



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

April 11, 2018

Lance Robertson, MPA
Administrator and Assistant Secretary for Aging
Administration for Community Living
Department of Health and Human Services
330 C Street, SW
Washington, DC 20201

Dear Administrator Robertson:

On behalf of the American Speech-Language-Hearing Association, I write to provide feedback on the Administration for Community Living's Traumatic Brain Injury Federal Coordination Plan.

The American Speech-Language-Hearing Association (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; therefore, ASHA has a significant interest in the development of the plan. For example, a speech-language pathologist might help a patient with a traumatic brain injury (TBI) learn how to safely and independently communicate their 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. Specifically, ASHA agrees that additional research is necessary. We also applaud the recognition that continued work is needed to ensure that individuals with 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 health care programs such as Medicare and Tricare, is critically important to advance the knowledge and understanding of TBI and treatment for those impacted.

It is not clear how much progress has been made since the report was issued in 2013. ASHA hopes the work of the Administration for Community Living 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 resulting from an accident, stroke, or neurodegenerative

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diseases—Americans are in critical need of effective methods of identifying and treating TBI in order to improve their quality of life. This research is critically important to achieve the ultimate goal of preventing of TBI whenever possible.


To address the questions in the announcement for stakeholder engagement, ASHA believes that federal health care programs (e.g., Medicare) recognizing the importance of coverage for services and devices associated with TBI and supporting the role ASHA's members play is an example of how federal programs are working well. However, ASHA recognizes that there are geographic variations in coverage for TBI among payment policies, known as local coverage determinations, issued by Medicare Administrative Contractors (MACs). Some MACs restrict coverage based on the interpretation of research that treating some forms of TBI, such as mild TBI or neurodegenerative conditions, is investigational despite evidence of a functional impairment (e.g., inability to speak or swallow). ASHA requests the Centers for Medicare & Medicaid Services (CMS) to consider ways to minimize geographic variation of coverage policies to avoid limitations in access to care.

Additionally, it is possible that research, evidence, and coverage policies developed by the Veterans Administration (VA), 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 in place and any possible barriers. Perhaps once these barriers are identified, stakeholders could be engaged to determine mechanisms to minimize or eliminate the barriers. It is necessary to use federal resources for conducting research associated with TBI to identify opportunities for federal agencies and programs to fund this needed data. One example for sharing information could include using VA research related to treatment protocols for TBI as a payment demonstration by CMS.

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

Thank you again for the opportunity to share our perspective on this issue with you. We would like to request a meeting with you at your earliest convenience to discuss these issues in more detail. If you have additional questions, please contact Sarah Warren, MS, director of health care policy, Medicare, at swarren@asha.org.

Sincerely,

A handwritten signature in black ink that reads "Elise Davis-McFarland". The signature is written in a cursive, flowing style.

Elise Davis-McFarland, PhD, CCC-SLP
2018 ASHA President