



Traumatic Brain Injury Act of 2012 (H.R. 4238) FAQ

Q: What does this legislation do?

A: This legislation reauthorizes existing state grant programs, research funding, and educational outreach to those who suffer from Traumatic Brain Injury (TBI). The TBI Act of 2012 will allow the Center for Disease Control (CDC) and the Department of Health and Human Services (HHS) more flexibility to work and collaborate with other departments, it will clarify that grant funds may be used for direct services, provide a formula through which states will receive funds, direct that pediatric TBI is part of the new law's goal, and help include public input for the long-term planning of the Federal TBI Program.

Q: Why is this legislation important?

A: Traumatic Brain Injury is a complex health condition that challenges the ability of states, individuals with TBI, their families, and caregivers to address the consequences resulting from this disabling condition. The CDC estimates that falls and motor vehicle or traffic accidents are the leading causes of TBI in the U.S, accounting for over 52% of the approximately 1.7 million cases. Falls alone accounted for 50% of the traumatic brain injuries among children aged 0 to 4 and 61% among adults 65 and older. TBI is also one of the signature injuries stemming from the Iraqi and Afghanistan conflicts. In 2010 alone, there were over 31,000 cases reported by the Department of Defense. According to the Defense and Veterans Brain Injury Center, between the year 2000 and 2011, over 233,000 cases of TBI had been reported.

Q: What was included in previous authorizations?

A: The TBI Act of 1996 originally authorized appropriations to reduce the incidence of TBI through the CDC, use the National Institutes of Health to conduct research, and gave the Health Resources and Services Administration (HRSA) authority to establish a state grant program to improve access to service delivery. Reauthorizations in 2000 and 2008 added funding authority for state Protection & Advocacy Systems to include TBI advocacy, added the American Indian Consortium as an eligible party for grant funds, made small changes to CDC surveillance and data collection, and required the CDC, NIH, Department of Defense and Department of Veterans Affairs to submit a report to Congress for collecting and disseminating data on the incidence of TBI in the military.

Q: What role do physical therapists play in TBI Care?

A: PTs provide a unique contribution to rehabilitation in the areas of balance, vestibular rehabilitation, motor planning and sequencing, mobility, and participation in major life areas.

Q: What happens if these programs are not reauthorized?

A: If nothing is done and the program is not reauthorized by December 31, 2012, the TBI programs may no longer receive funding, cutting off CDC research dollars, awareness and

educational information, concussion management guidelines and grants to states for their dissemination, and grants to 21 states for training and technical assistance.

Q: What are some of the successes of the program so far?

A: The creation of the Federal TBI program has resulted in sustained HRSA training and assistance programs in 21 states. The CDC continues to strengthen data collection and conduct research, raising awareness to the public and primary care providers, while implementing the ConTACT Act, which includes concussion management guidelines and provides grants for the dissemination of the guidelines.

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