



Bolster Research for Traumatic Brain Injury

ABOUT BRAIN INJURY

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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 FY2021 for NIDILRR's TBI Model Systems 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.

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Increase Access to Care for Individuals with Brain Injury

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ENSURE PATIENT-CENTERED ACCESS TO REHABILITATION

Individuals with brain injury rely on Medicare and Medicaid to access the rehabilitative services and devices needed to regain health, function, and independence. When an individual sustains a brain injury, emergency medical treatment and hospital-based acute surgical care is only the first step in recovery. Post-acute medical rehabilitation of sufficient scope, duration, and intensity delivered in inpatient rehabilitation facilities (IRFs), residential or transitional treatment programs, and community-based outpatient clinics is vital.

Patients often face barriers to access to rehabilitative services and devices due to coverage restrictions. Many private insurers place limits on services or steer patients away from the most appropriate settings of care to cut costs. If trends continue, some Medicare beneficiaries will find it harder to access rehabilitation. The Medicare Payment Advisory Commission (MedPAC) reports Medicare Advantage participants have one-third the access to IRFs compared to traditional Medicare beneficiaries. Utilization management tools like prior authorization, restrictive or proprietary admission guidelines, and onerous regulatory requirements significantly limit access to care for individuals with brain injury. Key steps to increase access to care include the following:

- Ensure that efforts to unify Medicare's Post-Acute Care payment system do not negatively impact access for people with brain injury and other complex conditions.
- Oppose efforts to restrict access to rehabilitation therapy services in all settings of care.
- Revise the "three-hour rule" to expand access to all appropriate skilled therapies (Access to Inpatient Rehabilitation Therapy Act)
- Reform the use of prior authorization in Medicare Advantage (Improving Seniors' Timely Access to Care Act), and reject the use of prior authorization for IRF care in traditional Medicare.
- Reform managed care plans in Medicare, Medicaid, and private insurance to ensure appropriate access to rehabilitation and habilitation services and devices.
- Maintain rehabilitation's status as the standard of care for people with brain injury to achieve maximum recovery, full function, return to work and other life roles, and independent living.

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Improve Awareness and Understanding of 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 Concussion Awareness and Education Act sponsored by Rep. Joyce Beatty (D-Ohio) to implement recommendations of the Institute of Medicine in its report, "Sports-Related Concussions in Youth: Improving the Science, Changing the Culture."
- Appropriate \$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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ASSOCIATION
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Coordinate Federal Resources

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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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Support Brain Injury Education for First Responders

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TRAIN FIRST RESPONDERS ON TBI AND PTSD

First responders should be trained on traumatic brain injury (TBI), acquired brain injury (ABI), and post-traumatic stress disorder (PTSD). Individuals with TBI, ABI, or PTSD may have symptoms from their injuries that make it difficult for them to understand and follow directions or communicate clearly with first responders.

- Support the Traumatic Brain Injury and Post-Traumatic Stress Disorder Law Enforcement Training Act sponsored by Reps. Bill Pascrell, Jr. (D-N.J.) and Don Bacon (R-Neb.), which would direct the Attorney General to develop crisis intervention training tools for use by law enforcement officers and first responders related to interacting with persons with TBI, ABI, PTSD.
- Require that the training be made available as part of the Police Mental Health Collaboration Toolkit, which is a no-cost online training tool that provides resources for law enforcement agencies partnering with mental health providers to effectively respond to calls for service, improve outcomes for people with mental illness, and advance public safety.
- Authorize an additional \$4 million per fiscal year for the Justice and Mental Health Collaboration Program to fund grants to develop and implement this training.

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Grow the Congressional Brain Injury Task Force

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 a co-chair:

CO-CHAIRS:

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Hon. Don Bacon

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Andy Barr, KY-06
Joyce Beatty, OH-03
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