



Capitol News!

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Dear NASHIA Member,

Greetings! Welcome to this issue of *Capitol News!* This issue features the deliberations of the House and Senate Appropriations Committees with regard to their recommendations for program spending by the U.S. Departments of Labor, Health and Human Services, Education and Related Agencies for FY 2016. Congress will soon be adjourning for the August recess, leaving only a few weeks after they return to finish appropriation bills before the new fiscal year starts October 1.

For further information regarding NASHIA's public policy priorities, click on [Key Issues](#) housed on the NASHIA [webpage](#). These issues are also explained in NASHIA's [Public Policy Platform](#) for the 114th Congress adopted by the membership last October. For further information regarding NASHIA's public policy work, contact publicpolicy@nashia.org.

This Week in Congress

Both the House and the Senate are in session this week. This House has put all appropriation bills on hold until they work something out on the Confederate flag. Leadership pulled the Financial Services appropriations bill and the Interior-Environment spending bill until the issue is resolved. Amendments were offered last week with regard to the flag in federal cemeteries, which caused leadership to halt further debate on appropriation bills.



Meanwhile, the Senate has resumed debate of the Every Child Achieves Act to reauthorize the Elementary and Secondary Education Act (ESEA), also known as No Child Left Behind. The Senate is also expected to take up the highway bill to extend construction funding after July, when funding is set to expire. In addition, House and Senate Conferees are expected to finish the National Defense Authorization Act for FY 2016.

FY 2016 Appropriations

Senate and House Committees Approve Spending Bills for Labor-HHS-Education

Both the House and Senate Appropriations Committees have approved spending bills for the

Departments of Labor, Health and Human Services and Education (HHS) and Related Agencies for FY 2016. Both bills stay within the caps provided by the Budget Control Act of 2011; \$153 billion for non-defense discretionary spending. Both bills are \$3.7 billion below FY 2015 enacted levels and \$14.6 billion below President Barack Obama's budget request. Both House and Senate Committees contain significant increases in funding for the National Institutes of Health (NIH): the House bill provides \$1 billion increase and the Senate provides a \$2 billion increase. However, due to the discretionary caps in place, most disability programs were cut across the board.

The House bill contains several provisions to stop the implementation of the Affordable Care Act (ACA) - including rescinding prior-year mandatory funds and prohibiting the use of any new discretionary funding to implement the ACA. The House bill terminates the Agency for Healthcare Research and Quality (AHRQ) and merges its functions into existing HHS agencies. The Senate bill eliminates ACA funding and includes several provisions prohibiting any funds from being transferred to specific ACA activities.

Department of Health and Human Services

Administration for Community Living (ACL) - The House Appropriations Committee recommends an appropriation of \$1,962,058,000 for the Administration for Community Living (ACL) program level, which is \$261,102,000 more than the FY 2015 enacted program level and \$161,297,000 below the requested program level. The recommended funding level for ACL reflects the transfer of the Workforce Innovation and Opportunity Act (WIOA) programs from the Department of Education and the Traumatic Brain Injury program from HRSA (\$9,321,000).

Elder Falls -- The House Committee also recommends \$5,000,000 for the Elder Falls program, which is the same as the FY 2015 enacted program level and the requested program level. Fall prevention grants support the promotion and dissemination of prevention tools to be delivered in community settings.

Home and Community-Based Supportive Services - The House Committee recommends \$347,724,000 for Home and Community-Based Supportive Services, which is level funding and \$38,458,000 below the budget request.

National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILIRR), formerly NIDRR - The Senate Committee reduced funding for NIDILRR.

Developmental Disabilities Act Programs -- The Senate Committee bill cuts all three Developmental Disabilities (DD) Act programs: the University Centers for Excellence in Developmental Disabilities (UCEDDs) by \$2 million over FY 2015 to \$35.7 million; Protection and Advocacy programs by \$2 million; and DD Councils are cut by \$3 million. The House Committee recommended level funded for all three programs.

Health Resources and Services Administration (HRSA)

Traumatic Brain Injury -- The House Committee included language in its bill to transfer the management of the HRSA TBI program to the Administration for Community Living (ACL) "in recognition of the existence of complimentary programs within ACL that the TBI program can leverage the resources of and collaborate with." The Senate Committee did not include the transfer language and recommended \$9,321,000 for the TBI program. The Committee included language that not less than the FY 2015 funding level of the total amount appropriated be available for protection and advocacy services, as authorized under section 1305 of Public Law 106-310.

Centers for Disease Control and Prevention (CDC), Injury Center - The House bill moves Injury Control Research Centers (ICRCs) into the Injury Prevention Activities line, reducing funding for other funded programs within that line including: Core Violence and Injury Prevention Program, motor vehicle

injury prevention, suicide prevention and other intramural/extramural research efforts (e.g., child maltreatment prevention tool/guidance). The House bill included a rider that could significantly impact what data would be allowable to collect through the National Violent Death Reporting System (NVDRS). The Subcommittee added strong language reminding the Center of limitations on the collection of NVDR data on firearms for gun violence research. The House report also includes \$170M for the Preventive Health & Health Services Block Grant, a \$10 million increase over FY 2015.

The Senate Appropriations bill maintains \$160M for the Preventive Health & Health Services Block Grant and provides a \$12M increase to the CDC Injury Center to expand the prescription drug overdose prevention for States program, as well as allocating an additional \$5.5M for heroin surveillance. The Senate Committee included language encouraging CDC to establish and oversee a national surveillance system to accurately determine the incidence of sports-related concussions, including youth ages 5 to 21. The Committee is also concerned about the number and severity of injuries related to sports activities at every age and experience level. Therefore, the Committee encourages CDC to educate coaches at all levels on how to prevent common injuries how to recognize symptoms of potentially dangerous conditions' and how to plan for emergency situations is critical to this ever growing problem in sports safety. However, neither the House or Senate Appropriations Committee recommended funding for a national surveillance for sports-related concussions as requested by the President (\$5 million).

Centers for Medicare and Medicaid Services (CMS)

Traumatic Injury.-The House Committee expressed concern that CMS has not addressed the need to reform the Medicare reimbursement system for hospital trauma care services. Since CMS withdrew a proposal to bundle all Emergency Department (ED)outpatient reimbursement codes two years ago, there has been no progress on modeling alternative value-based reforms-such as a proposal to create three ED outpatient facility codes that would incorporate the trauma activation fee. The Committee directs CMS to include in the FY 2017 budget a detailed evaluation analyzing alternative value based reforms such as creating ED outpatient facility codes and other potential approaches that could reimburse facilities for life threatening, time-dependent traumatic injuries based on a facility's readiness level and the nature of the injury.

National Institutes of Health (NIH)

The Senate bill increases spending for the National Institutes of Health (NIH) by \$2 billion above FY 2015. This is the largest increase since its doubling ended in 2003. The House bill increases NIH by \$1 billion. Funding priorities include the BRAIN initiative, Precision Medicine, Alzheimer's research, and antibiotic resistance.

BRAIN Initiative -- The Senate Committee continues to support the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative and fully funds the administration's request for the program in FY 2016, an increase of \$70,000,000 above FY 2015. The BRAIN Initiative will help develop a deeper understanding of brain function and has the possibility of helping millions of people who suffer from a wide variety of neurological and psychiatric disorders such as Parkinson's disease, schizophrenia, Alzheimer's disease, and TBI.

Department of Education

Special Education (IDEA) -- The House Committee increased funding for special education programs, but the Senate Committee reduced funding for these programs. The House would increase Part B State Grants by \$500 million, while the Senate proposes cutting this program by \$692 million. Almost every other program under IDEA would receive cuts under the Senate bill, while the House maintains current funding for early childhood and Part D support programs.

Vocational Rehabilitation --Both the House and Senate Appropriation Committees maintain the Vocational Rehabilitation program with strong report language supporting the implementation of the Workforce Innovation and Opportunity Act (WIOA). The Senate bill proposes to completely eliminate

(consolidate) the \$27 million Supported Employment State Grant program, while the House bill would maintain level-funding.

Department of Labor (DOL)

Veterans – The House bill provides \$271 million for Veterans Employment and Training Services (VETS), which is \$1.1 million above the FY 2015 level and the same as the President's request. \$270 million, level with FY2015. The Senate recommended level funding (\$270 million). VETS funding provides for intensive employment services to veterans and eligible spouses, transitioning servicemembers, wounded warriors, and disabled veterans. In addition, skills training for up to 17,000 homeless veterans nationwide are also provided.

Department of Health and Human Services	FY 2015 Enacted	President's FY16 Request	House Committee	Senate Committee	Difference between H&S
CDC - National Injury Center					
Intentional Injury	92.001	107.611	92.3	92.001	+2.299
Domestic Violence and Sexual Violence	32.674	32.679	32.7	32.674	-26.0
Child Maltreatment (non add)	7.25	7.25	7.25	7.25	0.0
Youth Violence Prevention	15.086	15.086	15.100	15.086	-14.0
Domestic Violence Community Projects	5.414	5.414	5.5	5.414	+86.0
Rape Prevention	38.827	44.432	39.000	38.827	+187-
Gun Violence Research	--	10.0	--	--	0.0
National Violent Death Reporting System	11.302	23.570	11.300	11.302	+0.002-
Unintentional Injury	8.598	8.598	8.75	8.598	+1.152-
Traumatic Brain Injury	6.548	6.548	6.75	6.548	-2.202
Elderly Falls	2.05	2.05	2.0	2.05	-0.05
Injury Prevention Activities	28.95	29.023	28.95	28.95	0.0
Prescription Drugs Overdose	20.0	68.0	70.0	31.921	-38.079
Illicit Opioid Use Risk Factors	--	5.579	--	5.579	+5.579
Injury Control Research Centers	9.596	9.596	--	9.596	+9.596
Administration for					

Community Living						
TBI State Grant and P&A Grant Program			9.321			
			(House C. transfers the program from HRSA to ACL).			
Protection & Advocacy Systems	38.7	38.7	38.7	36.7	-2.0	
Projects of National Significance	8.8	14.5	8.8	8.4	-0.4	
Youth Transitions Initiative	--	5.0	--	--	--	
Lifespan Respite Care Act	2.4	5.0	2.4	2.2	-0.2	
NIDILIRR	104.0	108.0	104.0	98.7	-5.3	
Independent Living	101.1	106.1	101.1	96.1	-4.0	
State Assistive Technology Programs	31.0	31.0	33.0	31.3	+0.3	
Aging and Disability Resource Centers	6.1	20.0	6.1	5.8	-0.3	
Family Caregiver Support Services	145.6	150.6	145.6	145.6	0.0	
Native American Caregiver Support Services	6.0	6.8	7.5	6.0	-1.5	
Family Support Project	0.0	15.0	0.0	0.0	0.0	
Voting Access	5.0	5.0	5.0	5.0	0.0	
Health Resources and Services Administration						
Maternal & Child Health Block Grant	637.0	637.0	638.0	615.3	-22.7	
HRSA TBI State Grant & P&A Grant Program	9.321.0	9.321.0	Transfers to the Program ACL	9.321.0	0.0	
Leadership Ed in Neurodevelopmental & Related D (LEND)	28.0	28.0	30.0	28.0	0.0	
National Institutes of Health						

National Institute of Neurological Disorders and Stroke	1,604.6	1,604.6	1656.3	1,694.0	-37.7
Department of Education					
Special Education (IDEA)					
Part B State and Local Grants	12,289.6	12,672.8	12,791.7	11,597.8	-1,00.0
Preschool Grants	353.2	403.2	353.2	363.2	-10.0
Part C Early Intervention	438.5	503.5	438.5	453.5	-5.0
State Personnel Development	41.6	41.6	41.6	35.0	-6.6
Technical Assistance and Dissemination	51.9	61.9	51.9	51.9	0.0
Personnel Preparation	83.7	83.7	83.7	81.7	-0.2
Parent Information Centers	27.4	27.4	27.4	26.5	-1.0
Technology and Media	28.0	28.0	28.0	27.0	-1.0
Research in Special Education (IES)	54.0	54.0	54.0	48.0	-6.0
Special Education studies and evaluations (IES)	10.8	13.4	10.8	10.5	-0.3
Rehabilitation Services and Disability Research					
Voc. Rehabilitation State Grant	3,335.1	3391.8	3,391.8	3,391.8	0.0
Supported Employment State Grant	27.5	30.5	27.5	0.0	-27.5
Department of Labor					
Office of Disability Employment Policy	38.5	38.2	38.2	23.7	-15.5

Other Legislation

House Passes 21st Century Cures Act

Last Friday, the U.S. House of Representatives passed the 21st Century Cures Act by a vote of 344 to 77. Under the bill, an innovative fund is created and funded at \$2 billion yearly through 2020 for conducting and supporting biomedical research through basic, translational, and clinical research. Scientifically based strategic planning is to be implemented in support of research priorities and updating of a research strategic plan that "in which scientifically based strategic planning is implemented in support of research priorities, including through development, use, and updating of a research strategic plan that is designed to increase the efficient and effective focus of biomedical

research in a manner that leverages the best scientific opportunities through a deliberative planning process. The bill includes \$10 billion for the National Institutes of Health (NIH). Click [here](#) to see the press release.

Senate Debates Education Reauthorization Bill

The House of Representatives and the Senate took up their versions of the Elementary and Secondary Education Act (ESEA), previously referred to as No Child Left Behind, last week. The Senate continues to debate their version, the Every Child Achieves Act (S. 1177). Several amendments have been offered or voted on. The final vote on ECAA could occur as soon as this Thursday.

Advocates Are Pushing the Steve Gleason Act of 2015

Advocates are requesting that H.R. 1919, the Steve Gleason Act of 2015, sponsored by Rep. Cathy McMorris Rodgers (R-WA), be voted on by the full House. The legislation removes speech-generating devices (SGDs) from the Centers for Medicare & Medicaid Services (CMS) capped-rental requirements. Capped-rental adversely affects patients using these devices that are in an extended hospital stay or in a skilled nursing facility. While the patient is in the rental period, Medicare will not pay for the rental fees when the patients are in these facilities and they lose access at a most critical time when they need to communicate with their inpatient health care providers. In addition the legislation ensures coverage of eye tracking technology that allows individuals with extremely limited voluntary muscle control to effectively use the device to communicate their personal and health care needs. This legislation allows for the immediate purchase and transfer of ownership for SGDs to the Medicare beneficiary and removes the devices from the Medicare capped-rental requirements. Recently, H.R. 1919 was voted out of the Ways and Means Committee by a unanimous bipartisan vote. The Senate passed an identical bill, S. 984, on April 22, 2015.

Senate Committee Passes the DRIVE Act

On June 24th, the Senate Committee on Environment & Public Works approved the Developing a Reliable and Innovative Vision for the Economy Act (DRIVE Act), S. 1647, a new six year authorizing program for the highway funding. The DRIVE Act reauthorizes highway funding and other transportation funding for six years at a total cost of \$275 billion. Funding for current highway programs expires on July 31. The DRIVE Act focuses heavily on roads and infrastructure.

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in promoting partnerships and building systems to meet the needs
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