



**NATIONAL ASSOCIATION
OF STATE HEAD INJURY
ADMINISTRATORS**

FY2024 Recommendations for Federal Traumatic Brain Injury Act Programs

Department of Health and Human Services	FY 2021	FY 2022	FY 2023	BIAA/USBIA/NASHIA FY 2024 Recommendations
Administration for Community Living Administration on Disabilities TBI State Partnership Program Total	\$7.321M	\$8M	\$8.3M	\$19M
Centers for Disease Control and Prevention National Center for Injury Prevention and Control TBI Program National Concussion Surveillance Total	\$6.725M -- 0 -- \$6.725M	\$6.750M \$0.500M \$7.250M	\$6.750M \$1.500M \$8.250M	\$6.750M \$5.000M \$11.750M

Background

At least 5.3 million Americans live with a disability-related traumatic brain injury (TBI), which is caused by a sudden jolt, blow or penetrating injury to the head. A TBI disrupts the normal function of the brain, resulting in problems with thinking, emotions, language, and mobility that affects how a person is able to work and live independently. Causes are attributed to falls, motor vehicle crashes, sports-related injuries, war-related injuries and violence. To address the needs of Americans living with a TBI, the TBI Program Reauthorization of 2018 (P.L. 115-377) authorizes funding to the U.S. Department of Health and Human Services' (HHS) for:

- The Administration for Community Living (ACL) TBI State Partnership Program (TBI SPP) to award State grants to improve access to rehabilitation and community services and supports; and
- The Centers for Disease Control and Prevention (CDC) to conduct public education, prevention activities, and to establish a CDC National Concussion Surveillance System.

ACL's Administration on Disabilities (AOD) administers the TBI SPP and has awarded five-year grants to 28 States to assist States in improving and expanding service delivery for individuals living with a brain injury.

The Brain Injury Association of America (BIAA), The United States Brain Injury Alliance (USBIA), and the National Association of State Head Injury Administrators (NASHIA) support an additional \$11 million to fund the remaining unfunded States for the following reasons.

1) TBI is a leading cause of death and disability in children and young adults in the United States.

- *Through ACL TBI SPP grants, Colorado and Pennsylvania identified **youth with TBI in juvenile justice systems and county jails** through screening and linked identified youth to appropriate services and resources to address TBI-related disabilities and improve outcomes for these youth.*
- *The **Pennsylvania Department of Health** developed a **school re-entry program for children and youth with brain injury**, in collaboration with the Brain Injury Association of Pennsylvania (BIA-PA),*

using funds from the ACL TBI State Partnership Program grant, which the health department and **the State Department of Education** have continued.

- 2) Federal funding assists States in **leveraging other resources** to address the needs of individuals with brain injury and their families, **making the program a great investment**.
 - *The **North Carolina Department of Health and Human Services** was approved for a Medicaid 1115 Substance Abuse Disorder (SUD) Demonstration Waiver that included people with brain injury needing residential treatment for SUD, as the result of the ACL TBI SPP funding to assess TBI-related SUD needs.*
 - *Almost half of the States administer Brain Injury Trust Fund Programs, which provide a dedicated funding source for resources, services and supports. In many States, trust fund programs have been established or revenue increased due to the work afforded by the State's ACL TBI SPP grant with regard to assessing needs and resources and State planning.*
- 3) While States bear the costs of direct care and services, the ACL TBI SPP Program is the **only federal resource to assist States** to develop “best practices,” including training to community providers, to improve public funded services and supports and to address unmet needs, particularly with regard to fall-related TBI among the aging population, children and youth sustaining concussions.
 - *The **Massachusetts Rehabilitation Commission (MRC)** developed the **Massachusetts Traumatic Brain Injury in Elders Web Course** with funding from the ACL TBI SPP in collaboration with the Brain Injury Association of Massachusetts (BIA-MA), Massachusetts Department of Public Health (MDPH), the Michigan Public Health Institute (MPHI) and subject-matter expert consultants who assisted with web-based education for providers of services for adults with TBI who are older.*
- 4) **States and communities need data to assist with planning for prevention, identification, treatment and service needs in order to address issues relating to mild TBI (concussions)**.
 - *The **National Concussion Surveillance System** would determine how many Americans incur a concussion each year that will inform and equip leaders within communities, States, and across America with regard to prevention, identification, treatment and ongoing needs.*

NASHIA, USBIA, and BIAA support full funding in the amount of \$5 million as authorized by the TBI Program Reauthorization Act of 2018.

In summary, NASHIA, USBIA, and BIAA urge Congress to increase funding for HHS' TBI programs to address the expanding needs of Americans due to the aging population that are at risk of TBI due to a fall; new diagnostic tools to assess concussions related to sports and other injuries; long-COVID, which can cause cognitive issues; and the increasing number of motor vehicle related crashes as noted by the National Highway Traffic Safety Administration (NHTSA).

The Brain Injury Association of America (BIAA) is the country's oldest and largest nationwide brain injury advocacy organization. The mission is to advance awareness, research, treatment and education and to improve the quality of life for all individuals impacted by brain injury. For further information, contact Rick Willis, BIAA President/CEO, at rwillis@biausa.org. Website: www.biausa.org.

The National Association of State Head Injury Administrators (NASHIA) is a nonprofit organization comprised of State employees and others involved in service delivery to help individuals with TBI to live as independently as possible. NASHIA's mission is to assist States in promoting partnerships and building systems to meet the needs of individuals with brain injury and their families. For further information, contact Zaida Ricker, NASHIA Government Relations Consultant, at zricker@ridgepolicygroup.com. Website: www.nashia.org.

The United States Brain Injury Alliance (USBIA) has sixteen chartered state affiliates. Its mission is building state and national capacity to create a future alongside individuals affected by brain injury. For further information, contact Gavin Attwood, USBIA President/CEO, at gattwood@usbia.org. Website: www.usbia.org.

Allocate Increased Federal Resources



COORDINATE FEDERAL PROGRAMS

The U.S. 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, Independent Living Centers, Lifespan Respite Care; and the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR).

- Urge policymakers to implement the plan that's been developed to improve coordination of federal activities that impact TBI service delivery.

INCREASE TBI ACT FUNDING

ACL administers the TBI State Partnership Grant Program to help states increase access to services and supports for individuals with TBI throughout the lifetime and the Protection and Advocacy (P&A) TBI Grant Program to provide advocacy services for people with brain injury. Currently only 28 states receive TBI State grants, and all the P&A grants are severely under-funded. BIAA urges Congress to:

- Appropriate \$19 million (an increase of \$11M over FY 2023) for the Federal TBI State Grant Program so that all states and territories can participate.
- Appropriate \$6 million (level funding) to the P&A Grant Program.

FUND CDC TBI PROGRAM

The TBI Act of 1996, as amended, authorizes the Centers for Disease Control and Prevention (CDC) to collect data and conduct public education and research. The TBI Program Reauthorization Act of 2018 further authorized the establishment of a national concussion surveillance system. BIAA urges Congress to:

- Appropriate \$6.75 million (level funding) for the TBI Program for the CDC's National Center for Injury Prevention and Control (NCIPC).
- Appropriate \$5 million (an increase of \$3.5M over FY 2023) for the National Concussion Surveillance System as authorized by the TBI Program Reauthorization Act of 2018.

ABOUT BRAIN INJURY

An acquired brain injury (ABI) is any injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma. There are two types of ABI: non-traumatic and traumatic. Non-traumatic injuries arise from internal causes; traumatic injuries are caused by external forces. The Centers for Disease Control and Prevention (CDC) report that 2.9 million children and adults sustain TBIs annually and at least 5.3 million people live with a TBI-related disability. The cost to society for medical care and lost wages associated with TBI is \$76.5 billion annually.

Individuals with brain injury may experience memory loss, concentration or attention problems, slowed learning, and difficulty with planning, reasoning, or judgment. Emotional and behavioral consequences can include depression, anxiety, impulsivity, aggression, and thoughts of suicide. Physical challenges may include fatigue, headaches, difficulty with balance or motor skills, sensory loss, and seizures. Brain injury can lead to respiratory, circulatory, digestive, and neurological diseases, including epilepsy, Alzheimer's, and Parkinson's disease. Poor outcomes after brain injury result from shortened lengths of stay in both inpatient and outpatient treatment settings. Payers point to a lack of sufficient evidence-based research as a primary reason for coverage denial of medically necessary treatment. This occurs particularly when behavioral health services and cognitive rehabilitation are needed.

ABOUT BIAA

Founded in 1980, the mission of the Brain Injury Association of America (BIAA) is to advance brain injury awareness, research, treatment, and education to improve the quality of life for all people affected by brain injury. BIAA is dedicated to increasing access to high quality care and accelerating research. With a network of state affiliates, local chapters, and support groups, BIAA provides help, hope, and healing and serves as the voice of brain injury for individuals who are injured, their families, and the professionals who provide research, treatment, and services.



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Sign up for BIAA's free e-newsletter, Policy Corner, at biausa.org/policycorner.

Bolster Brain Injury Research



BUILD KNOWLEDGE ON COVID-19-RELATED BRAIN INJURIES

Congress has appropriated significant funding to the National Institutes of Health (NIH) to study the coronavirus, including \$1.1 billion alone to examine “Long COVID.” Some individuals who have survived COVID-19 have significant, long-term complications and functional losses that must be studied and addressed. Access to medical and cognitive rehabilitation is critical to positive outcomes in this population of COVID survivors. Congress should direct the NIH to conduct focused research to explain the mechanisms of brain injury and resulting cognitive impairments resulting from the virus and to discover how people with pre-existing brain injuries may be uniquely affected.

FULLY FUND TBI MODEL SYSTEMS OF CARE

The TBI Model Systems are a collection of 16 research centers receiving grants administered by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) in the Administration for Community Living at the Department of Health and Human Services. The TBI Model Systems are the *only source* of non-proprietary longitudinal data on what happens to people with brain injury across the lifespan. The TBI Model Systems National Database has been the source of much of the research showing these injuries are chronic conditions that require lifetime self-management. These long-term research findings are critical to identifying and designing future improvements in brain injury treatment. The Model Systems 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.

BIAA urges Congress to increase funding to the TBI Model Systems by \$6.3 million annually. This funding increase would support:

- Increasing the number of multi-center TBI Model Systems Collaborative Research projects from one to three, each with an annual budget of \$900,000 annually (an additional \$1.8M) and
- Increasing the number of competitively funded centers from 16 to 18 while increasing the per-center support by \$200,000 annually (an additional \$4.5M annually).

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