ABOUT BRAIN INJURY
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TAKE A STAND TO PROTECT STUDENT ATHLETES FROM CONCUSSION
The CDC estimates as many as 3.8 million concussions related to sports and recreation occur each year. A concussion is a mild traumatic brain injury (mTBI). Middle and high school students sustain mTBIs while participating in athletics, but many schools do not have the resources to adequately diagnose and treat these injuries. Too often, student athletes return to the field before their brains heal. A repeat concussion can slow recovery and increase the likelihood of having long-term challenges. Repeat concussions can result in second impact syndrome, which can lead to permanent brain damage and even death.

In addition to funding important work at the CDC and introducing legislation to protect student athletes, Congress should:

- Support the Youth Sports Safety Concussion Act, sponsored by Rep. Bill Pascrell, Jr. (D-N.J.) and Sen. Tom Udall (D-N.M.), to help ensure that safety standards for sports equipment, including football helmets, are based on the latest science and curb false advertising claims.
- Appropriately $5 million for the CDC to take to scale the National Concussion Surveillance System, which would provide nationally representative incidence estimates of all TBI, sports- and recreation-related TBI, and TBI-related disability as well as the ability to monitor trends over time, including at the state level. Authorization for funding was included in the Reauthorization of the Traumatic Brain Injury Act of 2018.

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PRESERVE PATIENT-CENTERED ACCESS TO REHABILITATION

Individuals with brain injury rely on public programs and private health plans, including Medicare and Medicaid, to access the rehabilitative services and devices needed to allow them to remain healthy and functional and to live independently in their homes and communities. This vital treatment may be provided in an inpatient rehabilitation hospital, a residential/transitional rehabilitation facility, or a community-based outpatient clinic.

Lack of access to rehabilitation services and devices often occurs due to coverage restrictions. The Medicare Payment Advisory Commission (“MEDPAC”) has reported that Medicare Advantage beneficiaries have one-third the access to inpatient rehabilitation hospitals compared to the fee-for-service population. A recent Office of Inspector General report recommends that Centers for Medicare & Medicaid Services (CMS) impose prior authorization on access to inpatient rehabilitation hospital care under the Medicare fee-for-service system. These barriers serve as significant limitations for individuals with mild, moderate, and severe brain injury to achieve maximum recovery, full function, return to work or other life roles, and independent living. Key steps to increase access to care for individuals with brain injury include:

- Preserve rehabilitative and habilitative services and devices as essential health benefits (EHBs) in any action on the Patient Protection and Affordable Care Act (ACA), including approval of state modifications of benefit structures by the Administration.
- Include individuals who acquire brain injuries through drug overdose when addressing the nation’s opioid crisis.
- Ensure that people with brain injury are not negatively impacted by Medicare Post-Acute Care uniform payment and bundling proposals that may incentivize providers to stint on patient care.
- Require timely access to rehabilitative services and devices under all alternative payment models.
- Reform managed care plans in Medicare, Medicaid, and private insurance to ensure appropriate access to rehabilitation and habilitation services and devices.
- Reject the use of prior authorization for access to inpatient rehabilitation hospital care.

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SUPPORT FEDERAL TBI PROGRAMS

The Department of Health and Human Services (HHS) Administration for Community Living (ACL) funds programs impacting individuals with brain injury and families, including Aging and Disability Resource Centers; Assistive Technology; Federal TBI Program; Independent Living Centers; Lifespan Respite Care; and the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR).

- Support HHS in carrying out its mandate to develop a plan for coordinating Federal activities impacting TBI service delivery.

INCREASE TBI ACT FUNDING

In October 2015, the TBI State Grant program was transferred to the ACL Administration on Disabilities’ Independent Living Administration, and the Protection & Advocacy (P&A) Grant Program was moved to the ACL Administration on Intellectual and Developmental Disabilities. Currently only 24 states receive TBI State grants, and all the P&A grants are severely under-funded.

- Appropriate $19 million to the Federal TBI State Grant Program to increase the number of state grants, and appropriate $6 million to the P&A Grant Program.

FUND CDC TBI PROGRAM

The TBI Act of 1996, as amended, authorizes funding for the CDC for data collection, prevention, public education, and research.

- Support CDC in its mandate to review the scientific evidence related to brain injury management in children and identify opportunities for research;

- Support TBI national surveillance; and

- Appropriate $10 million to fund CDC’s TBI programs.

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FULLY FUND TBI MODEL SYSTEMS OF CARE

The TBI Model Systems are a collection of 16 research centers located across the United States that conduct disability and rehabilitation research under grants administered by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) of the Administration for Community Living. The TBI Model Systems are the only source of non-proprietary longitudinal data on what happens to people with brain injury across the lifespan. They are a key source of evidence-based medicine and serve as a “proving ground” for future researchers. TBI Model Systems sites work closely with the Department of Veterans Affairs on research to improve the treatment of Veterans with brain injuries.

- Increase funding in FY2020 for NIDILRR’s TBI Model Systems of Care program so as to add one new Collaborative Research Project.
- Over the next five years, the Congressional Brain Injury Task Force requests increased funding by $15 million to expand the TBI Model Systems program:
  - Increase the number of multicenter 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 lifetime.
- Provide “line-item” status to the TBI Model Systems within the broader NIDILRR budget.
- Reauthorize legislation to fund the Patient Centered Outcomes Research Institute (PCORI).

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JOIN THE EFFORT

The mission of the Congressional Brain Injury Task Force is to further education and awareness of brain injury and support funding for basic and applied research, brain injury rehabilitation, and development of a cure. Please join the Task Force to help make life better for individuals with brain injury and their families. To sign up, contact the office of the chair:

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