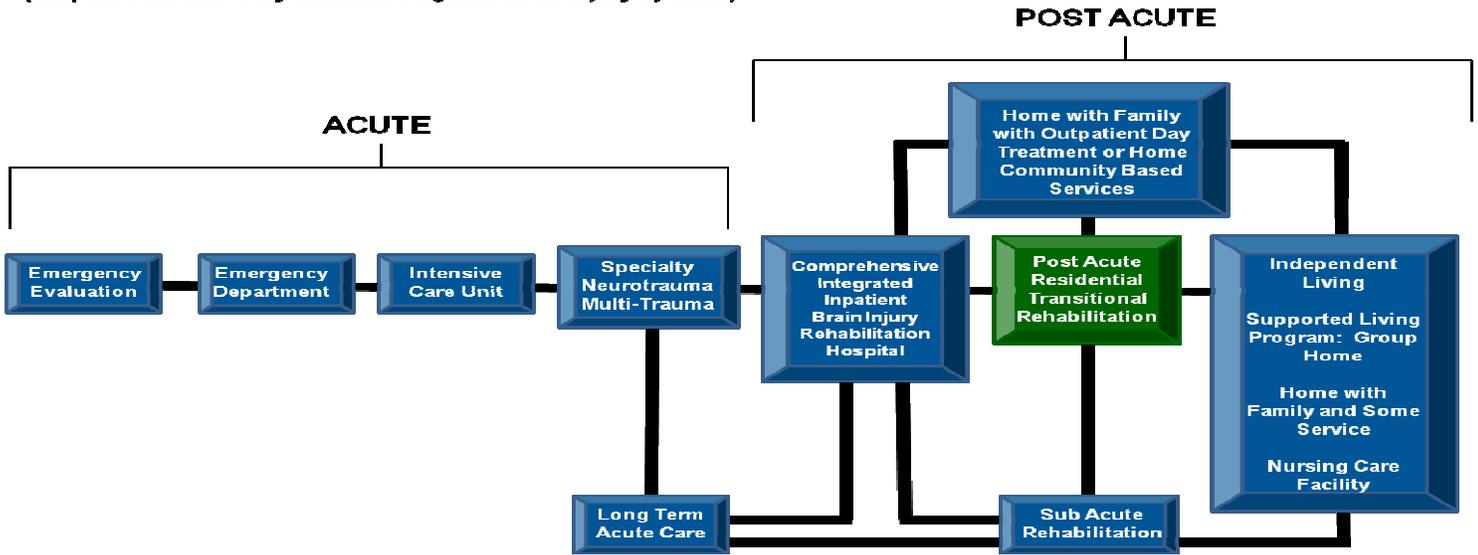
- Require insurance carriers to authorize appropriate rehabilitation following catastrophic brain injury
- Prevent cost shifting by insurance carriers to the public sector for undertreated disability.
- Protect vulnerable Californians and reduce disability, depression, joblessness, homelessness, and suicide after catastrophic brain injury.
- Preserve skilled nursing benefits under most plans.
- Reduce or prevent disease progression after brain injury such as Parkinson's disease, Alzheimer's disease, Multiple Sclerosis or Amyotrophic Lateral Sclerosis.

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CONTINUUM OF CARE

(adapted from the Rocky Mountain Regional Brain Injury Systems)



- ¹ Centers for Disease Control and Prevention
- ² California Department of Public Health, Safe and Active Communities Branch Report
- ³ California Office of Statewide Planning, and Development Emergency Department Data
- ⁴ Brain Injury Association of America
- ⁵ Brain Injury Association of California
- ⁶ Ashley et al, Long-term follow-up of post-actue traumatic brain injury rehabilitation: a statistical analysis to test for stability and predictability of outcome. Brain Injury, 1997: 11(9), 677-690.
- ⁷ Centers for Disease Control
- ⁸ Max, w. MacKenzie, T, Rice, DP. Head injuries: Cost and Consequences. The Journal of Head Trauma Rehabilitation 1991;6:76-91.