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Dear Chairman Young, Vice Chair Ritter, Ranking Member Piccolantonio, and distinguished members of the Ohio House Workforce & Higher Education Committee:

Thank you for the opportunity to express my strong support for HB91, the Traumatic Brain Injury Treatment Accelerator Program (TBITXL). By way of introduction, I am a psychiatrist and neuroscientist affiliated with the Departments of Psychiatry, Neurosciences, and Pathology at Case Western Reserve University (CWRU) and the University Hospitals (UH) Cleveland Medical Center. Currently, I serve as the Director of the Brain Health Medicines Center at the Harrington Discovery Institute and as an Investigator at the Cleveland Alzheimer's Disease Research Center, the CWRU Rebecca E. Barchas, M.D., D.L.F.A.P.A. University Professor in Translational Psychiatry, and the UH Morley Mather Chair in Neuropsychiatry. Additionally, I practice at the Louis Stokes Cleveland VA Medical Center, where I manage a weekly Geriatric Psychiatry Outpatient Clinic.

In the clinic, I witness the profound struggles of Veterans in Ohio, who have endured unimaginable hardships on the battlefield, only to return home and face the unrelenting challenges of traumatic brain injuries (TBI). Their suffering goes far beyond what data can convey. No statistic can truly capture the anguish of a Veteran who survived TBI during deployment yet remains imprisoned by the fog of an unrelenting brain injury, robbing them of clarity, peace, and the ability to fully engage in life.

However, statistics do paint a sobering picture. Among Veterans, 22% of all combatrelated injuries involve TBI, and in Ohio the need for better solutions is evident. Across the state, an estimated 17,000 Veterans from the Iraq and Afghanistan wars are living with the long-term effects of TBI, ranging from cognitive impairments to debilitating emotional and physical symptoms. Alarmingly, 57% of TBI cases go undiagnosed in emergency rooms, and standard diagnostic tools like CAT scans and MRis fail to detect 90% of mild to moderate brain injuries, often leaving these invisible wounds untreated.

While innovation in diagnostics and medical devices has resulted in over 10,617 patents for TBI-related advancements, these efforts fall short without effective, accessible treatments to tackle the root causes of TBI and accelerate recovery. Programs like TBITXL aim to change this by creating a cutting-edge framework for research and development that will transform how we treat these devastating injuries.

Ohio's funding priorities in life sciences over the last five years underscore the need for balance:

\$351 million has been allocated to digital health, \$186 million to pharmaceuticals and therapeutics, and \$134 million to medical devices.

In my laboratory, we are developing a neuroprotective drug that shows tremendous promise in preclinical studies for TBI, both for preventing acute injury after TBI as well as reversing the effects of chronic neurodegeneration. This works by restoring normal energy levels in the brain, equipping the brain to protect and repair itself. However, like so many groundbreaking innovations, moving from the lab bench to the bedside requires significant resources. Without adequate funding, critical potential new reatments for patietns risk being shelved for years, denying Veterans and others the potential for life-changing care.

Programs like TBITXL are essential. They bridge the gap between groundbreaking research and real-world impact, accelerating the development of solutions that can save lives and restore hope. By investing in TBITXL, Ohio has a chance to lead the nation in advancing brain health and neurotherapeutics. This program is more than an investment in science. It is an investment in our Veterans, our communities, and Ohio's path to leading the world in brain health. It is an opportunity to demonstrate that Ohio is committed to tackling one of the most pressing medical challenges of our time with the urgency it demands.

I urge you to support HB91 and help ensure that Ohio becomes a beacon of hope for those affected by traumatic brain injuries. Together, we can create a future where no Veteran is left behind. Thank you.

Sincerely,

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Andrew A. Pieper, MD PhD