

### About Traumatic Brain Injury

In 2010, 2.5 million Americans sought treatment for or died from a traumatic brain injury (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.

TBI is a *complex disability* that challenges States' ability to respond in a timely and coordinated manner to individual and family needs, including access to post-acute rehabilitation, therapies, in-home support, education, employment, and short-term and long-term community and family supports. States provide these services through State and federal funding.

### About NASHIA

In 1994, State government employees formed the National Association of State Head Injury Administrators (NASHIA) to help States plan, implement and administer an array of public programs and services for individuals with brain injury and their families. Members include private and public professionals, providers, family members and individuals with brain injury.

NASHIA collaborates with federal and national agencies and organizations and is a member of the American Brain Coalition, Consortium for Citizens with Disabilities, Disability and Rehabilitation Research Coalition, and the Injury and Violence Prevention Network.

### Mission

NASHIA's mission is to assist State government in promoting partnerships and building systems to meet the needs of individuals with brain injury and their families. NASHIA accomplishes its mission through an annual national conference; webinars; advocacy; technical assistance; materials and resources.

### National Association of State Head Injury Administrators

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The NASHIA Public Policy Platform is available  
on the website: [www.nashia.org](http://www.nashia.org)



## Public Policy Priorities



## 115<sup>h</sup> Congress

-- First Session --

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*Giving States a Voice!*

**NASHIA supports** federal policies which lead to coordinated systems of care and supports to enable people with TBI of all ages to return to home, school and work following their brain injury to live independent and productive lives.

#### Enhance and expand State capacity to provide services and supports for individuals with brain injury and their families

- \$11M to fund the HHS' Administration for Community Living (ACL) Federal TBI State Implementation Grant Program in order to double the number of State grant awards from 19 to 38.
- \$6M for the AIDD P&A TBI Grant Program to increase the minimal amount of \$50,000 per P&A program.
- Include TBI in addition to mental health and substance abuse with regard to screening and assessment in juvenile justice legislation in order to address needs of youth with TBI in these systems.
- Reauthorization of the Lifespan Respite Care program and \$5 million for FY 2018.
- Policies to assist States and local schools to address "return to learn" after a student sustains a concussion or mild TBI.

#### Expand public and professional awareness about TBI and service delivery.

- Education and training programs for health, education, and disability professionals and paraprofessionals.
- Policies to improve child find reporting by public education systems to better understand the extent of TBI among children and youth in academic settings.

#### Maintain and expand access to health care, rehabilitation, and community-based long-term services and supports and community integration for individuals with brain injury

- Repeal the Medicare outpatient rehabilitation therapy caps.
- Support the Pre-Existing Conditions Protection Act of 2017.
- Support Access to Quality Complex Rehabilitation Technology Act of 2017.
- Medicaid initiatives to support community living for individuals with brain injury.
- Reauthorization of the Higher Education Act with provisions supporting access to higher education for all students with disabilities, including students with TBI.
- Employment opportunities for individuals with TBI, including veterans.

#### Expand research to promote best practices with regard to TBI treatment, care, rehabilitation and vocational rehabilitation

- Funding to continue and expand the NIH led Project BRAIN Initiative.
- Increase multicenter ACL's NIDILRR TBI Model Systems Collaborative Research projects to conduct research on functional assessment tools; employment and community long-term services and supports.
- Increase the number of NIDILRR TBI Model Centers from 16 to 18.
- Increase funding for the NIDILRR Funded TBI National Data and Statistical Center by \$100,000 to allow participants to be followed over their lifetimes.
- Research funding to improve understanding of concussion treatment, diagnosis and lingering affects.
- Expand TBI Model Systems approach to

include capacity for data collection and systemic approach for serving children and youth with brain injury.

#### Expand primary and secondary prevention related initiatives to reduce the number of TBI-related injuries and to minimize affects

- \$5M to implement the Centers for Disease Control and Prevention, (CDC) National Center for Injury Prevention and Control (NCIPC) national surveillance system to accurately determine the incidence of sports-related concussions and other causes of TBI.
- Increased funding for the NCIPC's TBI program a; and to increase the number of States receiving injury and violence prevention grants, currently 23.
- \$18 million for the NCIPC's Injury Control Research Centers (ICRCs), to add 4 centers to join the ICRC network.
- Legislation to prevent and minimize sports-related concussions.
- \$5 million to the NCIPC to support the older adults falls prevention program.

#### Maintain health and safety net programs for individuals with brain injury

- Preserve and strengthen Social Security, Medicare, and Medicaid programs.
- Preserve disability rights laws (i.e. IDEA, ADA, and the Rehab Act).
- Continued funding for the State Children's Health Care Program.
- Increase the age of onset of disability to allow individuals injured after the age of 26 to participate ABLÉ accounts. Funding to continue and expand the NIH led Project BRAIN Initiative.