



Capitol News!

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Head Injury Administrators

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Dear NASHIA Member,

Yesterday, the President released his budget recommendations for fiscal year 2019, which is highlighted in this first 2018 issue of *Capitol News!* Congress still needs to pass spending measures to continue government funding past March 23, 2018. Meanwhile, NASHIA is preparing for the **Congressional Brain Injury Task Force Awareness Day scheduled for Tues., March 20**, in Washington, D.C. The day before, **March 19**, the Administration for Community Living (ACL) is holding a stakeholders meeting, which will also be followed by a brown bag luncheon on March 20 on the Hill. Further information will be forthcoming on these events.

NASHIA is also in the process of updating its public policy materials for the Second Session in order to reflect the President's budget proposal and legislation which may have passed since last year. For further information you may contact Susan Vaughn, Director of Public Policy, at publicpolicy@nashia.org.

This Week in Congress

Both the House and Senate are in session this week. The Senate began the week with an open-ended debate on the Deferred Action for Childhood Arrivals (DACA), in response to the President's March 5 deadline for ending the DACA program, thus putting undocumented immigrants who came to this country as children, otherwise known as "dreamers," at risk of deportation. The House is expected to take up legislation that would weaken the Americans with Disabilities Act with regard to enforcement of accessibility requirements for businesses (H.R. 620).



FY 2018 Appropriations

Congress Passes Another CR for FY 2018

Last Friday, after briefly shutting down government, Congress passed yet another continuing resolution (CR) that funds government through March 23. A number of legislative and funding items were included in the bill, including a two-year budget for raising spending caps on defense and non-defense discretionary programs and a provision for raising the debt ceiling for two years. The President signed the measure into law.

The bill extended the Children's Health Insurance Program (CHIP) for another four years for a total of ten years. Funding for the program expired Sept. 30, 2017, as did funding for the Community Health Centers. The CR reauthorized and increased funding for the Community Health Centers for two years and extended other health programs. Additional disaster relief funding was authorized for Puerto Rico and the U.S. Virgin Islands for two years and also additional funding for the

National Institutes of Health (NIH) research programs and funding to address the Opioid crisis.

Other provisions, which NASHIA supported, included:

- A permanent repeal of the annual limit on per-patient therapy expenditures in Medicare (therapy caps).
- H.R. 3263, to extend the Medicare Independence at home Medical Practice Demonstration program for two-years. The program provides a home-based primary care benefit to high-need Medicare beneficiaries with multiple chronic conditions to avoid unnecessary hospitalizations, ER visits, and nursing home use.
- H.R. 1148, the Furthering Access to Stroke Telemedicine Act of 2017 to expand the ability of patients presenting at hospitals or at mobile stroke units to receive a Medicare reimbursed neurological consult via telemedicine.
- H.R. 2465, the Steve Gleason Enduring Voices Act of 2017, to make coverage of speech generating devices under "routinely purchased durable medical equipment" permanent under the Medicare program.

President's FY 2019 Budget Recommendations

President's 2019 Budget Calls for Cuts to Discretionary and Entitlement Programs

Yesterday, the President released his budget for fiscal year 2019. Winners include funding for the military, border security, the Opioid crisis, and for school vouchers. Losers include just about all of the non-defense discretionary programs, the Social Security disability program, food stamps, Section 8 housing, Medicare and Medicaid. The Federal TBI State Grant and Protection & Advocacy Grant programs are recommended to be level funded, meaning the same as fiscal year 2018.

However, the budget proposes to transfer and fold the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), along with the Agency for Healthcare Research and Quality and the National Institute for Occupational Safety and Health, into a renamed program, the National Institute on Disability, in the National Institutes of Health. The budget calls for reducing the funding for NIDILRR from \$103 million to \$95 million. NIDILRR was transferred from the Education Department to the Administration for Community Living (ACL) in 2012.

The budget proposes to block grant or set per capita caps on Medicaid and to allow States to require work requirements on low-income abled bodied adults. The Administration proposes to make non-emergency medical transportation an optional service. The FY 2019 Budget eliminates funding for the Social Services Block Grant.

The FY 2019 Budget discontinues a number of workforce programs administered by the Health Resources and Services Administration (HRSA) and continues to prioritize programs that provide scholarships and loan repayments to health care students and professionals willing to meet service requirements in health professional shortage areas. The FY 2019 Budget also discontinues discretionary funding for the Children's Hospital Graduate Medical Education Program and consolidates graduate medical education spending in Medicare, Medicaid, and the Children's Hospital Graduate Medical Education Program into a new mandatory graduate medical education capped grant program. The grant program would be jointly operated by the Centers for Medicare and Medicaid Services (CMS) and HRSA Administrators. The budget also eliminates or reduces funding for rural health programs, including the telehealth program which would be reduced from \$18M to \$10M.

Department of Health and Human Services (HHS) Budget Recommendations: Highlights

In the millions	2017	2018	2019	2019 +/- 2018
Administration for Community Living (ACL)	1,959	1,953	1,819	-134
TBI Program	9	9	9	--
Falls Prevention	5	5	0	- 5
Lifespan Respite	3	3	3	--
Independent Living	101	100	96	- 4
Limb Loss Resource Center	2	2	0	- 2
Paralysis Resource Center	7	7	0	- 7
Assistive Technology	34	34	32	- 2
University Centers for Excellence in DD	39	38	33	- 6
State Councils on DD	73	73	56	-17
DD Protection and Advocacy	39	38	39	--
Projects of Natl. Significance	10	10	1	- 9
Natl. Institute on Disability, Independent Living, & Rehab. Research (NIDILRR) 1	104	103	0	-103 (Moved to NIH)
Centers for Disease Control and Prevention (CDC) - Injury Center	286	284	266	- 18
National Institutes of Health (NIH)				
National Institute of Neurological Disorders and Stroke	1,779	1,772	1,839	+67
Eunice K. Shriver Natl. Inst. of Child Health & Human Development	1,377	1,371	1,340	-31
The National Institute on Disability, Independent Living, and Rehabilitation Research 1	--	--	95	+95
Health Resources and Services Administration (HRSA)	16,541	16,957	15,420	-1,537
Maternal and Child Health Bureau	640	637	628	-10
Emergency Medical Services for Children	20	20	0	-20

1. The FY 2019 Budget consolidates the National Institute for Occupational Safety and Health from the Centers for Disease Control and Prevention, including the Energy Employee Occupational Injury Compensation Act program, and the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) from the Administration for Community Living within NIH and includes them in the NIH budget as separate entities. NIH will assess the feasibility of integrating health services research activities more fully into existing NIH Institutes and Centers over time.

Click on these links to see budget proposals for these agencies:

- [Department of Health and Human Services](#)
- [Department of Labor](#)
- [Department of Education](#)
- [Department of Housing and Urban Development](#)
- [Social Security Administration](#)
- [Department of Transportation](#)
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[Other Legislation](#)

House to Consider the ADA Education and Notification Act of 2017

This week, the full House of Representatives is expected to vote on H.R. 620, a bill that impacts the Americans with Disabilities Act (ADA), which among other provisions, requires accessibility in public accommodations. H.R. 620 would require a person with a disability to provide a business with a legal notice detailing how architectural barriers violate the ADA, impose a six-month waiting period to resolve the violation, and extends the resolution if "progress" is made. A number of key Democratic leaders in the House and Senate have issued press releases calling for the defeat of the bill.

House Democratic Whip Steny H. Hoyer (MD) stated, "As the House sponsor of the Americans with Disabilities Act, I was proud to work across the aisle to help make our country's public spaces more accessible to those with disabilities. I am deeply troubled that this week the House of Representatives is taking up H.R. 620, legislation that will remove any incentive businesses currently have to comply with this longstanding civil rights law and undermine protections that allow millions to live independently and in the dignified manner they deserve. "I urge the Speaker and Majority Leader not to bring this bill to the Floor, and I will join with disability and civil rights advocates in fiercely opposing it should they do so."

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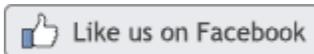
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The National Association of State Head Injury Administrators assists State government in promoting partnerships and building systems to meet the needs of individuals with brain injuries and their families.



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