



Capitol News!

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Dear NASHIA Member,

Welcome to *Capitol News!* featuring information on current legislative activity. Congress has adjourned for the August recess leaving several issues of interest to be addressed when they return. One critical issue is the TBI Reauthorization legislation. The House passed its version, H.R. 1098, earlier in the summer. Before adjourning last week, the Senate Committee on Health, Education, Labor and Pensions (HELP) marked up the senate bill, S. 2539. While the window of time to pass the bill during this congressional session is waning, there is still time to get it done this fall. Advocates need to express to their Senators the importance of getting the TBI Act programs reauthorized.

NASHIA maintains information and materials relating to TBI reauthorization and other issues outlined in its Public Policy Platform on the website: www.nashia.org. Should you have any questions regarding issues in this edition of *Capitol News* or other public policy issues, please feel free to send questions or comments to publicpolicy@nashia.org.

This Week in Congress

As of last Friday, Members of Congress began their August recess and will return the second week of September. Members will be in their home districts, most of whom will be campaigning for re-election or for other candidates. This is an excellent time to meet with your Representative and Senators to discuss issues of importance to TBI, including reauthorization of the TBI Act and appropriations for TBI prevention, research, and grants for improving service delivery.



Legislation Passed

President Signs the VA Bill to Improve Healthcare Services

Today, President Obama signed a bi-partisan bill that provides \$16.3 billion to U.S. Department of Veterans Affairs to improve healthcare services. The bill specifies \$10 billion to be used in

emergency spending over three years to pay private doctors and other health professionals to care for qualifying veterans who can't get timely appointments at VA hospitals or clinics or who live more than 40 miles from one of them. It includes \$5 billion for hiring more VA doctors, nurses, mental health and other medical staff and \$1.3 billion to open 27 new VA clinics across the country. The bill also authorizes \$1.3 billion to open 27 new VA outpatient clinics and other medical facilities in 18 States and Puerto Rico.

The bill passed the Senate on July 31, clearing the last hurdle for passage. It was developed by the Senate and House Veterans' Affairs Committee chairmen, Senator Bernie Sanders (I-VT) and Representative Jeff Miller (R-FL).

Conference Committee Agreed to Extend TBI Assisted Living Pilot Program

Under a compromise agreement, the pilot program for TBI assisted living will be extended for three years, ensuring that veterans who are currently enrolled will continue to receive rehabilitative care. The extension also reopens the program for those who have been locked out since February. Senators Cory Booker (D-NJ) and Dean Heller, (R-NV) sponsored the measure extending the unique VA pilot program that provides assisted living and therapy to those with moderate to severe TBI.

Appropriations

Senate Committee Releases FY 2015 Appropriations Report Recommendations

On Thursday July 24, the Senate Appropriations Committee publicly released the Labor-HHS-Education Subcommittee [draft appropriations bill](#) and its associated report. The Subcommittee had approved the bill by voice vote on June 10, but the release of the report was delayed until last week. No date has been scheduled for the full Senate Appropriations Committee to vote on the bill. With regard to the HRSA TBI grant programs, the Committee recommended \$9.321 million for both the State Grant and P&A Grant Program (combined), which is the same as last year. The Committee also recommended \$6.548 million for the Centers for Disease Control and Prevention's (CDC) TBI program administered by the National Injury Center. The Committee also recommended \$100,000,000 more for the BRAIN initiative at the National Institutes of Health (NIH).

The Committee recommendation includes a total program level of \$6.999 billion for CDC, an increase of \$165 million over the [FY 2014 final level](#). This funding includes budget authority, Public Health Services (PHS) Evaluation Transfers, and the Prevention and Public Health Fund. The Injury Center's total program level for FY 2015 as recommended in the Senate bill is \$175.1 million. The level includes the following highlights:

- Increased funding of \$15.7 million for the Injury Prevention Activities line (increase is for the Prescription Drug Overdose initiative proposed in the President's Budget, with modifications to the process for administering this program as described below).
- Increase of \$5.0 million to expand the National Violent Death Reporting System.
- Increased funding of \$4.0 million for Unintentional Injury Prevention.
- Funding for all other injury budget lines was level with final FY 2014 levels.

In the report language, the Committee addresses the following:

-- **Sports-Related Concussions:** The Committee recognizes that there is insufficient data to accurately estimate the incidence of TBI and urges CDC to establish and oversee a national surveillance system that will accurately determine the incidence of sports-related concussions, as recommended by IOM.

-- **Elder Falls:** In addition to the \$2.05 million provided to CDC for Elder Falls, \$5 million is provided to the Administration for Community Living (ACL) for Elder Falls Prevention, with the intent that

these funds will be used in coordination with CDC for public education around the risk of falls, as well as implementation and dissemination of community-based strategies that have been proven to reduce the incidence of falls.

-- **Gun Violence Research:** The Committee notes the Institute of Medicine's (IOM) research agenda on gun violence and acknowledges that adopting a public health research agenda would be a good first step toward understanding the causes of gun violence and identifying the most effective prevention strategies.

-- **Prescription Drug Overdose:** The Committee recognizes the problem of prescription drug overdose (PDF) and recommends that the Injury Prevention activities line include an increase of \$15.7 million for efforts to respond to and reverse the prescription drug overdose epidemic, but does not support funding the initiative through the Core Violence and Injury Prevention Program. The Committee directs CDC to fund the initiative through cooperative agreements with States with the highest PDO burden.

Legislation Pending

TBI Act Reauthorization is Ready for Senate Passage

The Senate HELP Committee marked up the TBI Reauthorization bill, S. 2539, prior to the August recess. While it was hoped that the bill would be voted on by the full Senate prior to adjourning, advocates will now need to push for passage when they return in September. As the bill is different than the House version, both legislative bodies will need to ultimately agree on a final version and pass the same version in order for it to be finally passed. The Senate added a section directing the Secretary of Health and Human Services (HHS) to develop a plan to improve coordination of federal activities with respect to TBI. Specifically, the provision requires the Secretary to review existing interagency coordination efforts with regard to TBI activities; to identify areas for improved coordination between relevant federal agencies and programs with a focus on serving individuals with TBI; to identify recommendations that have been/or has not been adopted; and to incorporate, as appropriate, stakeholder feedback, including feedback from individuals with TBI and their caregivers.

The Senate Committee also included a provision directing the CDC, in consultation with NIH, to conduct a review of scientific evidence related to brain injury management in children, such as the restriction or prohibition of children from attending school or participating in athletic activities following a TBI and identify ongoing and potential further opportunities for research.

Advocates Wait for Senate to Ratify Disability Treaty

Two weeks ago, the Senate Foreign Relations Committee passed the disability treaty. Disability advocates continue to encourage their Senators to ratify the treaty when they return from recess in September. The Senate is shy about two votes in order to finally pass. For more information visit www.disabilitytreaty.org.

House Committee Marks Up ABLE Act

On July 31st, the House Ways and Means committee marked-up the Achieving a Better Life Experience (ABLE) Act, H.R. 647. The amended bill was favorably reported by voice vote to the full House. Chairman Dave Camp (R-MI) made moderate changes generally in line with other U.S. tax provisions, including limiting ABLE contributions to annual gift tax income exclusion limits (\$14,000 in 2014), maintaining the purpose of the bill - to create tax preferred savings accounts that allow people with disabilities to save money while maintaining access to Medicaid and SSI. Chairman Camp and Ranking Member Sander Levin (D-MI) agreed that they will work together to find a bipartisan offset of the cost of the bill, an estimated \$2 billion over ten years, according to the Joint Committee on Taxation.

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in promoting partnerships and building systems to meet the needs
of individuals with brain injuries and their families.*

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