

**Congress of the United States**  
**Washington, DC 20515**

January 10, 2011

The Honorable Jacob J. Lew  
Director  
Office of Management and Budget  
Eisenhower Executive Office Building  
1650 Pennsylvania Avenue, NW  
Washington, DC 20503

Dear Mr. Lew:

We write as Co-Chairs of the Congressional Brain Injury Task Force to respectfully request that the President's Budget for fiscal year (FY) 2012 include funding sufficient to extend and expand the Traumatic Brain Injury Model Systems (TBIMS) program over the next five years (FY 2012 – FY 2016). The program is funded by the United States Department of Education (ED), Office of Special Education and Rehabilitative Services (OSERS), and the National Institute on Disability and Rehabilitation Research (NIDRR). In addition, given the national importance of this research program, the TBIMS program should receive line-item status within the broader NIDRR budget. All TBIMS funds are distributed via peer-reviewed, competitive grant processes conducted by NIDRR.

The TBIMS program creates and disseminates new knowledge that improves the lives of people with traumatic brain injury (TBI) and their families through the conduct of innovative research and the development and validation of treatment interventions. Since the TBIMS program began in 1987, it has proven to be among the most successful, cost-effective, and impactful programs funded by the Federal government. The importance of the program has been further magnified in recent years as thousands of veterans return from Iraq and Afghanistan with TBI; indeed, TBI has been called the signature wound of these wars. Our wounded warriors have brought much needed national attention to TBI, which has been called a "silent epidemic" because of its widespread occurrence but relatively limited recognition of its broad and compelling consequences for individuals, families, and society.

It is for these reasons that OMB should ensure that the TBIMS program is extended even in the face of the unprecedented fiscal challenges facing our nation. The growing threat of our ballooning national debt calls not just for us as policymakers to spend less, but to spend more wisely. The return on investment from the TBIMS program is significant. For just a fraction of one-percent of the overall Federal budget, this program has improved the acute care and rehabilitation received by the millions of Americans that sustain a TBI each year, including soldiers returning from deployment. These efforts have brought dramatic improvements to the treatment of TBI that permit individuals with TBI to better adapt and integrate back into their everyday social networks, remain meaningfully employed, and address the multitude of social and behavioral problems common following TBI, including substance abuse, depression, and familial disintegration. Expansion of this program will allow this important work to continue and grow.

The TBIMS program currently funds 16 regionally-distributed Centers, two multi-center collaborative research projects, and a centralized data repository. All of the programs are competitively funded through 5-year funding cycles. For FY 2012 we request the President's budget include:

- an increase in funding for the National Data and Statistical Center (NDSC);
- funding for a new TBIMS Collaborative Research grant; and
- line-item status for the TBIMS program within the broader NIDRR budget.

The Congressional Brain Injury Task Force urges the President and OMB to ensure that resources are available to NIDRR to expand the TBIMS program from FY 2012 – FY 2016 as follows:

**1. Increase the number of competitively funded TBIMS Centers to 18.**

Increasing the number of TBIMS centers from 16 to 18 will increase the geographic dispersion of Centers and address the important regional differences in the demographics and epidemiology of TBI in the United States. Additionally, adding two Centers will enhance the capability to conduct multi-center investigations. There are a finite number of studies in which an individual center can participate. In the current cycle, important research projects could not be pursued because there were not enough Centers available to collaborate.

**2. Increase funding for the TBIMS Centers.**

In the most current cycle, the Centers are receiving approximately \$435,000 annually. Increasing the annual funding for each research Center is needed to maintain the quality of the Centers' longitudinal research and expand their scope of intervention studies. Funding for the longitudinal research has not kept pace with the increase in the number of participants followed and number of interviews conducted. As a result, Centers have been forced to propose smaller, less costly local intervention studies in order to balance their budgets. Increased funding for each Center will allow the complementary role of both longitudinal and intervention studies to be rebalanced.

**3. Increase the number of multicenter TBIMS Collaborative Research projects to five.**

Currently, two TBIMS Collaborative Research projects are funded during each 5-year funding cycle. The projects are competed separately from Center funding and allow funded Centers to collaborate with each other and institutions outside of the Model Systems to conduct definitive, large scale, multi-center treatment studies. The research program has matured significantly and there are multiple interventions that have shown sufficient efficacy to merit large scale testing. It is necessary to accelerate the delivery of rigorously proven treatments to those who need them, especially given the heightened awareness of the need for effective TBI interventions for both civilian and military populations. Given the almost complete failure of basic science and animal studies to produce new therapies for TBI, it is important to begin to balance the investment in TBI intervention research by adequately funding human studies of rehabilitation interventions.

**4. Increase the annual budget for multicenter TBIMS Collaborative Research projects.**

The current TBIMS Collaborative Research projects are capped at less than \$900,000 per year for direct and indirect costs. Discovering effective treatment approaches for complex clinical problems faced by individuals after TBI requires testing pharmacologic approaches as well as behavioral interventions. Target behaviors may not be widespread among patients, requiring multiple Centers to participate. Behavioral interventions are more expensive than most pharmacologic trials due to the cost of treatment personnel and additional procedures required for quality control. The current funding level limits the ability to conduct randomized clinical trials for pharmacologic interventions unless they can be conducted at a small number of Centers, and essentially precludes multi-center studies of behavioral interventions.

**5. Increase funding for the National Data and Statistical Center.**

The NDSC serves as the central administrative structure for the TBIMS research program, including management of the TBIMS National Dataset. In the most recent funding cycle, the NDSC received \$625,000 annually. The obligations of the NDSC continue to increase as the database expands and procedures for data collection become more sophisticated. An increase in the number and size of collaborative research projects will require concomitant increases in the efforts of the NDSC.

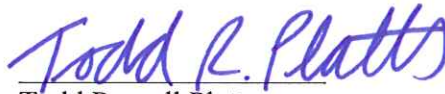
In closing, we sincerely hope that you will ensure that the President's FY 2012 Budget contains sufficient resources to gradually increase the TBIMS program components listed above over the FY 2012 – FY 2016 period, and provides line-item status to the TBIMS program within the broader NIDRR budget. As policymakers, we need to ensure that taxpayer dollars being spent wisely and efficiently; the TBIMS program is a prime example of a sound federal investment and it should be extended and expanded.

Thank you for your attention to this important matter. Please do not hesitate to contact Rose Hacking on Mr. Pascrell's staff ([Rose.Hacking@mail.house.gov](mailto:Rose.Hacking@mail.house.gov), (202) 225-5751) or Mollie Van Lieu on Mr. Platts's staff ([Mollie.VanLieu@mail.house.gov](mailto:Mollie.VanLieu@mail.house.gov), (202) 225-5836) if you have any questions about the contents of this letter.

Sincerely,



Bill Pascrell, Jr.  
Member of Congress



Todd Russell Platts  
Member of Congress