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Each year in the United States, an estimated 1.4 million people sustain a TBI.

Each year in the United States, an estimated 80,000 to 90,000 people experience the onset of long-term disability associated with a TBI.

Direct medical costs and indirect costs (such as lost productivity) of TBI totaled an estimated \$56.3 billion in the United States in 1995.

Traumatic Brain Injury Act Reauthorization & FY 2006 Appropriations

History of the TBI Act

Originally passed in 1996 (P.L. 104-166) and reauthorized in 2000 as part of the Children's Health Act (P.L. 106-310), the Traumatic Brain Injury Act is **the only federal legislation specifically addressing issues faced by 5.3 million American children and adults** who live with a long-term disability as a result of traumatic brain injury.

The TBI Act offers balanced and coordinated public policy in brain injury **prevention, research, education, and community-based services and supports** for individuals living with traumatic brain injury and their families.

The law directs the:

- * Centers for Disease Control and Prevention (CDC) to identify strategies to **prevent traumatic brain injury**; increase **awareness** and understanding of TBI by implementing public information and education programs; and report the **incidence of TBI** and the **prevalence of TBI-disability** including rates among special populations, people in institutional settings, and individuals with mild traumatic brain injury by developing a **uniform system for States** to report population-based TBIs.
- * Health Resources and Services Administration (HRSA) to make grants to States to **coordinate, expand and enhance service delivery systems** to improve access to services and supports and to make grants to State-based Protection and Advocacy organizations to provide **information, referral, and self-advocacy** to individuals and families.
- * National Institutes of Health (NIH) to conduct **basic and applied research** in traumatic brain injury.

TBI Act Reauthorization

The reauthorization of the **Traumatic Brain Injury Act** continues the authority for funding to States and Territories, Protection & Advocacy Systems, and other organizations to **(1) prevent traumatic brain injury, (2) improve rehabilitation outcomes** through research, **(3) strengthen and improve State systems** to better serve individuals with traumatic brain injury and their families, and **(4) advocate for and protect the rights** of individuals with traumatic brain injury and their families.

Reauthorization of the TBI Act further allows Congress to align the law with the directives of the President's **New Freedom Initiatives** and to **preserve and strengthen families, foster community living, and lessen the unfunded burden to States** caused by TBI.

Traumatic Brain Injury stakeholder organizations urge Congress to amend the TBI Act of 2000 as follows:

- * Establish a Federal Interagency Committee to communicate and coordinate national efforts in traumatic brain injury and to advise Congress on public policy that improves service delivery, reduces the number and severity of traumatic brain injuries, and promotes community participation by individuals with TBI.
- * Authorize CDC to conduct research to improve acute injury care management and to disseminate science-based guidelines.
- * Direct NIH to maximize research capacity through intra-agency collaboration to improve evidence-based practices in traumatic brain injury diagnosis, treatment, and rehabilitation including neurosurgery, neurological services, medical and physical rehabilitation, and to report research progress to Congress on a bi-annual basis.
- * Authorize HRSA to continue to make grants to States on a formula basis so that all States, Territories, District of Columbia and American Indian Consortiums may participate and further their efforts to develop comprehensive system of services and supports nationwide.
- * Authorize HRSA to continue the TBI Protection & Advocacy Grant Program.
- * Direct HRSA to make grants for projects of national significance that increase independence, productivity, inclusion and integration of individuals with TBI and projects that address emerging issues and needs including initiatives to assist Veterans with TBI to transition to home and community-based living.
- * Authorize a Technical Assistance program to meet State-specific information requests concerning model programs and policies, program coordination, and sustainability of activities; support an annual meeting for HRSA grantees to exchange best practice information; and for other technical assistance as may be required.
- * Authorize appropriations to HRSA to administer and evaluate the programs it carries out under this Act.
- * Authorize the law for five years, from 2006 to 2010.

TBI Act Appropriations

Since 1996, Congress has appropriated funding to the U.S. Department of Health and Human Services Centers for Disease Control and Prevention, National Institutes of Health, and Health Resources and Services Administration to carry out the intent of the Traumatic Brain Injury Act.

The President's Fiscal Year 2006 budget contains no funding for HRSA TBI Programs and only level funding for CDC TBI Programs. Stakeholder organizations urge Congress to **restore** and **fully** fund programs authorized under the Traumatic Brain Injury Act in FY 2006 as follows:

Centers for Disease Control and Prevention (CDC)

Stakeholder Request: \$8.715 million

The CDC's TBI Program has produced remarkable results. Since the law's enactment, the CDC has calculated and disseminated the national incidence and prevalence figures cited by federal agencies and stakeholder organizations. The CDC has also identified ways to assess problems that result from concussion and other so-called mild traumatic brain injuries and published tool kits for physicians and concussion information for individuals and families.

The CDC has documented disability and other outcomes of TBI, including the need for services, and studied methods for obtaining outcome data and information on children with TBI. The CDC has frequently reported to Congress on its activities and widely circulated its research findings.

The CDC has established the National Brain Injury Information Center (NBIIC) to increase awareness and understanding of brain injury; assess, revise and publish resource materials; and is currently pilot-testing a 1-800 number that connects directly to local agencies to provide callers with information and resources. The CDC is collaborating with States to pilot-test projects that link people with TBI to services, with the Social Security Administration to identify factors related to return-to-work, and on an intra-agency basis to develop guidelines for improving timeliness of acute injury care.

With an appropriation of \$8.715 million in FY 2006, CDC would continue its current projects; strengthen support for State and local efforts to collect data on TBI; improve State and national efforts to link persons with TBI to services, including expansion of the NBIIC; expand education and awareness efforts; and conduct public health research related to TBI and acute injury care.

Health Resources and Services Administration (HRSA)

State Grant Program

Stakeholder Request: \$15.193 million

Traumatic brain injury is an unfunded burden to States, placing demands on State disability, Medicaid and social service systems that are already over extended and underfunded. Increased funding is necessary to assist **all** States, Territories, American Indian Consortiums, and the District of Columbia in improving and maximizing resources to better serve individuals with traumatic brain injury and their families on a continuing basis. The Health Resources and Services Administration (HRSA) Federal TBI Program is the **only** federal program to assist States to better serve these individuals who have such complex needs. This assistance to date has been in the form of competitive grants that have been awarded on a time-limited basis so that less than half of the States and Territories have received funding at one time—making it difficult for States and Territories to sustain efforts once the federal funding has ended.

These grants have provided "seed" dollars to help States establish advisory boards and designate lead agencies; assess needs; identify gaps in service delivery; and develop plans for meeting needs. In some States grants have been use to expand service systems to include children, victims of domestic violence, minority and other underserved populations through faith-based initiatives; for transitioning services; to train

and educate individuals, families and professionals; and for case management, family mentoring and other support services that return individuals to home, school and community, thereby avoiding unnecessary institutionalization.

The strength of the HRSA State Grant program has been the flexibility for States and Territories to use the TBI Act funding to address their specific needs. Without this funding, however, the progress made to date will be jeopardized, thereby, diminishing the Federal investment made during the last 8 years and severely limiting States' abilities to continue to address the complex needs of individuals with traumatic brain injury.

HRSA also provides technical assistance, information, and training on the "State of the Art" methods in service delivery and clinical aspects of traumatic brain injury through contracts with national organizations to further assist States, Territories and local agencies, other professionals, and consumers in improving service delivery. Similar to activities conducted at the State level, HRSA's program reaches out to sister agencies that administer housing, aging, substance abuse, veterans, employment, education, developmental disabilities, transportation and children's services, as well as private and public organizations, to promote awareness, maximization of resources, and strategies for addressing emerging issues. This budget request includes funding to continue these national and State efforts.

**Health Resources and Services Administration (HRSA)
Protection & Advocacy Grant Program
Stakeholder Request: \$6 million**

The TBI Protection & Advocacy Grant Program ensures that each State has a sufficient level of staff time and resources to provide information, referral and self-advocacy. A \$6 million appropriation in FY 06 would trigger a formula in which funds are allocated on a population basis.

Recommendations:

Advocates strongly urge Congress to:

1. Restore and increase funding for the HRSA and CDC TBI Projects to
 - * Continue and expand State and national capabilities for data collection and surveillance
 - * Link families and individuals with traumatic brain injury to resources and services in a timely fashion
 - * Expand public awareness and knowledge of traumatic brain injury
 - * Continue valuable research to improve rehabilitation outcomes
 - * Continue and expand funding to States to improve service delivery
 - * Continue and expand funding to state Protection & Advocacy Systems to inform, refer and assist individuals with traumatic brain injury with self-advocacy
2. Reauthorize TBI Act

For further information, please contact:

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