March XX, 2018

The Honorable Tom Cole The Honorable Rosa DeLauro

Chairman Ranking Member

Subcommittee on Labor, Subcommittee on Labor,

Health and Human Services Health and Human Services

Education and Related Agencies Education and Related Agencies

Committee on Appropriations Committee on Appropriations

2358 Rayburn House Office Building 1016 Longworth House Office Building

Washington, DC 20515 Washington, DC 20515

Dear Chairman Cole and Ranking Member DeLauro,

The undersigned members of the Congressional Brain Injury Task Force, and other members of Congress, respectfully request your support for an increase in fiscal year (FY) 2019 to fund programs authorized by the Traumatic Brain Injury (TBI) Act as amended in 2008 in the Department of Health and Human Services (HHS). We also request an increase for the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) TBI Model Systems administered by the Administration for Community Living.

Known as the “silent epidemic,” TBI was dubbed the signature injury of the wars in Iraq and Afghanistan, while incidence continues to increase here at home among our nation’s civilian population. From the battlefield to the football field, TBI remains a leading cause of death and disability in both adults and youth, each day taking the lives of 153 people across our country. Primary funding to address this growing population is provided through the TBI Act programs.

The Centers for Disease Control and Prevention’s (CDC) National Injury Center is responsible for assessing the prevalence of TBI in the United States. The CDC estimates that 2.5 million TBIs occur each year and 5.3 million Americans live with a lifelong disability as a result of TBI. CDC funds state TBI registries, create and disseminate public and professional educational materials for families, caregivers and medical personnel, and collaborates with the National Football League and National Hockey League to improve awareness of concussion in sports. CDC plays an integral role in standardizing evidence-based guidelines for the management of TBI, linking civilian and military populations with TBI services, and educating physicians.

The National Academies of Sciences, Engineering, and Medicine (formerly known as the Institute of Medicine, or IOM) issued a report calling on CDC to establish a surveillance system that would capture a thorough set of data on sports and recreation-related concussions among those aged five to 21 years. **To meet this goal, we request an increase of $5,000,000 in the CDC budget to establish and run a national surveillance system to accurately determine the incidence of concussions, particularly among the most vulnerable of Americans—our children and youth.**

The TBI Act authorizes the HHS to award grants to states, American Indian Consortia and territories to improve access to service delivery, and state Protection and Advocacy (P&A) systems to include individuals with TBI in their advocacy services. For nearly two decades, the Federal TBI State Grant Program has supported state efforts to address the needs of persons with brain injury and their families and to improve and expand services to underserved populations, including youth, veterans, and individuals with co-occurring conditions.

In FY 2009, the number of state grant awards was reduced to 15 to increase each award from $118,000 to $250,000. As a result, many states that had participated in the program in past years were forced to close down their operations, leaving many without access brain injury care. Increased funding for the program will provide resources necessary to sustain the grants that 20 states currently receive and expand to additional states. **This year, we respectfully request increased funding in the amount of $5,000,000 for an additional 20 state grants, which would expand the total number of state grants to 39 bringing the total state grant allocation to just over $11,000,000.**

The TBI Protection and Advocacy (P&A) Program provides funding for every state to protect the legal rights of individuals with TBI. State P&As provide a wide range of activities including self-advocacy training, outreach, information, referral, and legal assistance to people residing in nursing homes, veterans seeking benefits, and students who need educational services. Effective P&A services for people with TBI is needed to help reduce government expenditures and increase productivity, independence, and community integration. **We request $6,000,000 for the TBI P&A program to serve more individuals in each state.**

Funding for the TBI Model Systems, administered by NIDILRR in the Administration for Community Living (ACL), is needed to maintain and build upon the 16 TBI Model Systems research centers across the country. The TBI Model Systems of Care program is a national network of research expertise in the field of TBI. The TBI Model Systems are the only source of non-proprietary longitudinal data on the effects of brain injury. They are a key source of evidence-based medicine, and serve as a “proving ground” for future researchers. Given the national importance of this research program, the TBI Model Systems should receive “line-item” status in the NIDILRR budget. **Over the next 5 years, the Congressional Brain Injury Task Force requests an increase of $15 million to expand the TBI Model Systems program:**

* Increase the number of multi-center TBI Model Systems Collaborative Research projects from one to three, each with an annual budget of $1 million;
* Increase the number of competitively funded centers from 16 to 18 while increasing the per center support by $200,000; and
* Increase funding for the National Data and Statistical Center by $100,000 annually to allow all participants to be followed over their lifetimes.

We thank the Committee for its past support of TBI and respectfully request that you fund these vital programs in FY 2019 to further data collection, improve medical care, assist states in coordinating systems, bolster vital research, and protect the rights of those living with TBI.

Sincerely,

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Bill Pascrell, Jr. Thomas J. Rooney

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