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*A blow or jolt to the head can result in a traumatic brain injury (TBI), which can disrupt the function of the brain.<sup>1</sup>*

*Each year in the United States, an estimated 1.4 million people sustain a TBI,<sup>2</sup> and 80,000 to 90,000 people experience the onset of long-term disability associated with a TBI.<sup>3</sup>*

*Direct medical costs and indirect costs (such as lost productivity) of TBI totaled an estimated \$56.3 billion in the United States in 1995.<sup>4</sup>*

## Medicaid, Title XIX of the Social Security Act

The Medicaid program covers 52 million Americans, including individuals with disabilities and traumatic brain injuries. Under the program, individuals with traumatic brain injury who are Medicaid eligible receive federally mandated services, including inpatient and outpatient hospital care, physician services, medical care and nursing home care for individuals age 21 and older. Individuals with traumatic brain injury may also be eligible to receive prescription drugs, rehabilitation services, therapies, prosthetic devices, hearing aids, and dental care, depending on optional services that are offered in a state.

In addition, many states offer some level of home and community-based long-term care services for eligible individuals, including personal care, case management, and home health services. In 1991, the Centers for Medicare and Medicaid Services (CMMS) developed a home and community-based Medicaid waiver prototype for individuals with traumatic brain injury to support individuals with traumatic brain injury to live in the community. Waiver services may include case management, personal care services, respite care, adult day health services, homemaker, home modifications, and therapies.

### *Why We Need Medicaid*

- Medicaid covers people who cannot obtain private health coverage, including individuals with traumatic brain injury -- people whom private insurers generally do not cover.
- Medicaid provides health care services people need, such as preventive care, vision and dental care. Medicaid is very often the only source of access to essential prescription drug coverage for individuals with disabilities. And, it provides assistive technology devices, rehabilitation and durable and medical equipment, such as wheelchairs, for people with disabilities.
- Medicaid is the primary public source of funding for long-term services and supports for people with disabilities of all ages. It is the largest funder of state and local spending on disability services in the country.
- Medicaid helps protect families who lose private coverage when they become unemployed or because their employers drop coverage, thus preventing larger increase in the uninsured population.
- Medicaid fills in gaps in Medicare coverage for services such as long-term care, which Medicare does not cover. This makes Medicare affordable for low-income seniors and some people with disabilities. More than 40 percent of Medicaid spending goes to Medicare beneficiaries, providing services that Medicaid covers but Medicare does not.
- Medicaid supports work. Medicaid ensures that low-income families do not have to leave their jobs and go on welfare to obtain health care coverage.

(taken from Why Medicaid Works, developed by Center on Budget and Policy Priorities, January 2005.)

## *Current Threats to the Medicaid Program*

The President's FY 2006 budget proposal includes \$60 billion in cuts to the Medicaid Program over 10 years. The budget recommendations also include over \$15 billion in new Medicaid spending, so that the net spending cut in the program equals \$45 billion over 10 years. If enacted, these cuts will make deep reductions in provider payments and will reduce coverage for millions of recipients.

These actions shift enormous costs to the states, adding to the financial burden that states are already experiencing.

As a result, many individuals with traumatic brain injury, seniors, children, and the sickest people receiving Medicaid benefits **will be devastated by a loss of health coverage and reduced services.**

Over the long-term, the budget proposes to give states more flexibility to tailor their Medicaid programs to create a "more sustainable cost structure." This would give states unlimited discretion to limit access to health and long-term services and supports, including optional services that individuals with traumatic brain injury may need. Optional services for many individuals with disabilities, such as prescription drugs, are often very critical.

While many critics argue that Medicaid costs are too high, Medicaid per capita growth has been consistently about half the rate of growth in private insurance premiums. Compared to private health programs, Medicaid also has far lower administrative costs (The Kaiser Commission on Medicaid and the Uninsured, January 2005).

### *In general:*

- ♦ Private health insurance is not an option for individuals with traumatic brain injury who are financially eligible for Medicaid
- ♦ Private insurers often exclude individuals with disabilities and chronic illnesses
- ♦ Private insurers usually exclude long-term rehabilitation, long-term care, and community support services that are often essential services for individuals with traumatic brain injury
- ♦ Medicaid provides a safety net for those who fall into poverty or lose their private health insurance
- ♦ Medicaid "optional" benefits are, in reality, mandatory disability services for the children and adults who need them.
- ♦ Any cuts in the Medicaid program will reduce or eliminate the critical benefits that vulnerable Americans -- low income children, parents, seniors, and people with disabilities -- receive.
- ♦ In the long run health care costs may increase, because patients may seek more costly emergency treatment.

## *Brain Injury Advocates Urge Congress to Act*

- ♦ The Brain Injury Association of America, National Association of Protection and Advocacy Systems, and the National Association of State Head Injury Administrators, along with over 250 national, State and local organizations, urge Congress to **oppose** any proposals that would cap or cut the Medicaid program expenditures.

Brain Injury Association of America (703-761-0750)  
National Association of State Head Injury Administrators (301-656-3500)  
National Association of Protection and Advocacy Systems (202-408-9514)



<sup>1</sup>Centers for Disease Control, Injury Prevention, Traumatic Brain Injury - Fact Sheet, 6/1/2004.

<sup>2</sup>Langlois et al. 2004.

<sup>3</sup>Thurman D, Alverson C, Dunn K, Guerrero J, Sniezek J. Traumatic brain injury in the United States: a public health perspective. *J Head Trauma Rehabil* 1999;14(6):602-15.

<sup>4</sup>Thurman D. The epidemiology and economics of head trauma. In: Miller L, Hayes R, editors. *Head Trauma: Basic, Preclinical, and Clinical Directions*. New York (NY): Wiley and Sons; 2001.