



The Brain Injury Access To Treatment Act (BIATA) FACT SHEET – SB 320 (Beall)

Background:

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

- 350,000 Californians live with traumatic brain injury, a form of ABI.¹
- Over 100,000 Californians visit emergency rooms (ER) annually for TBI and 25% do not return to work.
- ER's treated 193,432 Californians in 2009 diagnosed with brain injury, compared to 142,139 Californians in 2007, a 36% increase.
- 4% of those diagnosed with TBI at the ER in 2009 were transferred to a psychiatric facility.
- 30,960 Californians were hospitalized in 2009 with TBI, compared to 21,467 in 2000, a 44% 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:

- Fatigue and headaches.
- Problems with balance or motor skills.
- Sensory losses.
- Cognitive deficits.
- Behavioral issues.
- Seizures.
- Respiratory, circulatory, digestive and Neurological diseases.
- Epilepsy.
- Alzheimer's and Parkinson's disease.
- Loss of Independence.
- Loss of previous levels of functioning.
- Loss of social and intimate relationships.
- Loss of jobs and professions.
- Homelessness.

Increased Costs to the State:

- California addresses brain injury needs through various programs such as, Independent Living Centers, Vocational Rehabilitation, and other Medi-Cal programs, including Home and Community Based Services, Adult Day Care, and Skilled Nursing Facilities.
- Denial of recognized brain injury specialized treatment continuum⁴ results in increased California deficit, by shifting the cost to public health and government assistance programs.
- Appropriate brain injury treatment and recovery in post-acute rehabilitation:
 - Saves over \$2 billion in lifetime costs for every 100 patients treated.⁵
- It is conservatively estimated that 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:

- The BIATA will improve uniform, appropriate access to this proven, specialized continuum of treatment across the state.
- The BIATA will enable proper medical management of injury to the brain consistent with other primary organ systems in more clinically effective and cost efficient settings.
- The BIATA will reduce safety risks and disease consequences for the patient and family.
- Policy language promotes denial of accepted standards of care for brain injury which include highly specialized acute and post acute intensive rehabilitation. The bill will enable people with brain injury to achieve the highest neurological recovery and greatest reduction of disability.
- The BIATA will smooth discharge planning and facilitate a safer return to home for people with ABI.

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



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

- Intensive;
- of sufficient duration;
- appropriate timing to access early intervention;
- provided by a highly specialized multidisciplinary team;
- 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

Treatment of appropriate intensity and duration:

- reduces hospital length of stay and increases functional recovery;
- reduces long-term medical complications and treatment costs;
- improves functional outcomes;
- reduces disability;
- improves vocational outcomes;
- lowers lifetime cost of care.

Inpatient and residential treatment results in a statistically significant increase in:

- functional abilities;
- greater improvement in motor and cognitive skills;
- greater improvement in community integration.

California will be the third state to pass legislation to assist state citizens who have a brain injury to access the full continuum of specialized medical rehabilitation needed to maximize recovery through their insurance.

Impact of Inadequate Access to Treatment to the Brain Injured Person, and Society:

- Cause of more disability and increase in lifetime cost of care.
- Job Loss.
- Medical insurance loss and medical indigence.
- Homelessness.
- Destruction of family.

Lifetime Cost of Care:

- The State will encourage insurance care plan practices that promote clinically effective and cost efficient medical treatment for acquired brain injury.
- This bill will enable more efficient and effective discharge planning at all levels of treatment for people with acquired brain injuries.
- The bill will improve consistency in access to treatment for all people in the state following an acquired brain injury.
- The State will encourage insurance health plan practices that promote maximal disability reduction and neurological recovery following acquired brain injury.
- The State will encourage health care plan practices that ensure people proper, sufficient, and appropriate access to all levels of the established treatment continuum as warranted by their condition.
- This bill will provide that health care service plan contracts and health insurance policies may not deny coverage for medically necessary treatment of acquired brain injuries at any of various types of facilities that are properly licensed and accredited as specified in the bill.

Sponsor:

The Brain Injury Association of California wants to ensure that people who sustain brain injury in California are properly treated to their maximal recovery for their own good and for the financial health of our State.

Staff Contact:

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⁶ Ashley et al, Long-term follow-up of post-acute 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.

