

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

by
Susan L. Vaughn, Director of Public Policy,
National Association of State Head Injury Administrators

**DIRECTED AT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING AND
CENTERS FOR DISEASE CONTROL AND PREVENTION**

April 24, 2018

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 2019 appropriations for programs authorized by the Traumatic Brain Injury (TBI) Act within the U.S. Department of Health and Human Services (HHS). NASHIA is a nonprofit organization representing states administering TBI services and also is comprised of associate members consisting of professionals, consumers, families, providers and others interested in TBI. Our mission is to assist states in promoting partnerships and building systems to meet the needs of individuals with TBI with the goal of all states having resources to assist individuals with TBI to return to home, community, work and school after sustaining a brain injury, as well as assistance to family members who often serve as primary caregivers.

To assist with that mission, NASHIA is requesting: **\$11 million total for HHS' Administration for Community Living (ACL) TBI State Implementation Grant Program, representing a \$5 million increase; 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. Furthermore, NASHIA supports funding for CDC's falls prevention program (\$5 million) and the injury control research centers (\$9 million), both of which the President proposes to eliminate in fiscal year 2019. In addition, NASHIA recommends \$15 million for the NIDILRR TBI Model Systems to expand the number of centers and research projects and strongly opposes the President's budget recommendation to move the program to the National Institutes of Health (NIH).

NASHIA is pleased that the fiscal year 2018 omnibus spending bill passed in March included an additional \$2 million for the HHS' Administration for Community Living (ACL) TBI Federal Grant Program, which will be split between grants for state Protection and Advocacy systems, known as disability rights in some states; and the Federal TBI State Implementation Grant program. We thank you for that support.

The HHS' ACL Federal TBI State Implementation Grant Program is the *only* program that assists states in addressing the complex needs of individuals with TBI and their families. In 2013, 2.8 million Americans sought treatment for or died from a TBI as the result of a car crash, fall, sporting or recreational injury, an assault or other contributing factor. A TBI may cause problems with cognition, emotions, language, physical mobility

and sensory affecting how a person is able to return to school, work, home and community. It is a *complex disability* that challenges states' ability to provide the *right services at the right time*. Often, several private and public entities may be involved over the course of recovery including, medical and rehabilitative facilities and programs, including emergency departments, hospitals, trauma centers and post-acute rehabilitation programs; education, if school aged; Vocational Rehabilitation, if returning to work; therapies to maintain physical and cognitive functioning; and community services and supports to enable the individuals to live as independently as possible. Payors for these type of services may include private health insurance, Workers' Compensation; Medicaid; private pay; and public assistance programs. Navigating this path to recovery is often overwhelming for the individual and their families. To assist with the coordination of rehabilitative care, services and supports, many states have developed service coordination or case management systems supported by Medicaid, state funding or dedicated funding from fines or fees, referred to as trust fund programs.

We are pleased that ACL is beginning to develop a Federal Interagency Coordinating Plan, as called for by the TBI Reauthorization of 2014. This is being done in recognition of the need to align TBI resources with other federal aging and disability programs, such as the Lifespan Respite Care, Aging and Disability Resource Centers, and Assistive Technology, in order to help states maximize and to coordinate federal resources. States also 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.

States primarily incur the burden of TBI with regard to individuals who need on-going, intermittent, or short-term services and supports that are not paid for through private health care insurance plans. About half of the states have enacted legislation to establish a trust fund program for such purposes; a few state legislatures appropriate general revenue to fund services; about half of the states have implemented brain injury Medicaid Home and Community-Based Services (HCBS) waiver programs; and some state programs use a combination of these funding sources to support the array of needs. These services include post-acute rehabilitation; personal care; service coordination or case management; assistance with activities of daily living; in-home accommodations and modifications; transportation; and therapies, including behavioral, cognitive, speech-language and physical therapies. With limited state resources to address these needs, many individuals, particularly those with behavioral issues, addiction problems, and poor judgment, will find themselves homeless or in correctional facilities.

Since 2009, 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” issues to identify the academic needs of students after a concussion, regardless of cause. The requested \$5 million for the CDC’s National Center for Injury Prevention and Control to establish and oversee a national concussion surveillance system will greatly assist states as they target their resources to better meet and understand the needs of individuals who sustain a concussion.

Nineteen (19) States have just finished a four-year Federal TBI State Implementation Grant and, along with other states, are currently awaiting the results of funding for new three-year competitive grants to be determined by the ACL. Over the past four years, state grantees have identified and assisted high risk populations, which included youth and adults with TBI in juvenile justice and criminal justice systems; older adults with fall-related TBIs; and young children in pre-school programs through screening, training, and-linking individuals to services. As states wind down these activities, the likelihood of continuing this work is slim without continued support.

In closing, the TBI State Implementation 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. To continue and expand resources we believe that all States should have access to the federal program to address this growing and aging population. Therefore, we ask that you continue to fund and increase appropriations for this important program, as well as to establish the CDC national concussion surveillance system and to increase funding for NIDILRR TBI Model Systems, to address this critical issue.

Should you wish additional information, please do not hesitate to contact Rebeccah Wolfkiel, Executive Director, at 202-681-7840 (execdirector@nashia.org). You may also contact Becky Corby, NASHIA Government Relations at 202-480-8902 (rcorby@ridgepolicygroup.com) or Susan L. Vaughn, Director of Public Policy, at 573-636-6946 (publicpolicy@nashia.org). Thank you for your continued support.