



National Association of State Head Injury Administrators

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November 22, 2013

The Honorable Joe Pitts
Chairman
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone, Jr.
Ranking Member
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
2322-A Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pitts and Ranking Member Pallone:

On behalf of the National Association of State Head Injury Administrators (NASHIA), thank you for including H.R. 1098, the Traumatic Brain Injury (TBI) Reauthorization Act of 2013, in the package of bills considered by the Energy and Commerce Committee on Wednesday, November 20, 2013. Since the 1980s, families and individuals have been calling on states to do a better job of providing short-term and long-term rehabilitation services and community supports that are not otherwise available through programs designed for individuals with other disabilities or health related conditions. Programs authorized under this Act are critical in helping states to address these unique needs to help individuals with TBI to return to home, school, work and community following their injuries.

As no two individuals with TBI are the same; no two states are the same with regard to the extent to which they are able to assist individuals and their families, who are generally the primary caretakers. The federal TBI State Grant Program has provided states with flexibility to target gaps in service delivery to meet the array of services needed across all ages, and regardless of cause and severity of injury. The federal TBI State Grant Program has also been the impetus for states to leverage other funding, such as state funding, Medicaid, Vocational Rehabilitation and local resources.

Of equal importance is the Centers for Disease Control and Prevention's (CDC) Injury Center's TBI Program which assist states in determining incidence and prevalence of TBI; conducting public education; and supporting state injury prevention programs, such as fall-related TBIs among the elderly and concussions due to sports-related injuries.

In closing, thank you for your attention to this important public health issue. Please do not hesitate to contact us if we can be of further assistance.

Susan L. Vaughn
Director of Public Policy