



Brain Injury Association of Texas

*E*newsletter

Save the Date!

26th Annual Statewide Conference

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

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

For more information please visit our website www.biatx.org

BIATX's next board meeting will be April 17th from 10am to 4pm at the Association's main office in Austin and at Pate Rehab in Dallas as a conference call. Please visit <http://www.biatx.org/who/go/board.html> for directions.

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

In this issue:

- *Letter from BIATX President, Jane Boutte*
- *Thank You 2009 Sponsors*
- *Golf Tournament Wrap-Up*
- *BIATX Goals for 2010*
- *Adjustment after Traumatic Brain Injury: Are there Gender Differences?*
- *Resilient Mind Research Project Set to Launch*
- *Message from Brain Injury Association of America President, Susan Connors on Health Insurance Coverage*
- *Training for TBI VR Counselors from TIRR Memorial Hermann*
- *26th Annual Statewide Conference Call for Papers and Information*
- *Office of Acquired Brain Injury Releases Important Brain Injury Services Survey*
- *Meet our Board Members*



Letter from BIATX President, Jane Boutte

February 2010

This past year has been one of the most rewarding of my career. I have had the pleasure of working side by side with some of the most amazing people on the board of BIATX. I have learned that although brain injury is indeed a life-long event with ongoing struggles, health risks, and other issues, it is desire, spirit, energy and tenacity that keeps one moving forward and allows us to see the possibilities. I wish to thank each person on the BIATX board: Tim Atchison, Billy Blanchard, Daniel Cotts, Betty Danley, Cathie Gleinser, Dalton Goode, Bob Hamilton, Mark Hester, Donna Kuhlmann, Marianne LaCour, Marc Lenahan, Eric Makowski, Robert Rivas, Annie Walker and George Yesian, as well our volunteers, and for all each one of you has done to help BIATX accomplish our mission.

We've had a successful and fun year. Among our accomplishments were the BIATX conference, our first annual golf tournament, and our participation in an event called "Pickin' for the Record" where donations went to support wounded warriors with brain injury. Over 1800 guitar players gathered in Luckenbach, TX to break the Guinness Book of World Records. We also added four new and valuable members to our board: Betty Danley, Daniel Cotts, Marianne LaCour and Robert Rivas. Thank you for what you bring to us. A large part of what our board members volunteer to do each month is respond and assist with information and referral calls from individuals with brain injury or their families. This past year we responded to an average of 47 referral and information calls each month. We've used email blasts to keep you informed of legislative initiatives that help those who need brain injury rehabilitation have access the services they need.

I also would like to thank the many sponsors who continue to support us. Without you, we truly would not be able to function. Many of you have participated in all of our events either through financial support and/or volunteering to work at events. We are grateful and appreciative for your donations and help especially during a year when financial contributions may have been difficult. Thank you to all of you that in 2009 allowed us to present such a successful state conference and first annual golf tournament! Thanks to the many others who supported us through in-kind donations.

Last but not least, Erin, congratulations on your promotion to Administrative Director. Your help over the past year has been incredible. You have kept us organized and on track and have contributed a great deal to our success this past year.

I would like to encourage any of you who have had success or difficulty in accessing brain injury acute, post acute, day neuro treatment, traditional outpatient rehabilitation; or long term community brain injury services to send us your story. Your experience helps us to be able to build a better future for people who have suffered from a brain injury. Please do not mention facility names, physician names, therapist names. What we are interested in is what made obtaining the services you need work or not work. Please limit the details down to a page or two. We will review the story, possibly print it in our newsletter and save on our website for future endeavors in our state to help individuals who have suffered from a brain injury.

We hope to have a full and exciting year ahead! We know that we have areas upon which we can improve; we want and listen to your feedback. We have set our goals high for 2010 and we will work hard to achieve them. With your help, we believe we can!

With Kindest Regards,

Jane

Thank you to all of our 2009 sponsors!

We truly appreciate all of your help in assisting us with our state conference and our first annual golf tournament!

Medtronic, Pate Rehabilitation, Neuro Restorative Specialty Services at UTHCT, Touchstone Neurorecovery Center, Centre for Neuroskills, CORE Healthcare, Transitional Learning Center, Campbell Soup Company, Gerloff Company, The Pain Center of Houston, TIRR Memorial Hermann, Urban Fire Protection, ResCare Premier, EMCUE Company, Mentis NeuroRehabilitation

Golf Tournament Wrap-Up



The First Annual Brain Injury Association of Texas Golf Tournament at Longwood Golf Club in Houston was a great success! With your help we were able to raise over \$17,000 to help us continue our work. We would like to thank all of our sponsors and those who played for their generous support. And a special thank you to our Presenting Sponsor, Pate Rehabilitation! Our next tournament is scheduled for September 24th in Dallas, so check back with us for more details!

BIATX Goals for 2010

Not only is it a new year, but also a new decade! BIATX has set several goals for the upcoming year. We look forward to meeting these goals and continuing to serve the TBI community.

- Education Committee: Successful conference, continue efforts to raise TBI awareness
- Fund Raising Committee: Put together a successful Walk for Thought/5K in Central Texas and golf tournament in Dallas on September 24, 2010
- Nominations Committee: Continue to build membership
- Start Ad-Hoc Task Forces: Legal (attorneys), Professional (counselors, social workers, therapists), Family/Caregiver
- Chapter Relations: work on getting 3-4 current or new chapters to officially join with BIATX

Please contact Erin Garrison, if you are interested in participating in any of our Ad-Hoc Task Forces or if your support group would like to become an official BIATX Chapter.

egarrison@biatx.org

Adjustment after Traumatic Brain Injury: Are there Gender Differences?

Lynne C. Davis, Ph.D.

TIRR Memorial Hermann Brain Injury Research Center

Traumatic brain injury (TBI) occurs approximately twice as often in men than in women. For this reason, much of the research on effects of TBI has included mostly men. However, a substantial number of women are living with the effects of TBI. Approximately 470,000 women sustain TBI's each year.

Unfortunately, we do not know much about how women may react differently to TBI compared to men. There are several reasons why we would expect there to be gender differences in response to TBI. First, men's and women's brains are organized differently, which means that they could be impacted differently by TBI. Additionally, gender differences that may exist before injury in family functioning, problem-solving skills, intellectual functioning, education, employment, and socioeconomic status could cause men and women to have different responses to TBI. Differences in these areas not only reflect different patterns of brain organization for men vs. women, but also differing environmental and social influences, such as the different roles and expectations that sometimes exist for men vs. women. Another reason to expect that men and women would respond differently to TBI is that the two genders generally tend to experience and report illness and symptoms differently. For example, women without TBI have higher rates of depression than men, while men without TBI have higher rates of alcohol abuse than women.

Both men and women often experience emotional changes after TBI, including depression and mood

swings. However, they may cope with these changes differently. One group of researchers reported that women with TBI tried to cope by using support provided by spouse/family members, along with support from other TBI survivors. In contrast, men with TBI reported that their main methods of coping were being included in family decisions and trying to understand the concerns of family members.

Depression is the most common psychological issue after TBI. Several studies have explored the relationship between gender and overall level of depression in TBI survivors, but findings are inconsistent. Some researchers have found that women have more difficulties with depression than men after injury, while others have not found this pattern. Future studies will help clarify the relationship between gender and depression.

Very few studies have examined gender differences in intimacy/sexual functioning after TBI, and none have focused on gender differences in parenting after injury. Thus, research in these important areas is very much needed, especially since we would expect men and women to have different issues when it comes to intimacy/sexual functioning and parenting after experiencing a TBI. For example, the most commonly studied aspect of sexual problems after TBI is erectile dysfunction, which only applies to men. The research that has been done on parenting and TBI has focused on male survivors and their partners/spouses, with no studies on parenting in women with TBI. Since in many families women may have greater responsibility when it comes to child rearing than men, the parenting issues that are most relevant to them after injury are very likely to be different than the parenting issues that are most relevant to men. Therefore, future studies on parenting need to include both men and women with TBI so that we can learn exactly how the two genders are affected after injury.

There have been several studies on gender and return to work after TBI, but the results have not been consistent. Some researchers have reported that a greater percentage of women return to work as compared to men. In contrast, others have found that women under age 55 were more likely to decrease hours of employment or be unemployed than men one year after injury. Researchers have used different ways of measuring employment changes after injury, which may help explain the conflicting findings. These discrepant results highlight the need for further research on this important topic. Once we have a better appreciation of the differences between men and women with respect to returning to work after injury, then we will be in a position to provide assistance with return to work that is well matched to survivors' needs.

The studies that have been conducted so far provide a good starting point, but much more work on gender differences and TBI lies ahead of us. This is an exciting and worthy area of research with important implications for the care of TBI survivors. The importance of examining gender differences after TBI has been recognized by the National Institutes of Health (NIH) in their 1999 Consensus Panel statement. A better understanding of gender differences in outcomes after TBI can lead to development of treatments that may better address the unique needs of women.



Resilient Mind Research Project set to Launch

Until recently, doctors believed that our brains don't change very much once we become adults, and that when they are damaged they really can't repair themselves. We now understand that neuroplasticity—the brain's ability to change—can help the recovering brain create new neurons, regenerate pathways, and reconfigure neural networks.

The CORE Health Foundation aims to tap the power of neuroplasticity to revolutionize the treatment of traumatic brain injuries. By combining the science of neuroimaging with real-time treatment evaluation, the Foundation's unique research initiative offers new hope for recovery.

“Harnessing the potential of neuroplasticity offers tremendous opportunity to treat not just brain injuries, but other brain conditions as well, including mental illness, substance abuse, dementia, and aging,” says research partner Dr. Jim Misko.

Dr. Misko is president of CORE Health Care, a specialty residential treatment provider of post-acute brain injury rehabilitation and long-term care for people with brain injuries. His work at CORE Health Care led to collaboration with the Foundation's other research partners, Eric Makowski (a past president of the Brain Injury Association of Texas) and Dr. Erin Bigler.

Dr. Bigler, an internationally respected leader in neuroimaging research, was CORE Health Care's first clinical director in the 1980s. He established and directs the Brain Imaging and Behavior Laboratory at Brigham Young University, which studies the role of neuroimaging variables in cognitive and neurobehavioral disorders such as traumatic brain injuries, neurodevelopmental disorders such as autism and learning disabilities, anoxic brain injuries, and other acquired injuries of the brain as well as aging and Alzheimer's disease.

Several years ago, Dr. Misko and Dr. Bigler discussed promising new research in neuroplasticity, resulting in a new series of development initiatives that would further brain injury research. A later partnership with the Fulton Supercomputing Lab at BYU, which enables complex 3-D brain imaging analysis in minutes (rather than years), led to the development of The CORE Health Foundation.

The Foundation will begin preliminary clinical research trials this spring. By clearly mapping the connection between cortical regeneration and restoration function in the brain, the Foundation can

determine immediately if a specific therapy is working to redevelop an injured patient's brain. That immediacy allows for real-time adjustments in treatment or implementation of new therapies that can result in faster patient recovery.

“Being able to monitor the brain's physical recovery in response to what we're doing with patients will lead us to horizons that we've never been able to even see before,” says Misko. “This is changing the entire field of brain injury recovery. By bringing brain-rewiring therapies out of the lab and directly to patients, our research can change the human condition.”

The Foundation plans to share technical and treatment advances with other investigators with an emphasis on forming partnerships with stem cell researchers. It hopes to make neuroplasticity concepts common knowledge in the United States and will bring together a complete educational curriculum under the brand Resilient Mind.

Learn more at <http://resilientmind.org>



1608 Spring Hill Road, Suite 110
Vienna, VA 22182
Phone: (703) 761-0750
Fax: (703) 761-0755
Website: www.biausa.org

THE VOICE OF BRAIN INJURY, HELP, HOPE AND HEALING

January 27, 2010

Dear Advocates,

Health care reform at the federal level is officially on hold. Republican Scott Brown gained the Massachusetts seat vacated by the death of Edward Kennedy, thereby breaking the 60-vote majority in the Senate. Democrats met privately in the days following the Massachusetts special election but were unable to cultivate a strategy for moving forward at this time. A six-week break is planned, and it is likely policymakers will be forced to accept a substantially scaled-back package or abandon health care reform altogether.

The Brain Injury Association of America is deeply disappointed. Through our partnership with the Brain Injury Business & Professional Council, we made important gains in the proposed legislation. We

cannot forgo this progress; we cannot quit now. We will continue to fight for access to the full continuum of brain injury treatment.

On January 24, 2010, [Dateline NBC aired the compelling story of Patrick Gannon](#), a man who battled a severe anoxic brain injury and was then forced to wage war against his insurance company. The Dateline story accurately portrays how the health care system victimizes patients and families when they are most vulnerable.

I urge brain injury advocates everywhere to watch Patrick's story and then write to Ann Curry, Dateline correspondent, to thank her for bringing national attention to the extraordinary challenges individuals with brain injury and their families face. I urge advocates to share their own stories with Ms. Curry and ask that she continue to educate the public about the rehabilitation needs of people with brain injury after their lives have been saved. Please address your letters to:

Ms. Ann Curry
Dateline / NBC News
30 Rockefeller Center, Studio 3B
New York, NY 10012
E-mail: Dateline@NBCUNI.com

Once you've written your letter (and sent copies to your legislators and BIAA), I ask that you share the Dateline story with friends and neighbors and that you encourage them to spread the story to others. With your help, we can tell the public that a brain injury can happen to anyone at anytime and that having insurance doesn't mean you're covered!

Very truly yours,



Susan H. Connors
President/CEO

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D.
Research Scientist, Brain Injury Research Center
TIRR Memorial Hermann
Assistant Professor, Dept. of PM&R
Baylor College of Medicine

Laura M. Ritter, Ph.D., M.P.H.
Postdoctoral Fellow

Brain Injury Research Center
TIRR Memorial Hermann

This educational resource is designed to assist the vocational rehabilitation counselor in gaining familiarity with traumatic brain injury (TBI) and can be used as a reference to assist the counselor in working with clients with TBI. The material is designed to provide a good overview of TBI and of issues you, the VR counselor, may encounter in working with clients with TBI, as well as to provide practical information that may assist you in your day-to-day assessment and intervention with clients.

Three modules are available for self-study and each module contains various training segments. The organization of this material is designed to assist the VR counselor in accessing reference information quickly and easily when working with actual clients. The contents of each training module are listed, so that you may click to enter the section of information with which you have interest. The content covered by this educational website was generated based on interests identified by a focus group of VR counselors facilitated by the Department of Assistive and Rehabilitative Services, State of Texas. These modules are available for self-study at no cost. You may also earn continuing education credits for completion of the modules. Please see the section on Continuing Education for further information on CEU credits.

Development of this online training system was supported by a grant from the National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education (Grant #: H133B031117 - Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury) to TIRR Memorial Hermann.

Please visit TIRR's website for more information:

http://www.tbicommunity.org/research/publications/VR_Manual/index.html



26th Annual Statewide Conference
“Expanding Our Minds: Brain Injury in a New Decade”
June 3-6, 2010
Marriott Austin South

Please join us for our 26th Annual Statewide Conference on June 3, 2010.
Last year's conference was so successful that we have decided to present one each year!
All registration, sponsorship/exhibit and accommodation information, as well as the Call for Papers can be found at our website. Please check back weekly for speaker and schedule updates.
Hope to see you there!

From the Office of Acquired Brain Injury

Dear Fellow Texan:

The Texas Legislature directed the Texas Health and Human Services Commission (HHSC) to study the need for long-term community support and residential services for persons who have an Acquired Brain Injury (ABI) (see exact text of legislation below). Acquired Brain Injury is defined as damage to the brain that occurs after birth. Congenital disorders are not included. ABI can result from an accident or other traumatic external blow to the head as well as from a non-traumatic injury, such as a stroke, heart attack, brain tumor, infection or substance abuse.

As part of this study, HHSC's Office of Acquired Brain Injury is conducting a survey of stakeholders that is being sent to:

- People with an acquired brain injury;
- Family members;
- Caregivers;
- Service providers;
- Advocates; and
- Other stakeholders.

The survey asks for your opinion about the most important long-term community supports and residential services for people with ABI in Texas. A list of services is included in the survey. You may choose any three or add others. The report of survey results will discuss the services and supports that receive the most votes. Remember, these services are for long-term community and residential services and supports only.

Please complete this important survey and make your voice heard by state leaders. It will take only a few minutes of your time. Your needs and opinions are important.

All responses are anonymous. No personal information will be shared.

Please complete the survey [Wednesday, February 24, 2010](#), by clicking on the following link:

<http://www.surveymonkey.com/s/23HWNDD>

Please forward this to anyone in Texas concerned about brain injury services and supports. The more responses we receive, the better we can represent this important issue. Thank you for your time and participation. For information about the Texas Office of Acquired Brain Injury, visit the website at:

http://www.hhsc.state.tx.us/hhsc_projects/abj/index.shtml

Sincerely,

Office of Acquired Brain Injury
TEXAS HEALTH AND HUMAN SERVICES COMMISSION
MC 1542
4900 NORTH LAMAR BLVD
AUSTIN TX 78751
phone: [512/487-3431](tel:5124873431)
fax: [512/424-6991](tel:5124246991)
email: oabi@hhsc.state.tx.us

For more a Spanish language version of this letter or more information on the study, please visit www.biatx.org



Meet our Board Members!

Each Newsletter BIATX will publish profiles of our current Board Members

Cathie Gleinser, Secretary

I'm 55 and am a survivor. I had a TBI May 1, 1970, a motorcycle wreck when I was 15. My coma lasted three and a half months. Like everyone else who has experienced a TBI, I had to relearn to walk, talk, eat, etc. After six weeks in Methodist Hospital in Houston, I was sent home (unconscious) to "live today and see what tomorrow will bring." My family was told to "feed her and keep her clean." Slowly I started to rejoin the living. I was living in Port Lavaca, TX with my family which consisted of Mom, Dad an older brother, me, and six younger siblings. My older brother died in 1994 but my other six siblings are all doing fantastic. They have families of their own and careers today.

As for me, I guess I'm doing fantastic, too. My son, Keith T. Merrick is 28, married and has a beautiful wife and son. I'm married to a fantastic man, David Wayne Gleinser, and have been for over 21 years.

I've survived a lot of things. And I have achieved so much. My large family helped me relearn to walk and talk. There was no rehabilitation for me. I don't know why. My right side was paralyzed. Every day I did the best I could at everything. I now write with my left hand since I could not use my right hand. NOW I do not look disabled--I guess I never did too much.

I graduated with my high school class in 1973, started to college in 1974 and graduated in 1977 from junior college. I finally graduated with my B.A. in 1991 and worked very hard to get my social work associate in 1992. I am now considered an LBSW, Licensed Bachelor of Social Work. Every day since, I have worked at something. In the past 30-plus years, I've had so many jobs, because a person with a brain injury is "different." I guess I'm a little "different " too. But I will continue to do the best I am able EVERY SINGLE DAY.

Marc Lenahan, Member

Our newest Board Member is Marc Lenahan from Dallas, but he started his journey to our door right here in Austin. After graduating from UT with an English degree, he started working at a Motorola semiconductor factory. Though he loved the people he worked with at Motorola, and received promotions that promised a bright future, he sat down one day with his boss and discussed leaving it behind to follow a dream of becoming a lawyer. His boss, a man Marc is thankful for to this day, talked to him about how important it was to follow dreams, and encouraged him to take the leap.

A few years later, Marc was a brand new lawyer and engaged to be married, having fallen for one of his classmates at SMU Law.

A dozen years have passed since then, and Marc now owns his own law firm. Though he has received numerous honors and awards designating him as one of the very best personal injury lawyers in Texas, Marc is always quick to explain that it is all nonsense. Instead, he says, the results he's achieved aren't because he has any magical talents, but simply because his firm helps only a handful of select clients at a time, and because he fights for them in an honest and caring way. His firm recently hired its first associate, and she is not just a lawyer, but is also a Board Certified Registered Nurse. Marc says that she is invaluable in making sure that clients' crucial medical issues are fully appreciated.

At the end of the workday, Marc heads home to his wife and two children: a six year-old boy, and a little girl who just turned three. He's coached his son's soccer team -- The Atomic Dogs in honor of George Clinton -- for three seasons. Nope, he knows nothing about soccer, but the boys needed a coach, and they keep coming back season after season, so he's stuck!

Marianne LaCour, Education Committee and Conference Committee

Marianne LaCour, LMSW, CBIS has been a licensed social worker since 1999 and a Certified Brain Injury Specialist since 2007. For the past four years she has been the Administrative Manager at Pate Rehabilitation in Anna, Texas, responsible for a rehabilitation staff of approximately 40 employees and daily operations of the treatment center. Prior to moving to Pate, Marianne held positions as Hospice Director, Director of Resident Services, and as a Long-Term Care social worker at Golden Acres in Dallas, Texas.

A graduate of The University of Missouri in 1991, she began her career as a Registered Music Therapist. Marianne earned her Masters of Social Work Degree from the University of Texas at Arlington 1999.

Marianne is a member of the National Association of Social Workers. She has led workshops at the NASW Texas Conference in 2002 and 2004. Topics included Behavioral Health Managed Care and Post Partum Depression.

Marianne lives in Frisco, Texas with her husband, daughter and two miniature schnauzers. She enjoys playing her flute, saxophone and clarinet whenever time allows.

Legislative News:

Rider 66 SBI, 81st Legislative Session, Signed June 2009
Effective September 1, 2009

Study Regarding the Need for Community Support and Residential Services for Individuals Suffering from Acquired Brain Injury

- a. It is the intent of the legislature that, out of General Revenue funds appropriated above, the executive commissioner of the Health and Human Services Commission conduct a study, not later than September 1, 2010, regarding the need for a system of community support and residential services for individuals suffering from acquired brain injury. The study must, at a minimum:
 1. Evaluate current services and supports provided by the State to persons suffering from acquired brain injury;
 2. Assess the need in this State for community support and residential services to persons suffering from acquired brain injury;
 3. Ascertain opportunities available to this State to draw down federal funds for individuals with acquired brain injury for whom the State currently provides services and supports through general revenue funds; and
 4. Determine the feasibility and cost-effectiveness of implementing a system of community support and residential services through either a Medicaid state plan amendment or medical assistance waiver for persons with acquired brain injury.
- b. The executive commissioner of the Health and Human Services Commission shall submit the results of the study described above to the Governor, Lieutenant Governor, Speaker of the House of Representatives, and the chairs of the Senate Committee of Health and Human Services and the House Committee on Public Health.

Texas Health and Human Services Commission Lands Brain Injury Grant

The U.S. Dept. of Health and Human Services has awarded Texas a \$1 million four-year grant to help identify children in the juvenile justice system who have undiagnosed brain injuries and arrange services for those children.

“With this grant, multiple agencies will be able to work together to identify brain injuries a child might have suffered early in life, then, arrange for focused services that can help that child be a more responsible, productive member of the community,” said Bettie Peebles Beckworth, director of HHSC’s Office of Acquired Brain Injury. Beckworth’s office will be administering the grant and leading the effort to coordinate screenings and services.

HHSC will be working with the Texas Juvenile Probation Commission, the Texas Youth Commission and Dr. Wayne Gordon of Mt. Sinai School of Medicine to conduct the screenings. Dr. Gordon developed the computerized tool that will be used to conduct the screenings.

Beckworth said, the screenings will be administered to children and youth entering the Texas juvenile justice system in Dallas, Fort Worth, Houston, San Antonio, Austin and El Paso. Plans call for as many as 12,000 children to be screened during the four years of the grant. If the screening identifies a child with a previously undiagnosed brain injury, government agencies will work together to coordinate treatment and services to help the child overcome the injury.

“This award has the potential to change children’s lives and benefit society as a whole,” Beckworth said. “We want to shed light on this problem and make case and social workers, educators, counselors, law enforcement and employers more aware of the nature of brain injuries and the effects those injuries have on a child’s behavior.”

Screening of children entering the Texas juvenile justice system are projected to begin in 2010.

http://www.hhsc.state.tx.us/stakeholder/Sept_Oct09/8.html

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>