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**2021 Legislative Agenda Ideas**

*(phrases in bold blue italics will be how the items are referenced in our discussion)*

**BILLS**

* + 1. Durable Medical Equipm*ent* ***(DME)*** in nursing facilities: When a person with a chronic condition (like spinal cord injury, traumatic brain injury, stroke, etc.) is prescribed appropriate equipment to meet their daily needs and resides in a facility including a skilled nursing facility, Virginia Medicaid will NOT pay for the prescribed equipment. Advocates are seeking a bill to overturn a statute in law that specifically prohibits residents of skilled nursing facilities receiving complex rehabilitative and seating technology.
    2. ***Cog Rehab*:** Both Massachusetts and Texas have passed bills requiring insurers to pay for cognitive rehabilitation as a stand-alone service, not dependent on “medical necessity”
       1. MA bill: Key components of the bill, which are intended for commercial health benefit plans only, are:
          1. Plans can not include any life time limitation or unreasonable annual limitation on the number of days for acute and post-acute care.
          2. The health benefit plan must also include coverage for reasonable expenses for periodic reevaluation.
          3. The health benefit plan must provide adequate training to personnel responsible for preauthorization of coverage or utilization review in order to prevent denial of coverage.
          4. Expansion of coverage to include individual practitioners and treatment facilities qualified to provide acute and post-acute care.
       2. TX Bill: A health benefit plan may not include any lifetime limitation on the number of days of acute care treatment covered, and required coverages must include:
          1. Cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy and rehabilitation, neurobehavioral, neurophysiological, neuropsychological, and [or] psychophysiological testing and [or] treatment, neurofeedback therapy, and remediation required for and related to treatment of an acquired brain injury.
          2. Post-acute transition services, [or] community reintegration services, including outpatient day treatment services, or other post-acute care treatment services necessary as a result of and related to an acquired brain injury.
    3. ***Neurorehab plan*:** Done by Maine in 2011. Would require the development of a comprehensive neurorehabilitation service system designed to assist, educate and rehabilitate persons with brain injury to attain and sustain the highest function and self-sufficiency possible using home-based and community-based treatments, services and resources

**BUDGET AMENDMENTS**

* + 1. $860,000 - create *a* ***“Housing Specialist***” position at each state funded community based BI program to work with local housing providers, provide independent housing supports and/or assist clients to obtain and maintain safe and stable housing.
    2. $20,000 – Ensure the inclusion of brain injury specific question on the Behavioral Risk Factor Surveillance Survey ***(BRFSS)*,** a telephone based survey of health behaviors conducted annually by the Virginia Department of Health
    3. Program Expansion - Amount needed will depend on services; ideas include:
       1. ***Case Management****:*
          1. In currently unserved areas of Virginia (Middle Peninsula/Northern Neck, southern border of the state from Martinsville to Suffolk)
          2. Pediatric program (Harrisonburg; possibly Richmond, Charlottesville, or others?)
          3. As part of Medicaid state plan option
       2. ***Other Support Services:*** 
          1. Caregiver support (e.g. respite, education /training needs, paid caregiving roles for family members
          2. Transportation assistance (e.g. programs purchasing vehicles, vouchers)
       3. ***Waiver:***
          1. Service category additions to ***CCC+*** ***waiver*** (Medicaid managed care program) - Get certain supports available under other waivers added to the menu of currently available CCC+ supports and have them be limited for people with brain injury (e.g. residential supports, respite funding, therapy services)
          2. Fund a pilot ***neurobehavioral waiver*** – Establish a continuum of services that would allow repatriation of person out of state and provide long-term intensive treatment for person with behavioral challenges and facilitate their return to the community living settings.
       4. American Rescue Plan Act ***(ARPA)*** Act
          1. Will bring about $4 billion in funds to Virginia for non-recurring expenses related to COVID recovery.
          2. The General Assembly is coming holding a Special Session in August to decide how to spend the money.
          3. State agencies have submitted their ideas, and there may be some things BIAV would like to advocate for:

***IT***infrastructure - We’d like to see something that ensures better, easier data sharing between agencies to inform and impact policy development and planning, and make the reimbursement process easier and less time-consuming.

***Caregiver supports*** – Rather than asking for recurring funding, we could ask for the same things as above for 3 years; conduct as pilot program.

Assistive Technology ***(AT)*** - Provide AT to persons with brain injury for the purpose of mitigating isolation, building social connection and increasing access to information and resources.

***Housing Supports*** - Rather than asking for recurring funding, we could ask for the same things as above for 3 years; conduct as pilot program.