

**WRITTEN TESTIMONY SUBMITTED  
to the  
HOUSE COMMITTEE ON APPROPRIATIONS SUBCOMMITTEE  
ON LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED  
AGENCIES**

**by  
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ADMINISTRATION FOR COMMUNITY LIVING AND  
CENTERS FOR DISEASE CONTROL AND PREVENTION

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Dear Chairman Cole and Ranking Member DeLauro:

On behalf of the National Association of State Head Injury Administrators (NASHIA), thank you for the opportunity to submit testimony regarding the fiscal year 2018 appropriations for programs authorized by the Traumatic Brain Injury (TBI) Act within the U.S. Department of Health and Human Services (HHS). Specifically NASHIA is requesting: **\$11 million total for HHS' Administration for Community Living (ACL) TBI State Grant Program to** and **\$5M additional funding** for the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control to establish and oversee a national concussion surveillance system.

My name is Susan L. Vaughn and I am the Director of Public Policy for NASHIA, having previously worked for almost 30 years for state governmental agencies administering disability and brain injury services, including serving as the co-project director for federal grants awarded to our state through the Federal TBI State Grant Program authorized by

the TBI Act. NASHIA, a non-profit organization, is comprised of state governmental officials who administer an array of short-term and long-term rehabilitation and community services and supports for individuals with TBI, which enable them to live and work in the community as independently as possible.

The HHS' ACL Federal TBI State Grant Program is the *only* program that assists states in addressing the complex needs of individuals with TBI and their families. Currently, only 19 states receive grants to expand and improve service delivery, yet TBI is a leading cause of death and disability in the United States. To that end NASHIA supports doubling the State Grant Program to \$11 million. It is imperative that **all** states have access to resources to address this robust population, which is increasing daily due to motor vehicle crashes, falls, sports-related concussions, and military-related injuries. States are currently screening, training and providing resources for youth and adults with TBI in juvenile justice and criminal justice systems; older adults with fall-related TBIs; and young children in day care and pre-school programs.

In a recent NASHIA survey completed by state governmental programs and state brain injury associations, survey respondents listed the following as the top three most pressing needs in their states:

- services/alternatives for individuals with behavioral issues;
- long-term services and supports; and
- post-acute rehabilitation services.

With limited state resources to address these needs, states often place people out of state or in state institutional settings. Unfortunately, many individuals, particularly those with behavioral issues, including addiction, and poor judgment will find themselves homeless or in correctional facilities.

We are pleased that the program was transferred last year from the Health Resources and Services Administration to the Administration for Community Living (ACL) as we recognize the need to align resources with other federal aging and disability programs, such as Lifespan Respite Care, Aging and Disability Resource Centers, and Assistive Technology program, in order to maximize resources. In addition, states can benefit from research conducted by the TBI Model Systems funded by the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR) also housed in the ACL.

Our members also support funding for data to help with injury prevention and planning for service delivery. Therefore, NASHIA supports an additional \$5M for the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control to establish and oversee a national concussion surveillance system to accurately determine the incidence of concussions, particularly among children and youth. With the requested appropriations, CDC will launch a national surveillance system on concussions, making the agency fully responsive to the recommendations issued in a 2013 report by the National Academies of Sciences, Engineering, and

Medicine (formerly known as the Institute of Medicine, or the IOM). The project will also collect information regarding prevalence of TBI among all ages, regardless of cause. This data will greatly assist states as they target their resources to better meet the needs.

As all 50 states and the District of Columbia have enacted return to play laws to address concussion management in youth athletes, states are now beginning to address “return to learn” following a concussion and the academic needs of students after a mild TBI (concussion). Accordingly, states have used the resources from the federal TBI program to train educators and provide resources to better identify TBI-related disabilities and to accommodate academic needs following a TBI.

In closing, the TBI State Grant Program has helped states to leverage other state and federal funds and to bring partners together in order to address the complex needs of individuals with TBI and their families. We ask that you continue to fund and increase this important program, as well as to establish the CDC national concussion surveillance system to address this critical issue.

Should you wish additional information, please do not hesitate to contact Rebecca Wolfkiel, Governmental Consultant, at 202-480-8901 (office) or 717-250-6796 (cell) or email: [rwolfkiel@ridgepolicygroup.com](mailto:rwolfkiel@ridgepolicygroup.com). You may also contact Susan L. Vaughn, Director of Public Policy, at 573-636-6946 or [publicpolicy@nashia.org](mailto:publicpolicy@nashia.org) or William A.B. Ditto, Chair of the Public Policy Committee, at [williamabditto@aol.com](mailto:williamabditto@aol.com). Thank you.