

OVERVIEW

Assessment of Proposed Mandatory Health Insurance for Cognitive Rehabilitation

Report No. 04-11, November 2004

Summary

We assessed the social and financial impacts of mandating insurance coverage for cognitive rehabilitation services for those with traumatic brain injury, pursuant to Sections 23-51 and 23-52, Hawaii Revised Statutes (HRS). The Legislature requested this assessment through Senate Concurrent Resolution No. 37.

Broadly defined, traumatic brain injury is an injury to the brain from externally inflicted trauma. Traumatic brain injury often results in an impairment of cognitive abilities or physical functioning. Cognitive and behavioral deficits, as opposed to motor impairments, account for the greatest share of long-term disability, financial dependence, and family distress for those with chronic injuries. Therefore, there is general agreement among psychologists that cognitive rehabilitation is an important component of treatment for traumatic brain injury survivors.

Cognitive rehabilitation refers to a variety of intervention strategies or techniques that attempt to help patients reduce, manage or cope with cognitive defects caused by brain injury. These cognitive impairments may include: impaired memory or retrieval of information, impaired comprehension, slow thought processing, reduced attention span, difficulty understanding cause and effect, inability to prioritize thoughts or determine the main idea, difficulty following a schedule, and misunderstanding or misperceptions of abstract, conceptual, or complex information. Cognitive rehabilitation strategies are comprised of tasks designed to retrain the individual or alleviate problems caused by deficits in attention, visual processing, problem solving, executive functions, memory, language, and reasoning skills.

Until 2000, Hawaii residents with traumatic brain injury received cognitive rehabilitation at the Hawaii State Hospital but budget constraints eliminated that program in 2000. Subsequently, one of the discontinued program's doctors opened his own clinic to provide these services, often as charitable work. Then that doctor died, and services are no longer readily available to traumatic brain injury survivors. Noting the lack of services, long rehabilitation process for traumatic brain injury patients, and the lack of coverage by some health benefit plans, the 2004 Legislature expressed concern about the situation.

While proponents feel there is no doubt about cognitive rehabilitation's effectiveness, our review found that more conclusive information is needed before mandated health insurance requirements are enacted. Current literature indicates scientific studies are on-going, and existing studies have not definitively determined the efficacy of cognitive rehabilitation for traumatic brain injuries. Much of the



research has been largely anecdotal. Definitive scientific studies are still in their infancy, and part of the problem with existing studies is the lack of a standard definition for cognitive rehabilitation.

According to an official at the State Department of Health, there is currently no standard operational definition of cognitive rehabilitation. According to the National Academy of Neuropsychology, despite difficulties inherent in the measurement and definition of cognitive rehabilitation, some techniques apparently have improved the quality of life and functional outcomes of brain injury patients; however, there remains a need for more evidence-based work to further define and tailor cost-effective cognitive rehabilitation treatment.

In addition to the lack of more conclusive studies, conflicting survey results from consumers and insurance companies led us to conclude that the social and financial impact of health insurance coverage for cognitive rehabilitation for traumatic brain injury cannot be determined at this time. We received responses from 14 consumer groups and five insurance companies. The three labor unions that responded expressed no overall position since their members have not expressed an interest in coverage, and they had no data to report.

An example of a conflicting response is in the area of the level of public demand for the treatment or service. For the most part, consumers indicated a moderate to significant demand for services, while insurers indicated little to no demand. Insurers estimated there would be zero to about 100 patients a year, but one insurer stated that the uncertain definition of cognitive rehabilitation makes it difficult to identify which specific services would be included. Two consumers indicated that specific demand numbers were not available.

Recommendations and Response

We did not make any recommendations.

Both the Departments of Commerce and Consumer Affairs and Health opted not to provide responses.

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