Good afternoon. My name is Sarah Warren and on behalf of the American Speech-Language-Hearing Association (ASHA), I appreciate the opportunity to provide feedback on the Administration for Community Living's Traumatic Brain Injury Federal Coordination Plan.

ASHA is the national professional, scientific, and credentialing association for 198,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. ASHA members treat patients in a variety of health care settings who have congenital or acquired brain injuries and as such have a significant interest in the development of this plan. For example, a speech-language pathologist might help a patient with a TBI learn how to safely and independently communicate his or her needs in the least restrictive environment. Additionally, a speech-language pathologist could assist a patient with a loss of language to return to work or minimize depression and isolation.

We appreciate the publication of the report developed in 2013, entitled *Report to Congress on Traumatic Brain Injury in the United States: Understanding the Public Health Problem among Current and Former Military Personnel,* and agree with many of the recommendations included in that report, particularly that additional research is necessary. We also applaud the recognition that continued work is necessary to ensure that individuals with a TBI, whether civilian or military personnel, will be appropriately identified and treated. Coordinating the efforts of the various programs and entities at the federal level such as the Centers for Disease Control or healthcare programs such as Medicare and Tricare is critically important to advance the knowledge and understanding of TBI and treatment of those impacted by them.

However, it is not clear how much progress has been made since the report was issued in 2013. We hope the work of the ACL through the numerous listening sessions it has scheduled, and the coordination plan will be able to advance the work of developing research and treatment protocols for individuals with TBI. As noted in the report, TBI impacts a significant number of individuals each year (at the time of publication it was estimated 1.7 million civilians sustain a TBI annually and more than 33,000 military personnel sustained a TBI in 2011 alone). Given the wide variety of TBI, including those that are the result of an accident, strokes, and neurodegenerative diseases, Americans are in critical need of effective methods of identifying and treating TBI in order to improve their quality of life. And this research will also be critically important to achieve the ultimate goal of prevention of TBI when possible.

In considering the questions posed in the announcement for stakeholder engagement, ASHA believes that an example of how federal programs are currently working well includes the fact that federal health care programs such as Medicare do recognize the importance of coverage for services and devices associated with TBI and the role our members play. However, we find that through the payment policies, known as local coverage determinations, issued by Medicare Administrative Contractors (MACs), there is geographic variation in coverage for TBI. Some MACs restrict coverage based on the interpretation of research that the treatment of some forms of TBI, such as mild TBI or neurodegenerative conditions, is investigational despite evidence of a functional impairment such as the inability to speak or swallow. We think the Centers for Medicare and Medicaid Services (CMS) should consider ways to minimize geographic variation in coverage policies to avoid limitations in access to care based on geographic location.

Additionally, it is possible that research, evidence, and coverage policies developed by the Veterans Administration, the Centers for Disease Control and Prevention, the National Institutes of Health, and Tricare could be shared with CMS and the MACs to help facilitate a better understanding of the importance of Medicare coverage for services and devices associated with TBI. It would be helpful to gain a better understanding of what, if any, coordination and dissemination or sharing of information across federal agencies and programs is currently in place and what barriers to the sharing and if this information exist. Perhaps once these barriers are identified stakeholders could be engaged to determine mechanisms to minimize or eliminate these barriers. It is also of the upmost importance to use federal resources to conduct research associated with TBI and how federal agencies and programs could partner to fund this sorely needed data. For example, could VA research related to treatment protocols for TBI be used as a payment demonstration by CMS?

It would also be helpful to gain a sense of how the conversion to ICD-10 in 2015 improved the identification and classification of patients as sustaining a TBI and how that has impacted access to services and devices for the treatment of TBI.