



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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In reply, please refer to:  
File:

**Senate Committees on Health and Commerce and Consumer Protection**

**SB1227, Relating to Health Coverage for Brain Injuries**

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.  
Director of Health**

**February 1, 2013**

1 **Department's Position:** The Department appreciates the intent of this bill.

2 **Fiscal Implications:** The Department defers to DCCA for cost implications.

3 **Purpose and Justification:** Based upon best practice, research, clinical and treatment guidelines the  
4 Department recognizes the efficacy of cognitive rehabilitation for persons that survive brain injury.  
5 There is a growing trend of health plans that provide this coverage. Based upon information obtained  
6 from the Brain Injury Association of America, the state of Texas is the only state that mandates  
7 insurance coverage for cognitive rehabilitation.

8 The Department notes that in 2011 the HMSA began providing coverage for cognitive rehabilitation and  
9 sensory integration therapy and is consistent with other Blue Cross Blue Shield organizations who have  
10 decided to provide coverage without a mandate.

11 Thank you for this opportunity to testify.



NEIL ABERCROMBIE  
GOVERNOR

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TO THE SENATE COMMITTEES ON HEALTH AND  
COMMERCE AND CONSUMER PROTECTION

TWENTY-SEVENTH LEGISLATURE  
Regular Session of 2013

Friday, February 1, 2013  
1:45 p.m.

**WRITTEN TESTIMONY ONLY**

**TESTIMONY ON SENATE BILL NO. 1227 – RELATING TO HEALTH COVERAGE  
FOR BRAIN INJURIES.**

TO THE HONORABLE JOSH GREEN AND THE HONORABLE ROSALYN H. BAKER,  
CHAIRS, AND MEMBERS OF THE COMMITTEES:

My name is Gordon Ito, State Insurance Commissioner (“Commissioner”),  
testifying on behalf of the Department of Commerce and Consumer Affairs  
(“Department”). The Department takes no position on this bill and offers the following  
comments.

The purpose of this bill is to add a new mandated health insurance benefit  
requiring health insurers, hospital and medical services plan, and health maintenance  
organizations to provide health coverage for survivors of brain injuries.

The addition of a new mandated coverage may trigger section 1311(d)(3) of  
federal Patient Protection and Affordable Care Act, which requires states to defray the  
additional cost of any benefits in excess of the essential health benefits of the state’s  
qualified health plan.

Any proposed mandated health insurance coverage requires the passage of a  
concurrent resolution requesting the State Auditor to prepare and submit a report

assessing the social and financial impacts of the proposed mandate, pursuant to Hawaii Revised Statutes § 23-51. Therefore, the Department respectfully requests that section 6 of the bill be amended to require the State Auditor, and not the Department, to report on economic impacts of the expanded coverage on affected insurers.

We thank the Committee for the opportunity to present testimony on this matter.

I am Carl Debo, and I have expressive aphasia from a blood clot and stroke I suffered three years ago.

Before my stroke, I was a practicing attorney and an engineering and robotics teacher. Speaking and writing were everyday skills that I was very good at.

Today my brain no longer allows me to be able to speak easily. And I struggle with reading and writing.

I am now considered disabled because I cannot complete simple reading or writing tasks without assistance on a regular basis. This is hard for me at 56 to accept. I want to be active, and I want to go back to teaching. But I can no longer even turn on a computer and read email.

When I am able to have speech therapy, my therapist pushes me to get stronger and to work hard on regaining skills. But my brain injury does not allow me to keep the relearned ability for very long. I practice at home, but it is not the same positive progress as I experience when I am in speech therapy.

I hope that this bill passes as it is very important for those of us with brain injuries to have some hope for future progress.

Carl Debo

I will be in attendance at the hearing on February 1<sup>st</sup> and would like to read this to you, if I am able to do so.

At the age of 53, my husband, Carl Debo, was an active member of organizations, events and activities on the island of Oahu. For 25 years he was an attorney in private practice as well as with the Attorney General's Office. He was in court every day representing his clients in front of judges in many courtrooms.

Five years ago he left his practice to return to his first love, teaching students. And he was a fantastic teacher of engineering and robotics for students in the 3<sup>rd</sup> through 12<sup>th</sup> grade. In addition, he was the adult in charge of the HECO Electron Marathon competition for Sacred Hearts Academy students and brought our school into the world of robotics when then Governor Lingle challenged schools to join the field of FIRST robotics, including LEGO's, VEX and FRC competitions here and on the mainland.

So when a ruptured carotid artery caused a 4 cm blood clot and subsequent stroke in December of 2009, his world, and our family's, came to a standstill. We were on the mainland visiting family when this tragedy took place. After six weeks of stays in ICU, inpatient rehab, outpatient rehab and a dozen CAT scans, the neurologist allowed us to return home to Oahu.

Carl is lucky to be alive as no one in the medical world we dealt with on the mainland thought he would survive such a catastrophic event. He beat the odds, and while he has no lingering physical problems, he can no longer work because of his Expressive Aphasia. This condition makes it extremely difficult for Carl to communicate in verbally or in writing. Something as simple as reading email is no longer possible for him.

We have taken advantage of every opportunity for Carl to attend speech therapy. Even though it has been three years since the incident, there is a marked improvement in his abilities when he receives the therapy. Due to insurance requirements, the number of opportunities he has for speech therapy is very limited. Once the therapy sessions are over, we do all we can at home to continue his forward progress, but it is never the same as when he gets to attend speech therapy.

At 56, he is no longer able to be employed in any occupation due to his extreme verbal and written communication difficulties. We are working with our new lifestyle, but I can tell you that when he has support from professionals, our existence is a little easier because his self-confidence and ability to communicate with his family and his community is more positive. Please help us to make him an even more productive member of society.



Linda M. Debo

To our Distinguished Senators,

I serve as President and CEO of Rehabilitation Hospital of the Pacific, the only acute inpatient rehabilitation hospital in the state of Hawaii. I am also a board-certified physician specializing in Physical Medicine and Rehabilitation, and have spent nearly 25 years caring for persons who have suffered serious illnesses and injuries. In my role as an advocate for my patients and the patients needing care at REHAB I am writing to urge you to support Senate Bill 1227 "Relating to Health Coverage for Brain Injuries" (SB 1227). Under SB 1227 certain insurance contracts and plans will be required to provide coverage for survivors of brain injuries, including cognitive and neurocognitive therapy, neurobehavioral and neuropsychological testing or treatment, and necessary post-acute transition services or community reintegration activities for a period of at least six months from the date the injury occurred.

Traumatic Brain Injury (TBI) is a significant medical and societal problem in the US. The Centers for Disease Control estimate that each year an estimated 1.7 million people sustain a TBI. TBI is a contributing factor to nearly a third of all injury-related deaths in the United States. Almost half a million emergency department visits for TBI are made annually by children aged 0 to 14 years. Current estimates suggest that approximately 3.2-5.3 million persons (1.1%-1.7% of the U.S. population) live with long-term disabilities that result from an injury to the brain. The annual economic cost of TBI in the United States, including direct medical and rehabilitation costs and indirect societal economic costs, is estimated to be \$60 billion.

In Hawaii, the CDC reports that 1,482 residents were hospitalized with TBI in 2006 (the latest year with available data). This equates to a rate of TBI of 109 injuries per 100,000 residents, the second highest rate in the US. 87% of these injuries were non-fatal, resulting in significant residual physical and cognitive disabilities. Survivors of TBI require comprehensive and coordinated care including cognitive, neurobehavioral and neuropsychological therapies to maximize their recovery and allow them to return to the community.

In 2011 the Committee on Cognitive Rehabilitation Therapy for Traumatic Brain Injury of the prestigious Institute performed an exhaustive review of the use of cognitive therapy. In their conclusion, they stated unequivocally that *"the committee supports the ongoing clinical application of CRT interventions for individuals with cognitive and behavioral deficits due to TBI"*. The Brain Injury Association of America, the American Speech Language and Hearing Association, the American College of Rehabilitation Medicine and other prominent organizations have voiced their support for cognitive therapy in the treatment of TBI. Despite the benefits of cognitive and neurocognitive therapy, neurobehavioral and neuropsychological testing or treatment, and post-acute transition services or community reintegration activities, many insurance payers deny coverage for these services for the victims of brain injury.

The failure of insurance companies to pay for these necessary services has prompted political action at both the state and federal level. Prominent political leaders have supported the use of cognitive rehabilitation, including then-Senator Barack Obama. In his August 2008 letter to Defense Secretary Robert Gates, the President wrote "Cognitive Rehabilitation is a proven regime of medical and therapeutic services designed to improve brain functioning...Timely treatment of cognitive dysfunction is

vital to the recovery process, as it impacts personal safety, functional independence, productive living, psychological health and social interaction.” This statement was co-signed by nine of the Pres. Obama’s Senatorial colleagues including Sens. Hillary Clinton, John Kerry, and Edward Kennedy.

I urge our leaders in Hawaii to emulate the example of our national leaders. Support for SB 1227 will ensure that Hawaii’s residents have access to the care that they need following traumatic brain injury. Thank you for your attention, and for your public service.

Sincerely,

Timothy J Roe, MD MBA FAAPMR

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**Subject:** \*Submitted testimony for SB1227 on Feb 1, 2013 13:45PM\*  
**Date:** Wednesday, January 30, 2013 6:27:11 AM

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SB1227

Submitted on: 1/30/2013

Testimony for HTH/CPN on Feb 1, 2013 13:45PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Leolinda Parlin	Family Voices/Hilopa'a F2FHIC	Support	No

Comments:

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