



# Capitol News!

## *Special Budget Edition*

Feb. 17, 2016

National Association of State Head Injury Administrators

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Dear Member,

Welcome to the first edition of *Capitol News* published in 2016! Last week, the President unveiled his FY 2017 Budget recommendations. Read below with regard to his recommendations for select programs. Now that the Budget has been release, we are updating the Public Policy Brochure and handouts for the 2016 legislative session (114th Congress, Second Session), which will be added to our [webpage](#), along with other policy materials.

Currently, Rebeccah Wolfkiel, NASHIA Governmental Relations, is working with the Congressional Brain Injury Task Force, Brain Injury Association of America (BIAA) and other stakeholders on the **March 16th Awareness Day** activities. This year, the **Awareness Day Fair will be held in the Cannon Caucus Room (Room 345)** in the Cannon House Office Building, instead of the Rayburn House Office Building. With the Fair being held in a larger room this year, we will have more space for exhibiting information.

If you have materials (i.e. brochures, reports, Fact Sheets) that you have developed in your State, we would be happy to display the information. This will be a great way for congressional staffers, Members and other federal and national agencies and organizations to learn about States' services and programs. If you wish to do so, you may send to: % Rebeccah Wolfkiel, Ridge Policy Group LLC, 1140 Connecticut Avenue, NW, Suite 510, Washington, DC 20036. You may email her if you have any questions: [rwolfkiel@ridgepolicygroup.com](mailto:rwolfkiel@ridgepolicygroup.com) Watch for more information as the day's events are finalized.

***Are your Senators and your Representative members of the Congressional Brain Injury Task Force?*** One way to help educate Members with regard to brain injury and the needs is to encourage them to become a Task Force member. We have a very active Task Force, which holds briefings and other opportunities for Congressional Members to learn about brain injury throughout the year. You may contact your Representative by clicking [here](#) to email him/or her with regard to the Task Force, as well as the Awareness Day events. You may click [here](#) to find your Senators' email. Members who are interested may contact Alyssa Penna in Rep. Bill Pascrell's office at [alyssa.penna@gmail.com](mailto:alyssa.penna@gmail.com).

### **This Week in Congress**

Congress is in recess this week, adjourning for President's Day, and will return Feb. 22, 2016.



## **FY 2017 President's Budget**

### **President Releases His Budget Requests**

Last week, President Obama transmitted his Federal Budget Request to Congress for FY 2017 funding for federal programs. The following day, Feb. 10, Kathleen Greenlee, Assistant Secretary for Aging and Administrator for the Administration for Community Living (ACL), held a briefing to present the ACL funding requests. And, on Feb. 11, the Centers for Disease Control and Prevention's (CDC) Injury Center convened a teleconference to talk about the Budget recommendations impacting the Injury Center. Highlights of the budget include:

### **Department of Health and Human Services**

#### **Administration for Community Living (ACL)**

Overall, the President's Budget requests \$2.76 billion for the Administration for Community Living (ACL), an increase of \$28.4 million above the FY 2016 enacted level. The Budget shows the transfer of the Federal TBI Grant Program (combined appropriation for the State Grant and Protection and Advocacy Grant Programs) from the Health Resources and Services Administration (HRSA) to the ACL. The Administration has recommended level funding for the program. The FY 2017 Budget provides \$151 million for Family Caregiver Support Services, which supports a number of essential services that assist family and informal caregivers to care for their loved ones at home. The Budget also includes:

- An additional \$2 million for the Aging and Disability Resource Centers (ADRC) for a total of \$8 million;
- An additional \$2 million for the Lifespan Respite Care program to improve the quality of respite care and enhance caregiver access to respite services.
- \$10 million to strengthen Home and Community-Based Supportive Services (HCBSS) for older adults. Services supported includes:
  - 22.3 million rides to critical daily activities such as visiting the doctor, the pharmacy, or the grocery store;
  - 7.8 million hours of adult day care; and
  - 31.8 million hours of assistance to seniors who are unable to perform activities of daily living.

The FY 2017 Budget includes \$32 million for the Assistive Technology Program, which provides States with financial assistance to increase the availability, access, provision, and training of assistive technology devices and services.

#### **Centers for Disease Control and Prevention (CDC), Injury Center**

The President's Budget increases the Injury Center's funding by \$63 million, although the overall CDC budget was reduced slightly (3%). Included in the request is \$5 million to establish and oversee a national surveillance system to accurately determine the incidence of concussions, particularly among children and youth, as called for in the 2013 report by the National Academies of Sciences, Engineering, and Medicine (formerly known as the Institute of Medicine, or the IOM) on sports-related concussions. CDC has crafted a survey which they will cognitively test and pilot, readying the agency to take the surveillance to national scale, should requested dollars are appropriated. Other requests include:

- \$23.5 million to support the nationwide expansion of the National Violent Death Reporting System (an increase of \$7.2M increase);
- An additional \$10 million to advance a gun violence research agenda;
- \$5 million to fund a State concussion surveillance program (no funds were allocated in FY2016); and

- \$30 million in new mandatory funding to support a public health approach to suicide prevention.

### **National Institutes of Health (NIH)**

The President's Budget includes \$33.136 billion, an increase of \$825 million over FY 2016 for research conducted by the National Institutes of Health (NIH). This increase is targeted to accelerating research in cancers, precision medicine, and to continue research in the human brain. This increase is in addition to the \$2 billion increase contained in the final FY 2016 omnibus appropriations bill. Of the total increase for NIH, \$195 million, an increase of \$45 million, is targeted to the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative.

The Budget proposes a total of \$309 million to continue scaling up the Precision Medicine initiative, which is focused on developing treatments, diagnostics, and prevention strategies tailored to the individual genetic characteristics of each patient. This includes \$300 million at NIH, an increase of \$100 million above FY 2016. If Congress appropriates the funding, it will support a major scale up of a research cohort of a million or more individuals to extend precision medicine to many more diseases.

### **Medicaid/Mandatory HHS Spending**

To encourage more States to take advantage of Medicaid expansion authorized by the Affordable Care Act (ACA), the Budget proposes to give any State that chooses to expand Medicaid eligibility three years of full federal support, no matter when the State expands. As of January 2016, 30 States and the District of Columbia have elected to expand Medicaid to low income adults with household income up to 133 percent of the federal poverty level with Louisiana to make the 31st State. In addition, the Budget removes the cap on funding to Medicaid programs in Puerto Rico and the U.S. Territories to better align Territory Medicaid programs with those in States and expands eligibility to 100 percent of the federal poverty level in Territories currently below that level. This proposal would gradually increase the share of Medicaid costs covered by the federal government as Puerto Rico and the Territories modernize their Medicaid programs.

### **Department of Education**

The Budget requests \$69.4 billion in discretionary appropriations for the overall Department of Education in 2017, an increase of \$1.3 billion, or 2 percent, over the 2016 level. The Department's budget also includes mandatory funds, which do not require annual appropriations (i.e. federally subsidized loans for postsecondary students).

### **IDEA -- Special Education**

The Administration is requesting \$11.9 billion, level with the FY 2016 appropriation (which was increased by \$415 million in FY 2016) for the Individuals with Disabilities Education Act (IDEA) Part B State grants. (Part B funds special education and related services for children with disabilities ages 3-21.) The Administration estimates that this amount would maintain the federal contribution toward meeting the excess cost of special education at approximately 16 percent of the national average per pupil expenditure (APPE) and provide an estimated average of \$1,777 per student for about 6.7 million children ages 3 through 21.

### **Vocational Rehabilitation**

The \$3.4 billion request for the Vocational Rehabilitation (VR) State Grants program includes an increase of \$6.8 million over the FY 2016 mandatory level, consistent with the inflation increase specified in the authorizing statute. The Administration requests \$30.5 million for the Supported Employment State Grants program, an increase of \$3 million over the 2016 level, to assist State agencies in meeting the new challenges and opportunities resulting from the Workforce Innovation and Opportunity Act (WIOA). The Budget acknowledges that WIOA made several significant changes to this program in order to maximize the potential of individuals with the most significant disabilities, particularly youth, which require ongoing supports to achieve competitive integrated employment.

## Summary of President's Budget

The following is a summary of the President's recommendations with regard to the U.S. Departments of Health, Human Services and Education programs that impact people with disabilities and families.

<b>HEALTH AND HUMAN SERVICES</b>	<b>FY 2016 Final</b>	<b>President's FY 2017 Request</b>	<b>+/- from FY2016 to FY2017 Request</b>
<b>Administration for Community Living</b>			
Traumatic Brain Injury **	\$9 M	\$9 M	00.0
NIDILIRR*	\$104 M	\$104 M	00.0
Independent Living*	\$101 M	\$101 M	00.0
Projects of National Significance	\$10 M	\$10 M	00.0
Lifespan Respite Care Act	\$3 M	\$5 M	+\$2 M
Family Caregiver Support Services	\$151 M	\$151 M	00.0
DD Councils	\$73 M	\$73 M	00.0
Protection & Advocacy Systems (DD)	\$39 M	\$39 M	00.0
University Centers for Excellence in DD	\$39 M	\$39 M	00.0
State Assistive Technology Programs *	\$34 M	\$32 M	-\$2 M
Aging and Disability Resource Centers	\$6 M	\$8 M	+\$2 M
Child Abuse Prevention	\$94 M	\$98 M	+\$4 M
<b>Centers for Disease Control and Prevention</b>			
<b>Injury Center; Intentional Injury</b>			
Domestic Violence and Sexual Violence	\$32 M	\$32 M	00.0
National Violent Death Reporting System	\$16 M	\$23.5 M	+\$7.5 M
Gun Violence Prevention		+\$10 M	+\$10 M
<b>Unintentional Injury</b>			
Traumatic Brain Injury Prevention	\$6.75 M	\$6.75 M	00.0
Older Adult Falls Prevention	\$2.1 M	\$2.1 M	00.0
National Concussion Surveillance System	00.0	\$5.0	+\$5 M
<b>Injury Prevention Activities</b>	\$29 M	\$29 M	00.0
<b>Health Resources and Services Administration</b>			
Maternal & Child Health Block Grant	\$638 M	\$638 M	00.0

<b>National Institutes of Health</b>	\$32,311.0 (dollars in thousands)	\$33,136.0	+\$825 M
Nat'l. Institute of Child Health and Hum. Development	\$1,338.0 (dollars in thousands)	\$1,338.0 (dollars in thousands)	00.0
Nat'l. Institute of Neurological Disorders and Stroke	\$1,696,139.0 (dollars in thousands)	\$1,695,180.0 (dollars in thousands)	00.0
<b>DEPARTMENT OF EDUCATION</b>			
<b>ESSA Title I grants to LEAs</b>	\$14,909.8 (dollars in thousands)	\$15,359.8 (dollars in thousands)	+\$450 M
State Assessments	\$378 M	\$403 M	+\$25 M
Education and Innovation	\$120 M	\$180 M	+\$60 M
<b>Special Education (IDEA)</b>			
Part B State and Local Grants	\$11,912.8 (dollars in thousands)	\$11,912.8 (dollars in thousands)	00.0
Preschool Grants	\$368.2 M	\$403.2 M	+\$35 M
Part C Early Intervention	\$458.5 M	\$503.6 M	+\$45.1 M
<b>Part D National Programs</b>			
State Personnel Development	\$41.6 M	\$41.6 M	0.0
Technical Assistance and Dissemination	\$44.3 M	\$54.3 M	+\$10 M
Personnel Preparation	\$83.7 M	\$83.7 M	0.0
Parent Information Centers	\$27.4 M	\$27.4 M	0.0
Technology and Media	\$30 M	\$30 M	0.0
<b>Rehabilitation Services and Disability Research</b>			
Voc. Rehabilitation State Grant	\$3,391.8 (dollars in thousands)	\$3,398.6 (dollars in thousands)	+\$6.8 M
Supported Employment State Grant	\$27.5 M	\$30.5 M	+\$3 M
<b>Career and Technical Education</b>	\$1,125. (dollars in thousands)	\$1,202. (dollars in thousands)	+\$77 M
Special Education studies and evaluations (IES)	\$10.8 M	\$13 M	+\$2.2 M

\*The AT Act programs were transferred to ACL from ED by the Workforce Innovation and Opportunity Act. \*\* Comparably adjusted to reflect the transfer of the Traumatic Brain Injury program from HRSA to ACL in FY 2016.

## Legislation

### Senate HELP Committee Approves Medical Rehab Research Bill

Last week, the Senate Committee on Health, Education, Labor and Pensions (HELP) approved a modified version of S. 800, the "Enhancing the Stature and Visibility of Medical Rehabilitation

Research at the NIH Act" to improve, coordinate, and enhance medical rehabilitation research at the National Institutes of Health (NIH). Introduced by Senators Mark Kirk (R-IL) and Michael Bennet (D-CO), the bill included many of the recommendations made by the Blue Ribbon Panel on Medical Rehabilitation Research established by NIH in December 2012.

### **Legislators Introduce the Youth Sports Concussion Act**

On Feb. 4, Rep. Bill Pascrell, Jr. (D-NJ) introduced H.R. 4600 and Sen. Tom Udall (D-NM) introduced S. 2508, known as the Youth Sports Concussion Act designed to reduce concussions by calling for voluntary standards for protective sports equipment which would require manufacturers to include a mechanism to ensure substantial compliance. The bill would make it unlawful for any person to sell, offer for sale, or import any item or equipment for which the seller or importer, or anyone on their behalf, makes any deceptive claim about the safety benefits of the item or equipment.



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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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