

**WRITTEN TESTIMONY SUBMITTED**

TO THE

**SENATE APPROPRIATIONS SUBCOMMITTEE  
ON LABOR-HHS-EDUCATION-RELATED AGENCIES**

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

By the

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

May 28, 2019

Dear Chairman Blunt and Ranking Member Murray:

On behalf of the National Association of State Head Injury Administrators (NASHIA), thank you for the opportunity to submit testimony regarding the fiscal year 2020 appropriations for programs authorized by the Traumatic Brain Injury (TBI) Program Reauthorization Act of 2018 administered by the U.S. Department of Health and Human Services (HHS) and the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) authorized by the Workforce Innovation and Opportunity Act (WIOA) of 2014, which transferred NIDILRR from the Department of Education to HHS. NASHIA is requesting;

- \$19 million for HHS' Administration for Community Living's (ACL) TBI State Partnership Grant Program
- \$6 million for the ACL Protection & Advocacy Grant Program;
- An additional funding to expand the ACL's NIDILRR TBI Model Systems from 16 to 18; and
- \$5 million additional funding for the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control for a national concussion surveillance system authorized by the TBI program Reauthorization of 2018.

NASHIA also supports funding for CDC's and ACL's older adult falls prevention program (\$2.05 million and \$5 million) and the injury control research centers (\$9 million).

NASHIA thanks the U.S. Congress for reauthorizing the TBI Act programs last December and for the small increase received this current fiscal year for the TBI State Partnership Grant and P&A Grant programs (\$1 million combined).. The HHS' ACL Federal TBI State Partnership Grant Program is the *only* program that assists states in addressing the complex needs of individuals with TBI.

Last spring, ACL awarded four-year grants to 24 states at either \$300,000 or \$150,000 annually to improve and expand service delivery. The AC TBI State Protection & Advocacy (PATBI) grant program awards grants to each state and territory at a minimum of \$50,000. The requested amount will increase the amount awarded to state and PATBI grantees, as well as to increase the number of state awards to reflect the expanding number of Americans with a TBI needing public resources.

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*.

Over the course of recovery, a combination of private and public entities are involved, including emergency departments; medical and rehabilitative facilities and programs, such as trauma designated hospitals; 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 individual to return to the community to live as independently as possible. Payers for these type of services include private health insurance, Workers' Compensation; Medicaid; Medicare; state revenue; private pay; and public assistance programs. Navigating this path to recovery is overwhelming for individuals 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. Not all states, however, have this resource and those states that do, may not have adequate provider networks throughout the state.

We are pleased that ACL is beginning to develop a Federal Interagency Coordinating Plan, as called for by the TBI Act. 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, to help states maximize and to coordinate federal resources. States also benefit from research conducted by the TBI Model Systems funded by NIDILRR, also housed in the ACL, to assist with "best practices" to ensure good outcomes.

States primarily incur the burden of TBI with regard to individuals who need on-going, crisis 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.

Past and current state grantees have identified and assisted high risk populations, which includes youth and adults with TBI in juvenile justice and criminal justice systems; older adults with fall-related TBIs; returning servicemembers and veterans; and young children in pre-school programs through screening, training, and-linking individuals to services. At the end of each grant funding cycle states have found it difficult to continue these activities without financial support. Increased and sustainable funding will help to continue this important work.

In keeping with our mission, NASHIA, a nonprofit organization, works on behalf of states to promote partnerships and build 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 generally serve as primary caregivers.

In addition, through the ACL falls prevention program and the National Center for Injury Control and Prevention, federal funding is needed to help states to address injury prevention, including high risk populations such as older adult falls, and to better determine and address through the ACL TBI State Partnership grants.

Again, thank you for this opportunity and your support to better serve Americans, both civilians and military, with traumatic brain injury. Should you wish additional information, please do not hesitate to contact Rebecca Wolfkiel, Executive Director, at 202-681-7840 ([execdirector@nashia.org](mailto:execdirector@nashia.org)). You may also contact Becky Corby, NASHIA Government Relations, at 202-480-8902 ([rcorby@ridgepolicygroup.com](mailto:rcorby@ridgepolicygroup.com)) or Susan L. Vaughn, Director of Public Policy, at 573-636-6946 ([publicpolicy@nashia.org](mailto:publicpolicy@nashia.org)). Thank you for your continued support.