



STATE SENATE

COMMITTEE ON WAYS AND MEANS

FEBRUARY 26, 2014, 9:15 am

STATE CAPITOL, CONFERENCE RM. 211

Testimony in support of

SB 1227 SD1, Relating to Health Coverage for Brain Injuries

TO COMMITTEE CHAIR DAVID IGE, VICE CHAIR MICHELLE KIDANI, AND MEMBERS OF THE COMMITTEE:

My name is Lyna Burian, and I am offering written testimony in support of SB 1227 SD1, which requires insurers, hospital and medical service plans, and health maintenance organizations 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 re-integration activities.

My son sustained a brain injury twenty years ago, and since then I have personally seen the lack of affordable post-acute services and community re-integration activities for this underserved group of people in Hawaii. Health insurance usually takes care of acute and critical care, but after that, one is left to fend for himself or herself. Brain injury changes not only the life of the individual completely, but the lives of his/her family members as well. Depending on what part of the brain gets injured, the individual may suffer physical, cognitive or behavioral problems, and what is so sad about it is that very few affordable rehabilitative services are available for survivors after the initial acute care phase.

It has been proven that consistent cognitive rehabilitation improves the brain injury survivor's cognition and capabilities. Research studies have been done on the Mainland that proves the effectiveness of some types of cognitive therapy. Right now, this type of therapy is not covered by health insurers in Hawaii, and most survivors cannot afford the cost. SB 1227 SD1 will change that. I urge you to pass SB 1227 SD1. I truly believe that it will help improve the quality of life of people with brain injuries. Thank you for this opportunity to give my testimony.

Respectfully submitted,

Lyna O. Burian, Parent

SB1227

LATE

Assessment of Proposed Mandatory Health Insurance for Cognitive Rehabilitation

A Report to the
Governor
and the
Legislature of
the State of
Hawaii

Report No. 04-11
November 2004



THE AUDITOR
STATE OF HAWAII

The Office of the Auditor

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2. *Management audits*, which are also referred to as *performance audits*, examine the effectiveness of programs or the efficiency of agencies or both. These audits are also called *program audits*, when they focus on whether programs are attaining the objectives and results expected of them, and *operations audits*, when they examine how well agencies are organized and managed and how efficiently they acquire and utilize resources.
3. *Sunset evaluations* evaluate new professional and occupational licensing programs to determine whether the programs should be terminated, continued, or modified. These evaluations are conducted in accordance with criteria established by statute.
4. *Sunrise analyses* are similar to sunset evaluations, but they apply to proposed rather than existing regulatory programs. Before a new professional and occupational licensing program can be enacted, the statutes require that the measure be analyzed by the Office of the Auditor as to its probable effects.
5. *Health insurance analyses* examine bills that propose to mandate certain health insurance benefits. Such bills cannot be enacted unless they are referred to the Office of the Auditor for an assessment of the social and financial impact of the proposed measure.
6. *Analyses of proposed special funds* and existing *trust and revolving funds* determine if proposals to establish these funds are existing funds meet legislative criteria.
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8. *Fiscal accountability reports* analyze expenditures by the state Department of Education in various areas.
9. *Special studies* respond to requests from both houses of the Legislature. The studies usually address specific problems for which the Legislature is seeking solutions.

Hawaii's laws provide the Auditor with broad powers to examine all books, records, files, papers, and documents and all financial affairs of every agency. The Auditor also has the authority to summon persons to produce records and to question persons under oath. However, the Office of the Auditor exercises no control function, and its authority is limited to reviewing, evaluating, and reporting on its findings and recommendations to the Legislature and the Governor.



THE AUDITOR

STATE OF HAWAII

Kekuanao'a Building
465 S. King Street, Room 500
Honolulu, Hawaii 96813

OVERVIEW

Assessment of Proposed Mandatory Health Insurance for Cognitive Rehabilitation

Report No. 04-11, November 2004

Summary

We assessed the social and financial impacts of mandating insurance coverage for cognitive rehabilitation services for those with traumatic brain injury, pursuant to Sections 23-51 and 23-52, Hawaii Revised Statutes (HRS). The Legislature requested this assessment through Senate Concurrent Resolution No. 37.

Broadly defined, traumatic brain injury is an injury to the brain from externally inflicted trauma. Traumatic brain injury often results in an impairment of cognitive abilities or physical functioning. Cognitive and behavioral deficits, as opposed to motor impairments, account for the greatest share of long-term disability, financial dependence, and family distress for those with chronic injuries. Therefore, there is general agreement among psychologists that cognitive rehabilitation is an important component of treatment for traumatic brain injury survivors.

Cognitive rehabilitation refers to a variety of intervention strategies or techniques that attempt to help patients reduce, manage or cope with cognitive defects caused by brain injury. These cognitive impairments may include: impaired memory or retrieval of information, impaired comprehension, slow thought processing, reduced attention span, difficulty understanding cause and effect, inability to prioritize thoughts or determine the main idea, difficulty following a schedule, and misunderstanding or misperceptions of abstract, conceptual, or complex information. Cognitive rehabilitation strategies are comprised of tasks designed to retrain the individual or alleviate problems caused by deficits in attention, visual processing, problem solving, executive functions, memory, language, and reasoning skills.

Until 2000, Hawaii residents with traumatic brain injury received cognitive rehabilitation at the Hawaii State Hospital but budget constraints eliminated that program in 2000. Subsequently, one of the discontinued program's doctors opened his own clinic to provide these services, often as charitable work. Then that doctor died, and services are no longer readily available to traumatic brain injury survivors. Noting the lack of services, long rehabilitation process for traumatic brain injury patients, and the lack of coverage by some health benefit plans, the 2004 Legislature expressed concern about the situation.

While proponents feel there is no doubt about cognitive rehabilitation's effectiveness, our review found that more conclusive information is needed before mandated health insurance requirements are enacted. Current literature indicates scientific studies are on-going, and existing studies have not definitively determined the efficacy of cognitive rehabilitation for traumatic brain injuries. Much of the

research has been largely anecdotal. Definitive scientific studies are still in their infancy, and part of the problem with existing studies is the lack of a standard definition for cognitive rehabilitation.

According to an official at the State Department of Health, there is currently no standard operational definition of cognitive rehabilitation. According to the National Academy of Neuropsychology, despite difficulties inherent in the measurement and definition of cognitive rehabilitation, some techniques apparently have improved the quality of life and functional outcomes of brain injury patients; however, there remains a need for more evidence-based work to further define and tailor cost-effective cognitive rehabilitation treatment.

In addition to the lack of more conclusive studies, conflicting survey results from consumers and insurance companies led us to conclude that the social and financial impact of health insurance coverage for cognitive rehabilitation for traumatic brain injury cannot be determined at this time. We received responses from 14 consumer groups and five insurance companies. The three labor unions that responded expressed no overall position since their members have not expressed an interest in coverage, and they had no data to report.

An example of a conflicting response is in the area of the level of public demand for the treatment or service. For the most part, consumers indicated a moderate to significant demand for services, while insurers indicated little to no demand. Insurers estimated there would be zero to about 100 patients a year, but one insurer stated that the uncertain definition of cognitive rehabilitation makes it difficult to identify which specific services would be included. Two consumers indicated that specific demand numbers were not available.

Recommendations and Response

We did not make any recommendations.

Both the Departments of Commerce and Consumer Affairs and Health opted not to provide responses.

Marion M. Higa
State Auditor
State of Hawaii

Office of the Auditor
465 South King Street, Room 500
Honolulu, Hawaii 96813
(808) 587-0800
FAX (808) 587-0830