

Senate Memorial 30 Report



Presenters:

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SM 30

- *Now, therefore, be it resolved by the Senate of the State of New Mexico that the Governor's Commission on Disability be requested to conduct a study on the feasibility of:*
 - *A. requiring health insurance coverage to provide a continuum of health care, therapeutic services and job development services that individuals living with brain injuries and related conditions require for recovery and maximum independence; and*
 - *B. establishing a brain injury registry to track the occurrence, functional outcome and effectiveness of brain injury treatment*



SM 30 Working Group

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- Michael Langford, CBIS, Division Director, ARCA NeuRoads
- Miryam Miller, MD, Associate Professor, UNM Department of Emergency Medicine
- Tosin Ogunmayowa, PhD, Senior Injury Epidemiologist, New Mexico Department of Health
- Mark Pedrotty, PhD, President, Brain & Body Rehabilitation Psychotherapy, LLC; Treasurer, Brain Injury Alliance of New Mexico; Professor Emeritus UNM Pediatrics
- Davin K. Quinn, MD, Professor, UNM Department of Psychiatry and Behavioral Sciences
- Martha Quintana, Deputy Director, New Mexico Public Schools Insurance Authority
- Jessica Richardson, PhD, CCC-SLP Associate Professor, UNM Department of Speech and Hearing Sciences
- Bill Shuttleworth, PhD, Center for Brain Recovery and Repair and Department of Neurosciences, School of Medicine
- Gail Starr, RN, Albuquerque SANE Collaborative
- Emily Stern, MFA, Person Living With a Brain Injury and JEDI Coordinator, New Mexico Early Childhood Education and Care Department (ECECD)
- Tallie Tolen, Long Term Services and Supports Bureau Chief, HSD
- Rachel Wexler, Acting Injury and Behavioral Epidemiology Bureau Chief, New Mexico Department of Health

The Lived Experience of Persons with Brain Injury

WHAT IS IT LIKE to live with a TRAUMATIC BRAIN INJURY?

“ It is hard to explain to people that just because I look the same, doesn't mean I am. ”

“ I try to stay strong and take each day at my own pace. ”

“ No matter how hard each day is, now I truly know how strong I am. ”



GIVE A VOICE TO BRAIN INJURY >> www.facebook.com/cdheadsup



- Anyone can get a brain injury!
- Every 15 seconds someone gets a TBI (Upenn.edu)
- Every 40 seconds someone is having a stroke
- Several groups have more brain injuries than the typical group (12% of population)
- Children have the highest rate of ED visits for TBI than of all age groups. TBI can disrupt a child's development. (CDC)
- Estimated incidence of pediatric TBI is 691 per 100,000
- 6.8% of children had even had symptoms of a concussion or brain injury in their lifetime (CDC)
- 62% of children with moderate-to-severe TBI experienced disability, compared to 14% of children with mTBI (CDC)
- Homeless have 50% more TBI with 25% have moderate to severe TBI (Ang et al. 2021; everydayhealth, 2019)
- Incarcerated have 30% more TBI, women as high as 78% (Smith & Rushworth, 2022)
- 3 out of 4 women (75%) have suffered a TBI by their abusive partner, with 50% of them suffering more than one TBI, including strangulation – making it an epidemic in this population (Valera et al, 2018)
- Increased occurrence in behavioral health and substance use groups
- Twice as many adults with IDD than without IDD
- Elderly are at higher risk due to falls, MVA and if on blood thinner medication (e.g. Plavix, coumadin, & aspirin).
- Veterans, including from explosive devices

Who Gets Brain Injuries

- **In NM about 369,319 adults (25%) have had a TBI with loss of consciousness and 59,091 (4%) need services for TBI.** (Whiteneck, 2019). 40% of adults have had a TBI (Whiteneck et al., 2016)
- In NM middle and high school students, the risk of concussion was higher in physical education than in sports (Campbell et al., 2018).
- mTBI accounts for most (70-90%) TBI-related ED visits
- An estimated 40% of concussions continue to have symptoms post one year injury
- Important to identify signs and symptoms of brain injury.
- Important to quickly get medical care when needed.
- Important to NOT BE FOOLED by signs and symptoms that are similar to other conditions when there is a chance that a brain injury occurred.
- Important to break the silence, talk about brain injury, ask questions, find out what a person needs, and get/give the help that is needed.
- Important to provide hope and compassion.
- Important to prevent brain injuries as much as possible, including repeat brain injuries.
- Important to advocate for accommodations in schools for children with brain injuries.
- TBI is considered by the CDC to be a chronic medical condition that requires life long care.



Key Findings and Recommendations

- *Recommendation #1*: A well-established, evidence-based and best practices system of care for brain injury should form the basis for recommendations regarding brain injury services.
- *Recommendation #2*: Formally adopt an evidence-based and best practices brain injury system of care to increase access to services, reduce disability, improve the quality of life of its citizens, and reduce costs to the state.
- *Recommendation #3*: Recognize brain injury as a public health issue as serious as opiate use and obtain accurate data about brain injury-related disability in New Mexicans.



Key Findings and Recommendations

- Recommendation #4: Improve the components not well established in the current system of care for brain injury, through the following:
 - 1) Train a brain injury informed workforce;
 - 2) Establish a dedicated neurorehabilitation facility for children and adults;
 - 3) Support a Brain Injury ECHO program to improve access to care, training, and specialists;
 - 4) Provide services and supported housing specifically for persons living with brain injury;
 - 5) Establish a clear, convenient access hub or brain injury system framework.
 - 6) Establish a continuum of care that enhances current acute care through step-down inpatient and outpatient services for children and adults.



Key Findings and Recommendations

- Recommendation #5: Defer seeking to change Medicare or commercial insurance coverage of brain injury care at this time.
- Recommendation #6: Create and designate a Medicaid Brain Injury Waiver program, staffed by personnel who are trained and knowledgeable in brain injury, under which persons living with brain injury can qualify for and receive brain injury-specific long-term care.
- Recommendation #7: Recognize the limits of the Centennial Care Community Benefit and how it does not address the specific needs of the brain injury population. A Brain Injury Waiver program would have a pathway for entry that is easy for persons with cognitive deficits to navigate; that assists persons in obtaining a formal diagnosis of brain injury; that ensures adequate acceptance rates to this program; and that oversees the utilization of this program.
- Recommendation #8: Fund and maintain the Brain Injury Service Fund (BISF) as a crisis interim program. The State should further expand the program to be an entry point or bridge to long-term supports offered by a Brain Injury Waiver program for those who qualify.



Key Findings and Recommendations

- Recommendation #9: Prioritize establishing both a comprehensive system of brain injury surveillance, as well as a robust brain injury registry.
- Recommendation #10: Provide an online surveillance dashboard that is specific to brain injury, which provides a single source of regularly updated data on prevention, incidence, prevalence, and impact of brain injury in the state, and can serve as a resource for persons to connect with and obtain assistance and services.
- Recommendation #11: Establish a brain injury registry to provide access to the state brain injury system of care...by identifying a state entity to apply for and administer funds from the federal government to improve the brain injury system of care; and by appointing a state government representative to the National Association of State Head Injury Administrators



Conclusion: Requests for Funding

- Funding for the Brain Injury Service Fund (BISF): **\$1,000,000** (Annual non-reverting and Permanent funding)
- Funding match for a federal grant to establish a registry and navigation website: **\$500,000**
- Funding for a brain injury surveillance and navigation website: **\$250,000**
- Funding for a brain injury training ECHO network: **\$1,500,000**
- Funding for a Medicaid Brain Injury Waiver Program: **\$10,000,000** (Federal Government will do a triple match to this program)
- Funding match for a federal grant to support the brain injury resource center **\$250,000**
- Funding for supportive housing for people living with brain injury **\$250,000** - to do a feasibility study
- Neurorehabilitation facility – **no funding request needed** (Paid for by Medicaid, Medicare, private insurers and worker's comp)



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- Thank you to all of the people who participated in crafting this report and everyone who provided comments and feedback.
- Thank you to all the professionals, people living with brain injury, and their families for maintaining hope in treating and managing brain injury



References

- SM 30 Report – handouts provided



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