

**Written Testimony for the Record
House Appropriations Committee
Subcommittee on Labor, Health and Human Services, and Education and Related
Agencies**

**FY 2023 APPROPRIATIONS FOR THE DEPARTMENT OF HEALTH AND HUMAN
SERVICES, ADMINISTRATION FOR COMMUNITY LIVING AND THE CENTERS FOR
DISEASE CONTROL AND PREVENTION**

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National Association of State Head Injury Administrators

May 25, 2022

On behalf of the National Association of State Head Injury Administrators (NASHIA), thank you for the opportunity to submit testimony regarding fiscal year 2023 appropriations to the U.S. Department of Health and Human Services (HHS) traumatic brain injury (TBI) programs that impact approximately 2.87 million Americans who are treated annually in emergency departments and hospitals for a brain injury. We are specifically requesting the following:

- **\$19 million total funding for the Administration for Community Living (ACL) TBI State Partnership Program (TBI SPP)**, as authorized by the TBI Program Reauthorization Act of 2018;
- **\$5 million funding for the Centers for Disease Control and Prevention's (CDC) National Concussion Surveillance System** as authorized by the TBI Program Reauthorization Act of 2018;
- **\$6.6 million** to add two more **TBI Model Systems (TBIMS)** funded by the ACL's National Institute on Disability and Rehabilitation Research (NIDILRR); and
- **\$1 million to expand NIDILRR TBIMS collaborative research projects** for research on TBI as a chronic condition.

While we appreciate your support for additional funding for FY 2022 to ACL for the TBI SPP, not all States or territories are currently participating in the grant program due to insufficient funding. NASHIA is requesting increased funding to help all States expand services to address the cognitive, behavioral and physical rehabilitative and long-term needs of Americans living with brain injury so that these individuals and their families are assured assistance regardless in which State they may live. Unfortunately, the number Americans who sustain a brain injury continue to increase each year due to motor vehicle crashes, falls, military-related injuries, violence, industrial injuries, sports-related injuries and other injuries that cause cognitive, emotional, physical, sensory and health-related problems resulting in unemployment and loss income; homelessness; incarceration; and institutional and nursing home placement due to lack of community alternatives. The COVID-19 pandemic is now raising alarms regarding those who are infected who may experience hypoxia due to the deprivation of oxygen, resulting in brain damage that may necessitate the need for rehabilitation to regain functioning and ongoing supports should functioning not be restored. In addition, the “stay at home” orders during the pandemic put people at risk for sustaining a brain injury from the abuser hitting the head, slamming the head against the wall or from near strangulation. As we emerge from the pandemic, the impact on both those who were at risk for a brain injury and for those with a brain injury will certainly become more apparent.

These past two years have been especially challenging for individuals with brain injury and their families. States reported that brain injury program participants have cancelled services due to the fear and anxiety that COVID-19 caused them. At the same time, providers experienced loss of income as the result of not being able to

perform contractual duties due to the restrictions related to the pandemic and have found it difficult to recruit staff as programs come back on line. Thus, the federal funding requested is critical to assist all States with issues that emanated from the pandemic as programs and services are brought back to pre-pandemic status.

Administration for Community Living – TBI Act Program

The ACL TBI State Partnership Grant Program is the *only* program that assists States in building and expanding service capacity to address the complex needs associated with brain injury that require the coordination of multiple systems of healthcare, rehabilitation, education, vocational, and long-term services and supports. Twenty-eight States are currently funded by the ACL TBI SPP for five years. These grants also help to carry out the ACL priorities to increase direct services, including home and community-based services; accelerating COVID-19 recovery; supporting caregivers; and advancing equity.

Centers for Disease Control and Prevention

CDC's National Injury Center initiated a pilot study as a first step in implementing a national surveillance system to determine the extent of mild brain injury or concussions in this country. Most individuals with a concussion are treated in an emergency department or physician's office and may not be reported in other data systems that capture the number of Americans who are hospitalized with moderate to severe TBI. Congress included authority for \$5 million to implement the National Concussion Surveillance System within the TBI Program Reauthorization Act of 2018. This provision follows two reports that recommended the need for concussion data resulting either from domestic violence or from sports: 1) The Government Accountability Office (GAO)

issued a Report to Congress in 2020 that found that data on the overall prevalence of brain injuries resulting from intimate partner violence are limited and that such data is needed to better understand the problem to ensure that resources are targeted appropriately to address these issues; and 2) the 2013 report issued by the Institute of Medicine (IOM) and the National Research Council on sports-related concussions in children, including sports-related concussions among military dependents, and concussions in military personnel ages 18 to 21 that result from sports and physical training at military service academies or during recruit training. The report also noted that limited data is available and recommended that CDC oversee a national surveillance system to accurately determine the incidence of sports-related concussions. We are joined in this support by:

AANS/CNS Joint Section on Neurotrauma & Critical Care; ADvancing States; Alzheimer's Association; American Academy of Physical Medicine and Rehabilitation (AAPMR); American Association of Neurological Surgeons; American Physical Therapy Association; Brain Injury Association of America; Concussion Legacy Foundation; Congress of Neurological Surgeons; Friends of TBI Model Systems; Injury Prevention Research Center at Emory; Matthew Gfeller Center, University of North Carolina at Chapel Hill; National Association of State Directors of Developmental Disabilities Services; National Association of State Mental Health Program Directors; National Athletic Trainers' Association; National Disability Rights Network; North American Brain Injury Society; Safe Kids Worldwide; SCORE Program, Children's National Hospital; The Center on Brain Injury Research & Training at the University of Oregon; The

National Concussion Management Center; United States Brain Injury Alliance (USBIA); USA Field Hockey; USA Lacrosse; and USA Football.

ACL's National Institute on Disability, Independent Living, and Rehabilitation

Research (NIDILRR)

NIDILRR supports innovative projects and research in the delivery, demonstration, and evaluation of medical, rehabilitation, vocational, and other services designed to meet the needs of individuals with TBI through the 16 TBI Model Systems grants. Each TBI Model System contributes to the TBI Model Systems National Data and Statistical Center (TBINDSC), participates in independent and collaborative research, and provides valuable information and resources. This research contributes to our knowledge of TBI treatment and rehabilitation, which is critical to help TBI providers to better deliver services that result in good outcomes. We are advocating for funding to expand the number of TBIMS to 18 – the same number as Spinal Cord Injury Model Systems, which will be increased from 14 to 18 from recent increased funding.

In closing, NASHIA is a nonprofit organization that works on behalf of States to improve and increase access to services with the goal of all States having resources to assist individuals to return to home, community, work and school after sustaining a brain injury. Federal funding is critical to help States in that endeavor, including data and research to support an effective delivery system.

Thank you for your continued support. Should you wish additional information, please do not hesitate to contact: Susan L. Vaughn, Director of Public Policy, svaughn@nashia.org or Zaida Ricker, NASHIA Government Relations, zricker@ridgepolicygroup.com.