



# Brain Injury Association of Texas

## *Enewsletter*

### Save the Date!

**26<sup>th</sup> Annual  
Statewide  
Conference**

**“Expanding Our  
Minds: Brain  
Injury in a New  
Decade”**

**June 3-6, 2010  
Marriott Austin  
South**

Register before  
May 10<sup>th</sup> to receive  
a discount!

[http://www.biatx.org/  
support/go/conferenc  
e.html](http://www.biatx.org/support/go/conference.html)

For information, contact  
us at:

**Brain Injury  
Association of Texas  
316 W. 12th Street, Ste  
405  
Austin, TX 78701  
Telephone: (512) 326-  
1212  
Toll Free: (800) 392-  
0040  
Fax: (512) 478-3370  
Email: [info@biatx.org](mailto:info@biatx.org)**

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### **Letter from BIATX President, Jane Boutte**

It is hard to believe it's spring and we are already into the second quarter of the year. We have been working hard and have a few accomplishments I'd like to tell you about.

First, I'd like to thank Erin Garrison, our administrative director for all that she has done in working with the Brain Injury Association of America (BIAA) to set up a new "on call system". Our board is made up of all volunteers and part of our responsibility is to respond to information and referral calls. The new system will help us categorize the needs of the caller. This information will then be used to help us update our website, support legislative initiatives, and update our member list. In the end, this information is used so that we can better serve brain injured individuals, families, professionals, and our wounded warriors. I am also appreciative of the board and their willingness to answer calls and provide information to those who need it. I know they do so because of their commitment to serve the brain injured population.

If you aren't aware, one other big initiative we have been working on is our BIATX conference coming up June 3<sup>rd</sup> – June 6<sup>th</sup>. *We have extended early registration discounts to May 10<sup>th</sup>.* If you haven't registered please do so now to ensure your spot. We have an exciting line up of speakers and believe everyone will enjoy the lovely Marriott hotel accommodations in Austin. We appreciate all of those who have made commitments to sponsor or exhibit at the conference. I was recently informed that the Brain Injury Association of Michigan had well over 3,000 attendees at their latest conference. I'm sure in the near future we can double that number since we live in Texas, one of the largest states in the nation!

We had our first location to host our off site board meeting, thanks to Marianne LaCour and PATE. There were 7 people who called into the board meeting from Dallas. Our goal is to have hosting sites throughout the state to make it easier to connect with us even if you can't travel to Austin. I'd like to also thank Drs. Sander and Clark at TIRR in Houston who plan to host a site conference connection, for our next board meeting on July 17, 2010.

I look forward to meeting as many of you as possible at our conference in June. If you have any questions, thoughts or concerns please email me at [info@biatx.org](mailto:info@biatx.org). I want your feedback so we may better serve you.

Sincerely,  
Jane

**“Expanding Our Minds: Brain Injury in a New Decade”**  
**June 3-6, 2010**  
**Marriott Austin South**  
**Austin, Texas**

**The 26<sup>th</sup> Annual Statewide Conference is fast approaching!**

**Please register before May 10<sup>th</sup> to receive a discounted rate!**

*List of speakers and presentations as of April 30, 2010*

*Matthew Mireles, PhD, MPH and William Paske, PhD “Is There a Physiological Difference Between mTBI and Post-Traumatic Stress Disorder Among US Veterans?”*

*Lori Cook, PhD, CCC-SLP “The National Pediatric Acquired Brain Injury Plan: A New Day Dawns”*

*Lisa Guerrant, MS, CCC-SLP and Angela Graybill, CCC-SLP “Taking Aphasia Treatment from the Clinic to the Community”*

*Nicole Harmon, PhD, NCC “Understanding the Experiences of Family Caregivers of Individuals with Acquired Brain Injury Following Discharge from Rehab”*

*Brent Masel, MD “Can Hormones Make a Difference: Traumatic Brain Injury and Hypopituitarism”*

*Ronald J. Swatzyna, PhD, LCSW, BCIA-C, BCIA-EEG “Coexisting Post-Traumatic Stress Disorder with Traumatic Brain Injury: Neurological Challenges Affecting Treatment”*

*Sid Dickson, PhD, ABPP-CN and Kier Bison, PhD “Rehab with PERPOS: Team Collaboration and Improving Outcome Measurement”*

*Jane Stewart, BS, Elliot Escobar, BA and Cindy and Shane Parsons (mother and son, wounded Iraq war veteran) “The Rewards and Challenges of Treating Veterans with Brain Injury”*

*Cheryl Kerr “Retrieving My Life: The Importance of Humanity in Patient Care- One Woman’s Story”*

*Robert Hamilton “Disability, Motivation, Reasonable Expectations and Employer Assistance: A Personal Voyage”*

*Angelle Sander, PhD “Compensating for Memory Problems After TBI: An Evidence Based Approach”*

*Gene Fare, Paralegal and Advocacy Practitioner “How Much Help Does a Person Need When Everything is Wrong?”*

*Allison Clark, PhD “Social Networking: Increasing Opportunities for Socialization and Participation After TBI”*

*Rose Pelzel “Trauma Changes Everything”*

*Carlos Tirado, MD “Orbitofrontal and Executive Functioning in Chronic Substance Use Disorders”*

*Support Group Information Johnny Taylor, Chaplain and Karen Brewer, PhD “Support Groups:  
Lifelines to Hope”*

*Partick Plenger, PhD “Applications of Functional Near-infrared Spectroscopy in a Rehabilitation  
Setting”*

*Leah Bell, OTR, CBIS and Christie Schoel, PT “Do You See What I See? How Vision, Perception and  
Memory are Affected by ABI”*

*Joseph Allen, PT, MS and Ana Maria Machado-Tovar “Justification of Outpatient Therapy Services for  
Individuals with Altered States of Consciousness”*

*Mark Sherer, PhD, ABPP-Cn “The TBI Model Systems Program: Resources for Consumers”*

*Richard Temple, PhD “Neuroplasticity: To Discharge and Beyond”*

*Angelle Sander, PhD “Integrating Sexuality Into Brain Injury Rehabilitation”*

*Gary Seale, MA “Emergency Preparedness- an Oxymoron”*

*Ramon Diaz-Arrastia, MD, PhD “MRI Biomarkers in Traumatic Brain Injury”*

*Please visit [www.biatx.org](http://www.biatx.org) for a full schedule and speaker information*

**If brain injury survivors or their family members are requesting scholarships to pay their registration fees only during the conference, please email [info@biatx.org](mailto:info@biatx.org) with the subject line "conference scholarship requested". The requests will be filled as funds are available on a first requested, first served basis. There is no guarantee the Association will be able to fulfill all requests. The scholarship will cover registration fees only. No travel or accommodation expenses can be reimbursed through this program.**

**BIATX has reserved rooms at the Marriott for \$99 per night. Please contact the Marriott at (512) 441-7900 for booking information.**

#### Continuing Education Units:

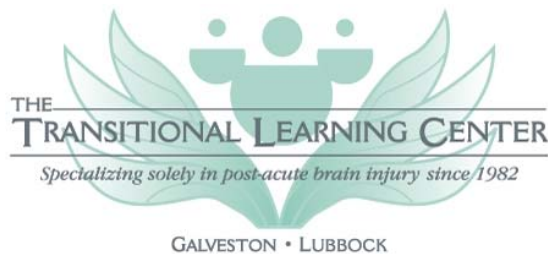
**As of [April 30, 2010](#), the Statewide Conference has been approved for CE credits for the following disciplines: CCAA, CVE, CWA, CRC, CDMS, CCMC, Social Workers, Licensed Professional Counselors (State of Texas and NBCC approved), Speech-Language-Hearing, TPTA pending.**

**Diamond Sponsor**



**Exhibitors as of May 4, 2010**

**Mentis Neuro Rehabilitation  
GA Bishop & Associates, LLC**





## ***Managing Attention Problems after Traumatic Brain Injury: Using Evidence-Based Strategies in Home and Community Settings***

*Allison N. Clark, Ph.D.*

Problems with attention and concentration are very common after traumatic brain injury (TBI). As a result, persons may have a hard time keeping their mind on one thing or may be easily distracted by noises. They may have trouble paying attention to more than one thing at the same time (like listening to a television show and cooking a meal) or trouble switching attention from one task to another. After injury, persons may have trouble reading or watching movies because it is harder to focus their attention over longer periods of time. Problems with attention can also contribute to problems learning and remembering new information. For example, if someone has difficulty paying attention during a doctor's visit, he or she may have trouble remembering what the doctor said about their medication. Attention and concentration problems often improve during the first year after injury, but persons with TBI may experience long-lasting problems with attention and concentration. Some problems may be mild and others may be more severe.

There are many research studies that have looked at different types of treatments after TBI. Researchers and scientists have carefully reviewed these studies to determine if the results or *evidence* show that a particular treatment is helpful. The researchers and scientists make recommendations for the use of treatments based on their expert review of the research studies and their results. These types of recommendations are called *evidence-based recommendations*.

The evidence-based recommendations for attention problems after TBI include training in the use of strategies to help persons compensate or "get around" problems with attention and concentration. These strategies are most helpful with persons who are 6 months or more following injury.

One of these strategies is called Time Pressure Management Training (Fasotti et al., 2000). This strategy helps people get around problems with attention and slowed speed by teaching them to give themselves enough time to do a task. This strategy can help persons cope with feelings of "information overload" that can happen when they have to pay attention to 2 or more things within a certain period of time. Persons are taught to make a short plan of what they can do before they actually start the task. They are

also taught to make a back-up plan of what they can do if they are having problems with the task, and to pay attention to how well they are doing the task so they can use the back-up plan as needed.

For example, if a person wanted to make a main dish and a side dish for dinner, they may have to pay attention to the preparation of 2 dishes within the same time period. Using the time pressure management strategy, they would first make a short plan of what they can do before they start cooking. This plan may include reading the entire recipes for both dishes, getting all ingredients ready (washing, chopping, measuring), locating the right cookware, and preheating the oven. A back-up plan could include taking the food off the hot stove if they have to answer the phone. The person is taught to follow the plan and get everything ready prior to actually cooking so that there is less time and attention pressure during the actual task (for example, don't have to spend time and attention chopping onions). Breaking down these tasks into parts and planning ahead of time can help persons compensate for problems with attention and speed.

Other strategies that have been found to help people get around problems with attention include talking to themselves out loud while performing a task (for example, saying the recipe instructions out loud), repeating or rehearsing what they need to pay attention to, and taking breaks during a task. Caregivers can help persons with TBI learn these strategies by first showing them how to do it. This is called modeling the strategy. Caregivers can also help by reminding them of any steps they forgot to do, and talking about how the strategies are helping them improve their ability to perform tasks and activities.

Evidence-based recommendations for memory problems, problem-solving deficits, and language and social communication problems will be presented in upcoming newsletters. If you have any questions about these strategies, please contact Dr. Allison Clark at the Brain Injury Research Center at TIRR Memorial Hermann (P: 713.630.0519; e-mail: [Allison.Clark@memorialhermann.org](mailto:Allison.Clark@memorialhermann.org)).

#### Reference

Fasotti L, Kovacs F, Eling PATM, Brouwer WH. Time pressure management as a compensatory strategy training after closed head injury. *Neuropsychol Rehabil* 2000;10:47-65.

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### ***It's Only a Concussion... Or Is It?***

Matthew C. Mireles, PhD, MPH  
Community Medical Foundation for Patient Safety

William C. Paske, PhD  
Red Oak Instruments, LLC

April 13, 2010

One may get away with ignoring a non-bleeding head injury most of the time. A concussion or sudden blow to the head that leaves no visible blood or wound to the head is far more challenging to detect and treat. It could be a blow to the head from a car crash, a fall, an assault, or a head collision during a friendly backyard football or after work basketball game. Concussions among children are seen in all athletic events, from little league football and soccer to cheerleading and horseback riding.

About 1.4 millions experience a traumatic brain injury each year, resulting in 235,000 hospitalizations and 50,000 deaths. The cost of traumatic brain injury is a staggering \$60 billion for direct medical cost. The exact toll on families and society can never be measured. At least 5.3 million Americans are living with TBI and need lifelong help to do daily activities. In Texas, 2007, an estimated 144,000 sustained a traumatic brain injury and 479,000 were living with disabilities related directly to this injury.

Medical experts now consider a *concussion as mild traumatic brain injury* (mTBI) and urge immediate medical evaluation and treatment. If left untreated, mTBI can cause lifelong alterations in the ability to think and behave. These cognitive and behavioral alterations occur in about 20 percent of the population of “insignificant” head injuries. Individuals who take a sharp blow to the head have an 80 percent chance of returning to normal within one to two weeks. However, 20 percent may suffer from prolonged disorientation, loss of short-term memory, slower thinking, headaches, dizziness, sleep disturbance, fatigue, and display impulsive and disruptive behavior. Untreated symptoms that are left too long become chronic and may progress into more serious health and mental conditions, such as depression, anxiety and changes in personality and behavior.

Often, individuals with mTBI deny their injury, an important common symptom. In our competitive society, everyone is taught and conditioned very early to be strong and ignore “hits”. If they complain of injury or pain, they are not a team player. From the playing fields to battle fields and board rooms, everyone is at risk for mTBI. Athletes are encouraged to return to play immediately. Military personnel are quickly evaluated, and most often return to action after a hit to the head.

Community Medical Foundation for Patient Safety, a nonprofit 501(c)(3) research organization in Houston and Red Oak Instruments, LLC, have worked together to develop and test a new medical device for the early detection of the physical symptom of mTBI. A physical symptom, such as a measurable change in a person’s fine motor control abilities, provides an innovative approach to detect and screen mTBI.

State Legislators now believe it is necessary to enact laws requiring a coach to acknowledge and accept a medical excuse to restrict players from being forced to play when injured with mTBI. A recent US Congressional hearing held in Houston, TX, February 1, 2010, addressed the subject of head injuries in youth, high school, college, and professional football. Community Medical Foundation and Red Oak Instrument are offering a better, quicker, and more accurate way to screen for mTBI and determine who is actually injured and should be treated immediately. In a partnership with Work Wright, Inc., we conducted a study of US veterans with post traumatic stress disorder (PTSD) in Helena, Montana last month. Preliminary findings of this recent study will be presented at the upcoming Brain Injury Association of Texas conference, June 3-6, 2010.

Everyone should be reminded that any blow to the head can be dangerous. The blow causes the soft brain tissue to collide forcibly against the hard, boney structure inside the skull. Swelling of the brain, increased pressure from inflammation or spinal fluid, or bleeding called subdural hematoma may develop without any physical external symptom. We see this evidently in post-mortem cases of shaking

baby syndrome, and we suspect similar injury may occur in some children injured in sports and adults who recently had a concussion. In some military units, 80% of all combat injuries are mTBI injuries, but not all injured persons are diagnosed and treated. Even more concerning is the danger of repeated or multiple mTBI on a person. These multiple concussive events and sub-concussive events, such as repeated hits during a football season or career, are shortening the player's life span and reducing the quality of life, as seen in our professional athletes.

What effects are these multiple concussive events having on the person? Unfortunately, no one knows. For injured military personnel, most are honorably discharged from duty before the proper care and treatment are given, and then they must battle the VA to get proper help. Others are stigmatized as being "weak" or "not being a team player". They eventually are removed from the team or the company by attrition or termination. A early screening of mTBI, that is noninvasive and highly objective, may be the most effective method to detect the injury and hopefully get immediate medical treatment to the injured person.

Community Medical Foundation has established the Traumatic Brain Injury (TBI) Screening Center in Houston to offer an accurate mTBI screening test and educational services to anyone who may be concerned about mTBI after a recent experience with a head injury. We highly encourage screening for children in contact sports, anyone who has been involved in a car collision or has fallen with an impact to the head, and military personnel returning from deployment in Iraq or Afghanistan, even if the person does not believe he or she has been injured.

At this time, only a few health insurance companies are covering the cost of this new screening test at \$300 per test. For more information about this new mTBI screening test and our research in mTBI and PTSD, please contact Dr. Matthew Mireles at Community Medical Foundation for Patient Safety, 832.778.7777 or [mcmireles@communityofcompetence.com](mailto:mcmireles@communityofcompetence.com).



On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (H.R. 3590). One week later, he signed the Health Care and Education Reconciliation Act of 2010 (H.R. 4972). Together, these laws represent the most sweeping health care reforms in U.S. history. Some of the most important provisions for individuals with brain injury and their families include:

- The opportunity to keep your current health insurance, assuming you make premium payments on individual or group plans and/or maintain eligibility for Medicare and Medicaid programs;
- A mandate on individuals and employers to obtain or provide health insurance by 2014 or face penalties, except in the case of financial hardship and religious objections;
- Creation of a high-risk pool to provide immediate assistance to those currently uninsured with pre-existing conditions before insurance market reforms are implemented;

- Establishment of state-based Health Insurance Exchanges effective in 2014 with an essential benefits package that requires coverage for hospitalization, physician services, prescription drugs, rehabilitation and habilitation services and devices, vision and oral pediatric services, mental health services and chronic disease management services, among others;
- Major insurance company reforms phased in between 2010 and 2014 for individual and small group plans such as the elimination of discrimination based on health status, a prohibition on pre-existing condition exclusions (including implementation of an immediate ban on exclusions for children), guaranteed issue and renewal requirements, and the elimination of annual and lifetime caps;
- Inclusion of the Community Living Assistance Services and Supports (CLASS) Act, a new actuarially sound, premium-based, voluntary, national long term services insurance program to help adults with severe functional impairments to remain independent, employed, and a part of their communities, without having to impoverish themselves to become eligible for Medicaid;
- Inclusion of a Community First Choice Option to Provide Medicaid Coverage of Community-Based Attendant Services and Supports, allowing states to offer such services to people otherwise eligible for Medicaid institutional services;
- Significant investments in Medicaid to dramatically expand eligibility;
- Substantial federal subsidies and out-of-pocket limits to make coverage as affordable as possible;
- New mechanisms and payment methods to better coordinate chronic care for people with disabilities;
- An extension of the exceptions process to the Medicare therapy caps on physical, occupational, and speech and language therapies;
- Development of standards for accessible diagnostic and other medical equipment;
- Inclusion of individuals with disabilities in research and data collection;
- Major federal investments in prevention and education/training for allied health professionals.

### **IMPORTANT NOTE:**

Rehabilitation was not included in the original version of the Senate bill that became law. It was only through the Brain Injury Association of America's relentless advocacy that this vital component of brain injury recovery was listed as a covered service that individual and small group health insurance plans will be required to provide as of 2014. The importance of this victory for people with brain injury cannot be overstated, but there is still critical work ahead on regulatory language and enforcement. BIAA is deeply grateful to its nationwide network of advocates and the generous donors who supported our health care reform campaign.

### **BIATX is recruiting for three new ad-hoc task forces:**

Legal (attorneys)  
 Professional (counselors, social workers, therapists)  
 Family/Caregiver

*Please contact Erin Garrison, if you are interested in participating in any of our Ad-Hoc Task Forces*  
[Hegarrison@biatx.org](mailto:Hegarrison@biatx.org)



## **Meet our Board Members!**

*Each Newsletter BIATX will publish profiles of our current Board Members*

### **Daniel Cotts, Finance Committee**

Daniel Cotts suffered a severe Traumatic Brain Injury mountain-biking in 1999 that caused him to "start-over" - he had to relearn to walk, talk, use his dominant right hand, etc. Daniel was a practicing attorney in Southern Utah at the time of his accident. Through extensive rehab, and a "never-say-die" attitude, Daniel (Dan) was able to regain much function, and actually returned to school, earning his LL.M. (Master's of the Law) in Taxation from SMU in 2003. Dan is a Tax Attorney, currently working as a Sr. Editor for CCH, Inc - the tax publishing leader, based in Chicago. Dan joined the Board of the BIATX in Jan of 2009, and currently serves as the Finance Chair for the Board.

"I joined the Board of the BIATX to try to help Brain Injury survivors and their families deal with the "new life" that they have had thrust upon them. Education about this condition is largely lacking, and is crucial to those who are facing it. I did not have any resources like this, when I was injured - in fact, I did not have much of an understanding about the ongoing and permanent effects of a brain injury until my ex-wife and I started doing some research about 2 years ago, out of desperation, for our relationship. 'Having a resource like this available might have made all the difference.' I knew about, and understood the physical effects of my TBI, but I was clueless about the cognitive/behavioral effects - they had never been discussed/shared with me- and I don't want anyone else to have to go through that."

### **Dalton Goode, Fundraising Committee**

Dalton Goode is part of the BIATX Board fundraising committee and traumatic brain injury survivor. Dalton was thrown from a bus in 2006. After learning to walk again and regaining his memory, he has become a fixture at Quentin Mease Community Hospital and Ben Taub General Hospital. Dalton started the post acute traumatic brain injury support group at Quentin Mease to help and inspire other brain

injury survivors and their families. In 2008, he was awarded the Harris County Hospital District's "Volunteer of the Year" award for Quentin Mease. At Ben Taub, Dalton volunteers in NICU and is facilitating a support group for families of patients in acute care. In January 2009, he became the "face" of TIRR Hospital. He has taken up acting and made his debut in "A Night at the Theater" in March 2009. He recently co-starred in "Debutante Girl" at the Red Door Theatre.

### **Annie Walker, Treasurer**

My name is Annie Walker, serving on the BIATX for the second term. My position at this time is Treasurer. I have served as Finance Chair, Chair of the BIATX Chapters and Support Groups, as well as serving on the Advisory Council.

I have been in banking for forty (40) years this past March, 2010. I am currently employed at Jefferson Bank in San Antonio, Texas as a New Account Supervisor.

I am the Mother of two (2) sons and I have four (4) beautiful grandchildren, two (2) granddaughters and two (2) grandsons who all live in California.

I became involved with the Brain Injury Association in November, 1990. My son, Solomon, was assaulted in San Francisco and sustained a close heady injury. Even though I have a medical background, I knew nothing about Brain Injuries, but with the help of the Association, I was educated as how to care for my son. Solomon passed away December 15, 2007, not from the injury, but from cancer.

The awareness of brain injuries is very much needed in communities today. Serving on the board is rewarding to me and I feel that I am giving back what has been given to me. I also serve in various Ministries at my church. In May I will be celebrating my 40<sup>th</sup> wedding anniversary!

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## **Local Head-Injury Patients Sought for Study Investigating Potential Treatment for Daytime Sleepiness**

No Medicines Currently Approved to Treat Sleepiness During the Day for People Suffering from Head Injuries

**King of Prussia, PA**– April 26, 2010 – Local patients are being sought for a national clinical research study currently investigating a study medication for people who have had a head injury, concussion or bump on the head and feel sleepy or tired during the day. According to the Centers for Disease Control and Prevention, head injury is one of the most common neurologic disorders, affecting around 1.5 million Americans every year. Many people with a past head injury feel sleepy during the day, yet few people know that their sleepiness might be connected to this injury. People experiencing daytime sleepiness who have had one head injury within the last 10 years are encouraged to contact the clinical research screening center at **1-877-674-6317** or go to [www.HeadSleepStudy.org](http://www.HeadSleepStudy.org) for more information and where they can take the pre-screening questionnaire to see if they are eligible for the study.

"Currently, there are no treatments for patients who suffer from sleepiness during the day as a result of head injury," according to study investigator Dr. Milton Erman, MD at Astra Clinical Trials. "Consequently, there is a great need for new medicines to treat this life-changing problem."

The clinical study is specifically designed for adults aged 18 to 65 who have had a head injury, concussion, or bump on the head within the last 10 years and feel sleepy or tired during the day. It will

examine different dosage strengths of the study medicine and how patients respond to them. Eligible participants may receive medical care related to the study at no cost and be reimbursed for time and travel as a result of taking part in the trial.

A recent online survey of more than 100 people who have had a previous head injury found that feeling sleepy during the day negatively affects their work and family life. The survey was conducted by MediciGlobal, a patient communications firm working with Cephalon, Inc., the biopharmaceutical company sponsoring the study.

“Seventy percent of head injury sufferers surveyed said that their daytime sleepiness affects their ability to effectively interact with their family and co-workers, and seriously impacts long-term relationships,” said Dr. Erman. “This study is important because daytime sleepiness can negatively impact the daily lives of so many patients suffering from head injuries.”

Trial sites are in Houston, Dallas, Austin and San Antonio.

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### **About the Study Sponsor**

Founded in 1987, Cephalon, Inc. is an international biopharmaceutical company dedicated to the discovery, development and commercialization of many unique products in four core therapeutic areas: central nervous system, inflammatory diseases, pain and oncology.

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## **Have You Been Denied Insurance Coverage for Brain Injury Rehabilitation? We Want to Hear Your Story**

The Brain Injury Association of Texas is seeking out individuals with brain injury who have been denied cognitive rehabilitation benefits through their insurer on health benefit plans issued or renewed on or after January 1, 2008. In some cases this may be a violation of [HB 1919](#) which was passed in the last Texas legislative session. The Association is encouraging members and their families to file a complaint with the Texas Department of Insurance (TDI) directly.

TDI's website links for filing complaints:

1. Go to <http://www.tdi.state.tx.us/>
2. Click on “Online Services”
3. Click on “Online Services-Complaints”
4. Follow Instructions

General Information on Complaints:

<http://www.tdi.state.tx.us/pubs/consumer/cb003.html>

*The Brain Injury Association of Texas is grateful for all the support it receives and for the contributions provided for inclusion in this newsletter. But it should be understood that BIATX does not endorse any entities mentioned herein and has undertaken no efforts in assessing any representations or claims.*