

Key Findings:

Analysis of California Senate Bill SB 190 Acquired Brain Injury

Summary to the 2015–2016 California State Legislature, April 2015



AT A GLANCE

Senate Bill SB 190 (introduced February 2015) would require coverage for a coordinated and particularly comprehensive service set, post-acute residential transitional rehabilitation services (PARTRS), for persons with acquired brain injury (ABI).

- **Enrollees covered.** CHBRP estimates that in 2016, 17.1 million Californians will have state-regulated health insurance that would be subject to Senate Bill SB 190.
- **Impact on expenditures.** Expenditures would increase by 0.16%, due to projected shifts in utilization among persons with ABI from other post-acute rehabilitation services to PARTRS.
- **EHBs.** Because PARTRS is *residential* and because the *residential* aspects of habilitative and rehabilitative essential health benefits (EHB) requirements are unclear, it is unclear whether SB 190 would exceed EHBs.
- **Medical effectiveness.** There is a preponderance of evidence that PARTRS is associated with outcome improvements for persons with ABI. However, there is insufficient evidence to state that PARTRS results in different outcomes than other post-acute rehabilitation services. Note: insufficient evidence is not evidence of no effect.
- **Benefit coverage.** Premandate, all enrollees with ABI have coverage for post-acute rehabilitation services, but not all have coverage for PARTRS. Postmandate, all enrollees would have coverage for PARTRS.
- **Utilization.** Postmandate, among persons with moderate-to-severe ABI who gain coverage for PARTRS, utilization by 2,500 patients would shift from post-acute skilled nursing facility (SNF)-based or outpatient services to PARTRS.
- **Public Health.** Because a shift but no additional rehabilitation is projected and because there is insufficient evidence of greater medical effectiveness for PARTRS than for the other post-acute rehabilitation services, no change in health outcomes can be projected.

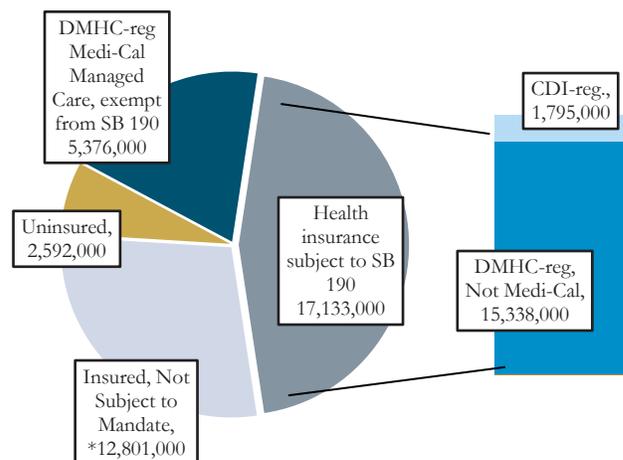
ACQUIRED BRAIN INJURY

Acquired brain injury (ABI) is a rapid onset brain injury occurring after birth. ABI excludes congenital disorders, developmental disabilities, or processes that progressively damage the brain. ABI is most frequently associated with stroke or traumatic brain injury (TBI). ABI ranges in severity, from mild concussion (requiring little or no treatment) to impairment to coma to death. Impairments suitable for rehabilitation treatment may include: physical symptoms (physical disabilities from weakness, impaired coordination, or spasticity); cognitive abilities (thinking, memory, reasoning); issues around sensory processing and/or communication; mental or behavioral health (depression, anxiety, personality changes, aggression, social inappropriateness). Acute and post-acute rehabilitation outcomes range from complete restoration of pre-injury function to permanent, severe disability.

BILL SUMMARY

As illustrated in Figure 1, SB 190 would affect the health insurance of 17.1 million Californians.

Figure 1. Health Insurance in CA and SB 190



* Medicare, veterans, self-insured plans, etc.

Source: California Health Benefit Review Program, 2015.

The number of persons with ABI among persons with health insurance subject to SB 190 is less than might be expected because age interacts with both health insurance status and the two most common sources of ABI, stroke and TBI. Stroke is most common among persons over 65 years of age, and Medicare is not subject to state-level benefit mandates. TBI is most common among younger persons, who are over-represented among Medi-Cal beneficiaries, whose health insurance is exempt from SB 190.

For persons with ABI with health insurance subject to SB 190, the mandate would require coverage for post-acute residential transitional services (PARTRS). The bill defines PARTRS as a comprehensive set of services delivered to persons who have been discharged from an acute hospital stay (so “post-acute”). PARTRS is a coordinated form of care, as are most “residential” forms of rehabilitation. SB 190 defines PARTRS as inclusive of a combination of physical/occupational/speech/respiratory therapy, prosthetic/orthotic services, rehabilitation nursing, and neuropsychology and psychology services. Some or all of the elements of PARTRS may be available through other post-acute rehabilitation services, such as skilled nursing facility (SNF)-based and outpatient. However, rehabilitation nursing and neuropsychology are not commonly available in other post-acute rehabilitation services.

SB 190 would also require that terms and conditions for PARTRS coverage be in parity with other benefit coverage and SB 190 would prohibit exclusion of adult residential facilities as PARTRS providers due to their licensure.

IMPACT OF SB 190

CHBRP found no evidence of terms and conditions for PARTRS coverage not being in parity with terms and conditions for other benefit coverage and so assumes the related SB 190 requirement would have no direct impact. CHBRP also found that adult residential facilities could be excluded for reasons other than licensure, and so projects no direct impact from SB 190’s related prohibition.

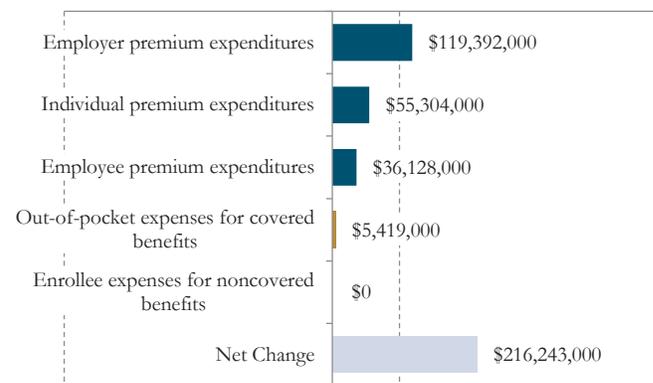
CHBRP found that coverage of PARTRS is not universal among persons with health insurance subject to SB 190 and so projects that 83% of these enrollees would gain benefit coverage. Because these enrollees already have coverage for other post-acute rehabilitation services (outpatient and SNF-based), CHBRP projects a utilization shift among enrollees with ABI who gain PARTRS

coverage, but not an increase in over-all utilization of post-acute rehabilitation services. CHBRP assumes that persons with moderate-to-severe ABI who qualify for PARTRS and who gain PARTRS coverage were already using one of the other post-acute rehabilitation services. Therefore, CHBRP projects a utilization shift—greater use of PARTRS and less use of SNF-based and outpatient rehabilitation services by 2,500 enrollees with new benefit coverage and ABI—but no greater overall use of post-acute rehabilitation.

Because the unit cost for PARTRS is higher than the unit cost for SNF-based and outpatient rehabilitation services, CHBRP projects an increase in expenditures (premiums and enrollee expenses for covered services—a.k.a. cost sharing) as a result of the utilization shift (see Figure 2).

Because the number of persons with moderate-to-severe ABI annually qualifying for PARTRS is limited and because facilities that are PARTRS-ready or near-PARTRS-ready exist, CHBRP expects that persons with new benefit coverage would find a facility providing PARTRS.

Figure 2. SB 190 Postmandate Expenditure Changes



Medical Effectiveness and Public Health Impacts

CHBRP finds insufficient evidence to suggest that a switch to PARTRS from other post-acute rehabilitation services would change health outcomes. Note: insufficient evidence is not evidence of no effect.