Funding for TBI Act Programs
The Traumatic Brain Injury (TBI) Act, as amended in 2008, authorizes funding to the US Department of Health and Human Services, Health Resources and Services Administration (HRSA) for (1) State grants to improve service delivery and for Protection & Advocacy (P&A) grants to provide client advocacy for individuals with TBI; and (2) to the Centers for Disease Control and Prevention (CDC) for public education, prevention and injury surveillance.

NASHIA supports elevating the HRSA TBI Program within HHS to coordinate resources across agencies.

NASHIA urges Congress to appropriate:
- **$20 million** for the HRSA Federal TBI State Grant Program to fund all states, territories, American Indian Consortia and the District of Columbia
- **$11 million** for CDC TBI programs
- **$6 million** for the HRSA Federal P&A Program

Military and Veterans
- Increased funding to the Department of Defense (DoD) for TBI care, services and outreach programs.
- Coordination of community resources among DoD, the Veterans Administration and local and state TBI programs.

Dual Diagnosis/Co-Occurring Conditions
- Coordination of resources between HRSA and Substance Abuse and Mental Health Services Administration (SAMHSA).
- Reauthorization of SAMHSA to include funding for TBI & co-occurring conditions.

Children & Youth with TBI
- Reauthorization and full funding of IDEA.
- Reauthorization and full funding of NCLB.
- Prioritizing the needs of children and youth with TBI, and their families in the Maternal Child Health Block Grant, Special Health Care Needs program.
- Medicaid school health and related services for children with disabilities.
- Maintain and expand the State Children’s Health Program (SCHIP) to include dental and mental health coverage.

Employment
- Funding the Supported Employment and Projects with Industry (PIC) programs as authorized by the Rehabilitation Act.
- Reauthorization of the Workforce Investment and the Rehabilitation Act.
- Research in best practices in vocational training and job retention for individuals with TBI.

Health Care and Disability Programs
- Funding the HRSA Emergency Medical Services for Children Program.
- Funding the Trauma Systems Planning and Development Act.
- Reauthorization of the Developmental and Disabilities and Bill of Rights Act.

Health Reform & Long-term Care
- Maintain adequate federal spending for the Medicaid program, including rehabilitation, therapies, outpatient services and case management.
- Health care reform that includes all payor systems, and addresses all aspects of health service delivery (i.e. primary and secondary prevention, rehabilitation, community and long-term care and supports).

Disability & Rehabilitation Research
- Clarifying the National Institute for Disability and Rehabilitation Research’s (NIDRR’s) role to include health and function research as integrally related to employment and community participation.
- Creating an Office of Disability and Health in the Centers for Disease Control and Prevention (CDC).

Aging and Caregiving
- Funding to accommodate needs of aging caregivers of adults with lifelong TBI-related disabilities.
- Expanded funding for the Aging and Disability Resource Centers to be available in each state and specify that TBI be included along with other disabilities.
- Caregiver training on TBI screening, identification and symptoms.
- Policies that promote coordination between the Administration on Aging, Medicaid and the HRSA Federal TBI Program.

Prevention
- Assist schools in concussion screening technology and adopt better concussion management guidelines.
- Traffic safety programs and incentives for State mandatory laws requiring: (1) motorcycle helmet usage for all riders, (2) primary safety belt usage, (3) prohibition of open containers of alcohol in vehicles, and (4) strong DUI/ DWI laws.

Community Living Services & Supports
- Establish a national, voluntary, premium-based long-term care insurance program.
- Support funding to ensure fair wages for America’s workers who support people with disabilities.
- Funding and legislation to rebalance long-term care systems to provide necessary community services and supports.
- Provide community options for individuals who wish to reside in the community in lieu of institutional or nursing facilities.

**Respite**
- Funding for the Lifespan Respite Care Act (P.L. 109-442) for caregivers of individuals with disabilities of any age.

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**National Association of State Head Injury Administrators**

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The NASHIA Public Policy Platform is available on the www.nashia.org.

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NASHIA is a member of: the:
American Brain Coalition
Campaign for Children’s Health Care
Consortium for Citizens with Disabilities
Disability and Rehabilitation Research Coalition

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**111th Congress**

-- First Session --

**Developed by the**
NASHIA Public Policy Committee

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**About NASHIA**
The National Association of State Head Injury Administrators (NASHIA) was established by state government employees to help states plan, implement and administer public programs and services for individuals with brain injury and their families.

NASHIA members represent a broad spectrum of state agencies including health, Vocational Rehabilitation, mental health, Medicaid, social services, developmental disabilities and education. Associate membership is represented by rehabilitation professionals and agencies, advocates and other interested persons.

**Mission**
NASHIA’s mission is to assist state government in promoting partnerships and building systems to meet the needs of individuals with brain injury and their families.

**About Traumatic Brain Injury**
Traumatic brain injury (TBI) is the leading cause of death and disability in children and young adults. TBI is caused by a sudden jolt, blow or penetrating injury to the head that disrupts the normal function of the brain. The injury often results in problems with thinking, emotions, language, physical, mobility and sensory that affects how a person is able to live and work independently.

TBI is a complex disability that challenges states’ ability to respond to the individual and family needs. Their needs may range from rehabilitation to community and family support to long-term care. Without coordinated systems of care, individuals are often placed inappropriately into nursing homes or left to the families to care for without much support or assistance.