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## **KENNEDY CELEBRATES PASSAGE OF TRAUMATIC BRAIN INJURY LEGISLATION**

WASHINGTON, DC – Senator Edward M. Kennedy, Chairman of the Health, Education, Labor and Pensions Committee, released the following statement in celebration of last night’s Senate passage of the Traumatic Brain Injury Act Reauthorization. The bill was passed in the House of Representatives earlier this week, and will now be sent to the President for his signature.

“Today, we’re a giant step closer to giving our nation’s military, veterans, children, and other citizens with traumatic brain injuries the best rehabilitation services we can provide. Over 5 million Americans are now living with permanent disabilities because of these injuries, and 1.5 million more suffer and survive such injuries every year. Modern medicine is now providing real hope for rehabilitation, and our goal in this legislation is to make it widely available to this vulnerable population. They deserve no less,” said Senator Kennedy.

The legislation will extend and improve funding for a range of traumatic brain injury rehabilitation programs, such as assistance in returning to work, finding a place to live, and obtaining needed support and appropriate rehabilitation services. It also funds an important CDC program to prevent such injuries. The bill will be of major assistance to soldiers with such injuries from combat, and to children, who tend to have a higher incidence of the injuries.

### **Summary of the Traumatic Brain Injury Act Reauthorization**

What is TBI?

Traumatic brain injury (TBI) is a blow or jolt to the head or a penetrating head injury that causes damage to the brain. Common causes include falls and car crashes. Every year, of the 1.5 million people in the United States who sustain a TBI, 50,000 die, 235,000 are hospitalized, and approximately 80,000 to 90,000 will become disabled.

Who would this bill primarily help?

**Soldiers:** This bill will provide assistance to the millions of children and adults in our nation who are facing an array of problems because of their traumatic brain injury. The programs authorized under this bill can help the thousands of soldiers wounded in the war. As of December, 2007 -- 30,327 service members have been wounded in Iraq; brain injuries are approximately two-thirds of the injuries suffered in the war.

Children: There is an extremely high incidence of Traumatic Brain Injuries among children between the birth and age 14 – approximately 475,000 a year – and some of the highest numbers of injuries are among children under the age of five.

What would the bill do?

The Act expands the Public Health Services Act with respect to traumatic brain injury. Reauthorization of the TBI Act is crucial to continue federal funding for a range of traumatic brain injury programs. The bill will reauthorize grants that have been assisting States, Territories, and the District of Columbia in building or enhancing coordinated systems of community-based services and supports for children and adults with traumatic brain injuries. It will extend the ability to apply for these grants to American Indian Consortia.

In addition, when Congress first authorized the Traumatic Brain Injury Act as part of the Children's Health Act of 2000 it had the foresight to include funding for the Protection and Advocacy for Individuals with Traumatic Brain Injury program. This program has played a crucial role because individuals with traumatic brain injury have an array of advocacy needs including assistance with returning to work, finding a place to live, accessing needed supports and services such as attendant care and assistive technology, and obtaining appropriate rehabilitation services.

Often these individuals are forced to remain in extremely expensive institutional settings far longer than necessary because the community-based supports and services they need are not available. Effective protection and advocacy services for people with traumatic brain injury can lead both to reduced government expenditures and increased productivity, independence and community integration. However, the advocate must possess specialized skills and the work is often time-intensive.

The reauthorization:

Extends the authorization of such sums as may be necessary for the CDC research, public education, and state registry programs; NIH research; and HRSA programs through 2012.

Establishes several new studies, including a study through the CDC and NIH to determine the incidence and prevalence of traumatic brain injury, identify common therapeutic interventions, and develop rehabilitation guidelines.

Establishes a CDC/NIH study to identify the best methods of coordinating prevalence data, in order to ensure that national research takes into account the incidence of brain injuries among our nation's veterans and that current information about diagnostic tools and treatments are shared.

Amends the HRSA demonstration projection program such that American Indian consortia can apply for funding, that the projects are redefined to improve access to rehabilitation, and the grants are limited to 3 years.

Requires the Administrator of HRSA and the ADA Commissioner to coordinate data collection regarding protection and advocacy. It stipulates that, in any year where \$6 million is appropriated for the HRSA protection and advocacy services program, 2% is used for a grant providing for training and technical assistance to protection and advocacy systems.

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