

REVENUE: No revenue impact

FISCAL: Minimal fiscal impact, no statement issued

Action: Do Pass
Vote: 5 - 0 - 0
Yeas: Bates, Kruse, Morrisette, Morse, Monnes Anderson
Nays: 0
Exc.: 0
Prepared By: Robert Shook, Administrator
Meeting Dates: 3/17, 4/16

WHAT THE MEASURE DOES: Requires health benefit plan to provide coverage of medically necessary treatment for traumatic brain injury, and adds orthotic and prosthetic devices to lists of required coverage.

ISSUES DISCUSSED:

- Small business health benefit plans
- Prosthetic devices payment requirements
- Definition of medically necessary therapy

EFFECT OF COMMITTEE AMENDMENT: No amendment.

BACKGROUND: Traumatic brain injury (TBI) is a complex injury with a broad spectrum of symptoms and disabilities. The impact on a person and their family can be devastating. The number of people with TBI is difficult to assess accurately; however, it is estimated that approximately 5.3 million people in the U.S. live with disabilities caused by a TBI each year. The causes of TBI are diverse, but the top three causes are vehicle crashes, firearms and falls. Young adults and the elderly are the age groups at highest risk for TBI.

People with moderate or severe brain injuries may require weeks or months of therapies to regain previous levels of functioning or to learn ways to compensate for impairments. In addition, these patients may require intermittent episodes or short periods of rehabilitation for years in order to continue to progress in function or to address a decline in function. The burden for treatment of TBI often falls on publicly-funded programs, rather than through traditional health insurance benefit plans.

Senate Bill 381 addresses the lack of benefit plan coverage for TBI-related injuries requiring insurers to include coverage for injuries sustained by TBI. It also adds orthotic and prosthetic devices to the list of required coverage for health care service contractors and multiple employer arrangements.