

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. 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 by \$15 million over the next five years to expand the TBI Model Systems program from its current funding level of less than \$9 million. This funding increase would:

- 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 annually;
- Increase funding for the National Data and Statistical Center by \$100,000 annually to allow all participants to be followed over their lifetime; and
- Provide “line-item” budget authority to the TBI Model Systems within the broader NIDILRR budget to ensure accountability and reliability of these funds.

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.



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