

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

March 12, 2010

The Honorable David Obey  
Chairman  
Labor-HHS-Education Subcommittee  
Committee on Appropriations  
2358 Rayburn HOB  
Washington, DC 20515

The Honorable Todd Tiahrt  
Ranking Member  
Labor-HHS-Education Subcommittee  
Committee on Appropriations  
1016 Longworth HOB  
Washington, DC 20515

Dear Chairman Obey and Ranking Member Tiahrt:

The undersigned members of the Congressional Brain Injury Task Force, and other Members of Congress, respectfully request your support for \$22 million for FY 2011 to fund programs authorized by the Traumatic Brain Injury (TBI) Act as amended in 2008 in the Department of Health and Human Services (HHS). We also request \$11 million for the National Institute on Disability and Rehabilitation Research (NIDRR) TBI Model Systems administered by the Department of Education.

Known as the “silent epidemic,” TBI continues to be the signature injury of the wars in Iraq and Afghanistan, and incidence is increasing here at home among our nation’s civilian population. From the battlefield to the football field, TBI remains a leading cause of death and disability in both adults and youth. Primary funding to address this growing population is provided through these programs.

Therefore, we request funding for TBI-related programs in the following amounts:

- **\$10 million** (+\$4 million) for the CDC TBI Registries and Surveillance, Brain Injury Acute Care Guidelines, Prevention, and National Public Education/Awareness
- **\$8 million** (+\$1 million) for the HRSA Federal TBI State Grant Program
- **\$4 million** (+\$1 million) for the HRSA Federal TBI Protection & Advocacy (P&A) Systems Grant Program; and
- **\$11 million** (+\$1.5 million) for the NIDRR TBI Model Systems Program

**CDC – National Injury Center** – We specifically ask for additional funding for CDC’s National Injury Center will support continued work in tracking the incidence of TBI; the creation and dissemination of public and professional educational materials; coordination with the Departments of Defense and Veterans Affairs; and recent collaborations with the National Football League and National Hockey League to improve awareness of the incidence of concussion in sports. Additionally, CDC plays a leading role in helping standardize evidence-based guidelines for the management of TBI, and \$3 million of this request would go to fund CDC’s work in this area as well as support a pilot project to improve hospital compliance with existing guidelines.

**HRSA Federal TBI State Grant Program** – Further, increased funding for the HRSA Federal TBI State Grant Program is necessary due to recent changes in the awarding of grants. Beginning in FY 2009, HRSA increased each grant award from \$118,000 to \$250,000 resulting in a reduction in the number of state grant awards to 15. This means that many States that had participated in the program in past years have now been forced to close their operations, leaving many unable to access brain injury care.

Increasing the program to \$8 million will provide funding necessary to sustain the grants for the 15 states currently receiving funding along with the three additional states added this year and to ensure funding for four additional states. Steady increases over five years for this program will provide for each state including the District of Columbia and the American Indian Consortium and territories to sustain and expand state service delivery; and to expand the use of the grant funds to pay for such services as Information & Referral (I&R), service coordination and other necessary services and supports identified by the state.

**HRSA TBI P&A Program** – Additionally, the state P&A systems—funded through the HRSA TBI P&A Program—serve to protect the legal and human rights of individuals with TBI. P&A advocates must possess specialized skills, and their work is often time-intensive. A \$4 million appropriation would ensure that each P&A system can develop and operate comprehensive programs with appropriate staff time and expertise.

**NIDRR TBI Model Systems of Care** – Finally, enhanced funding for the NIDRR TBI Model Systems of Care will sustain the existing 16 TBI Model Systems research centers around the country and allow for the creation of one new collaborative research project. These investments will ensure that this valuable TBI research capacity is not diminished. The TBI Model Systems of Care represent a vital national network of expertise and research in the field of TBI. In addition, given the national importance of this research program, the TBI Model Systems of Care should receive line-item status within the broader NIDRR budget.

We ask that you consider favorably these requests for the CDC, the HRSA Federal TBI Program, and NIDRR TBI Model Systems Program to further data collection, increase public awareness, improve medical care, assist states in coordinating services, protect the rights of persons with TBI, and bolster vital research.

Sincerely,

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