

ABOUT BRAIN INJURY

An acquired brain injury (ABI) is any injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma. There are two types of ABI – non-traumatic, or those injuries caused by an internal force, and traumatic. A traumatic brain injury (TBI) is an alteration in brain function or other evidence of brain pathology caused by an external force. The Centers for Disease Control and Prevention (CDC) report that 2.8 million children and adults sustain TBIs annually and at least 5.3 million live with a TBI-related disability. The cost to society for medical care and lost wages associated with TBI is \$76.3 billion annually.

Individuals with brain injury may experience memory loss, concentration or attention problems, slowed learning, and difficulty with planning, reasoning, or judgment. Emotional and behavioral consequences include depression, anxiety, impulsivity, aggression, and thoughts of suicide. Physical challenges may include fatigue, headaches, difficulty with balance or motor skills, sensory loss, and seizures. Brain injury can lead to respiratory, circulatory, digestive, and neurological diseases, including epilepsy, Alzheimer's, and Parkinson's disease. Poor outcomes after brain injury result from shortened lengths of stay in both inpatient and outpatient treatment settings. Payers point to a lack of sufficient evidence-based research as a primary reason for coverage denial of medically necessary treatment. This occurs particularly when behavioral health services and cognitive rehabilitation are needed.

ABOUT BIAA

Founded in 1980, the mission of the Brain Injury Association of America (BIAA) is to advance brain injury awareness, research, treatment, and education to improve the quality of life for all people affected by brain injury. BIAA is dedicated to increasing access to high quality care and accelerating research. With a network of state affiliates, local chapters, and support groups, BIAA provides help, hope, and healing and serves as the voice of brain injury for individuals who are injured, their families, and the professionals who provide research, treatment, and services.

For information, contact:

Amy Colberg, Director of Government Affairs

acolberg@biausa.org • 703-761-0750 ext. 637

1608 Spring Hill Road, Suite 110, Vienna, VA 22182

Bolster Research for Traumatic Brain Injury

FULLY FUND TBI MODEL SYSTEMS OF CARE

The TBI Model Systems are a collection of 16 research centers located across the United States that conduct disability and rehabilitation research under grants administered by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) of the Administration for Community Living. The TBI Model Systems are the only source of non-proprietary longitudinal data on what happens to people with brain injury across the lifespan. They are a key source of evidence-based medicine and serve as a "proving ground" for future researchers. TBI Model Systems sites work closely with the Department of Veterans Affairs on research to improve the treatment of Veterans with brain injuries.

- Increase funding in FY2021 for NIDILRR's TBI Model Systems program so as to add one new Collaborative Research Project.
- Over the next five years, the Congressional Brain Injury Task Force requests increased funding by \$15 million to expand the TBI Model Systems program:
 - Increase the number of multicenter TBI Model Systems
 Collaborative Research projects from one to three, each with an annual budget of \$1 million;
 - Increase the number of competitively funded centers from 16 to 18 while increasing the per-center support by \$200,000; and
 - Increase funding for the National Data and Statistical Center by \$100,000 annually to allow all participants to be followed over their lifetime.
- Provide "line-item" status to the TBI Model Systems within the broader NIDILRR budget.

Sign up for BIAA's weekly e-newsletter, Policy Corner, at biausa.org.

