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**2021 Legislative Agenda Overview**

*(phrases in bold blue italics will be how the items are referenced in our discussion)*

**BILLS**

* + 1. Durable Medical Equipm*ent* ***(DME)*** in nursing facilities: When a person with a chronic condition (like spinal cord injury, traumatic brain injury, stroke, etc.) is prescribed specialized seating equipment to meet their daily needs and resides in a skilled nursing facility, Virginia Medicaid will NOT pay for the equipment. Advocates are seeking a bill to overturn a statute in law that specifically prohibits residents of skilled nursing facilities receiving complex rehabilitative and seating technology.
    2. ***Cog Rehab*:** Texas has passed a bill requiring insurers to pay for cognitive rehabilitation as a stand-alone service, not dependent on “medical necessity.” Massachusetts has been pursuing a similar bill for 6 years, and are close to winning passage. Studies in both Texans and Massachusetts found the additional benefit did not substantially raise premiums; the average premium in Massachusetts would increase by average monthly premium increase of up to 19 cents, and in Texas it was $7.18 per year. In Virginia, any bill regarding insurance plans has to be referred to the Health Insurance Reform Committee (HIRC), who will study it and release their recommendation. We believe this tactic to be forward motion that will raise awareness of the issues people encounter with inadequate rehabilitation, and could result in legislative success.
    3. ***Access to Community Based Supports*:** BIAV would request a study for the General Assembly to look at the financial, physical and cognitive accessibility issues people with brain injury face trying to access safe stable community based housing. The study could be supported by the information we have in our database, knowledge we gain from our housing education and resource project, as well as data and stories for the 8 other state funded community based brain injury programs. It could be validated by the HIRC recommendations and help expand access to support services through modifications to existing and proposed waivers.

**BUDGET AMENDMENTS – total of $1.5 million**

* + 1. $860,000 - create *a* ***“Housing Specialist***” position at each state funded community based BI program to work with local housing providers, provide independent housing supports and/or assist clients to obtain and maintain safe and stable housing.
    2. $30,000 – Ensure the inclusion of brain injury specific question on the Behavioral Risk Factor Surveillance Survey ***(BRFSS)*,** a telephone based survey of health behaviors conducted annually by the Virginia Department of Health
    3. $570,000 to provide adult ***Case Management*** servicesin 4 areas of Virginia that are currently unserved (Middle Peninsula/Northern Neck, southern border of the state from Martinsville to Suffolk), and pediatric programs in 2 areas (Harrisonburg, Hampton Roads)
    4. $100,000 – for BIAV ***budget realignment*** to make up for money we lost from the federal grant.