

December 11, 2014

John Gwynne Prosser II
President
Neuro Trauma Association
691 North Squirrel Road, Suite 105
Auburn Hills, MI 48326

Dear John:

On behalf of the Brain Injury Association of America (BIAA), please accept my thanks for your efforts to educate drivers, medical professionals, and policy makers about the Michigan model for no-fault automobile insurance.

The auto-no fault system has served Michiganders well for more than 40 years. It provides for a level of care that is unattainable in other states. Auto no-fault is the only system in the country that does not predetermine the amount of services and supports that an injured person will receive. This custom-tailored approach results in better care and, I believe, better long-term outcomes for individuals who sustain traumatic brain injury (TBI) in motor vehicle incidents.

The Patient Protection and Affordable Care Act (ACA) was an important step forward in securing access to health care for all Americans, including those with disabilities. However, the law falls short in codifying the scope, duration, and intensity of rehabilitative treatment to be provided under its essential health benefit provisions. Thus, despite the prohibition against annual and lifetime spending caps, health plans across America are permitted to limit the number of therapeutic visits a policy holder may access in any given year.

Medicare and Medicaid have similar limitations, although there are exceptions processes and other authorities that allow public payers to accommodate for some of the additional care persons with catastrophic injuries may require. The ACA contains no provision for an exceptions process.

Every brain injury is as unique as the individual who is injured. A variety of treatment approaches are needed as there is no universal set of surgeries, therapies, or programs to restore a brain to its pre-injury function. Individuals who sustain a TBI often need to relearn even the most basic activities of daily living, such as walking and eating. The number of visits a person will need to accomplish this varies greatly and should not be arbitrarily determined.

According to the National Institute on Disability and Rehabilitation Research, the average daily cost of acute inpatient brain trauma care is \$8,034. Outpatient rehabilitation can last for weeks, months or years, and the costs range from \$600 to \$1,000 per day. Even a very wealthy family

John Gwynne Prosser II
December 11, 2014
Page Two

would run out of funds in relatively short period of time. Unpaid medical bills are the leading cause of bankruptcy in the U.S., and the Michigan model protects drivers from drowning in debt as the result of a car accident.

Although not every person who acquires a brain injury would be directly covered by auto insurance, the model you advocate for creates an infrastructure of caregivers, hospitals, facilities, and programs that are better equipped to deal with the complex nature of brain injury. Perhaps this explains why Michigan has some of the top rehabilitation experts in the country.

As state governments continue to seek out the best practices across the nation, policymakers would do well to take note of the shining example that is Michigan auto no-fault insurance. If I can be of further support to your organization, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Susan H. Connors". The signature is written in a cursive, flowing style.

Susan H. Connors
President/CEO