



## Capitol News!

by the National Association of State Head Injury Administrators

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Dear NASHIA Member:

Happy 2020 and welcome to *Capitol News*, Issue 1, which you receive as a NASHIA member. Congress convened this week to start the second session of the 116<sup>th</sup> Congress. Before Congress recessed in December, Congress passed two minibuses to fund government through this fiscal year ending Sept. 30, 2020. The Administration for Community Living's (ACL) Traumatic Brain Injury (TBI) Program, which provides funding for both the State Partnership Grant Program and the Protection & Advocacy Grant Program, was level funded. Read further for more information about appropriations.

As we begin the new session, several bills of interest have passed the House and are waiting on approval from the Senate, including the Dignity in Aging Act of 2019, which includes provisions for screening for a TBI following a fall and promoting awareness of TB, the Lifespan Respite Care Reauthorization Act of 2019, and more.

Meanwhile, we look forward to seeing you in March for Brain Injury Awareness, celebrated by the Congressional Brain Injury Task Force (CBITF) on March 4 and the ACL Stakeholder Meeting scheduled for March 3-4, 2020. Watch for information and recommendations being prepared by NASHIA for the second session, as well as an upcoming webinar on public policy.

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### FY 2020 Appropriations

#### President Signs FY 2020 Spending Measures

On Dec. 20, 2019, President Trump signed the two funding measures, which prevented the government from shutting down. The two minibuses funding government included one package focused on national security and agencies that fall under that category, while the second package contained funding for domestic and international programs including spending bills for the Departments of Labor, Health and Human Services, Education; Agriculture, Rural Development, and Food and Drug Administration; Energy and Water Development; Interior and Environment; Legislative Branch; Military Construction and Veterans Affairs; State and Foreign Operations; and Transportation and Housing and Urban Development appropriations bills.

#### Healthcare Extenders

The spending package included:

- The Money Follows the Person (MFP) and Spousal Impoverishment through May 22, 2020, a five month extension..

- The Patient-Centered Outcomes Research Institute (PCORI) was reauthorized for 10 years and included two new national research priorities of maternal health and intellectual and developmental disabilities (IDD).
- Funding for community health centers.

### **Healthcare Taxes**

The final package repealed three major taxes instituted by the Affordable Care Act, on medical devices, health insurance providers, and high-cost employer-sponsored health plans (the “Cadillac” tax). The legislation includes a temporary 2-year extension of the 7.5% threshold for the medical expense deduction. The package also included additional Medicaid funding for Puerto Rico and the other Territories.

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

The Labor-Health and Human Services (HHS), Education funding bill includes \$184.9 billion in discretionary funding, an increase of \$4.9 billion over FY 2019 funding levels. HHS received an increase of \$4.4 billion over FY 2019 levels for a total of \$94.9 billion. For the first time in more than twenty years, \$25 million was appropriated to the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) for firearm injury and mortality prevention research. A total of \$1.5 billion was appropriated for State opioid response grants.

Other highlights:

- The Administration for Community Living (ACL) received a total of \$11, 321M, the same as FY 2019, for the TBI Program (combined funding for the State grant and P&A grant programs.)
- The National Institutes of Health (NIH) received an increase of \$2.6 billion over FY 2019 funding levels, bringing the total NIH funding to \$41.7 billion for FY 2020. Each Institute and Center will receive *at least* a 3.3 percent increase over the previous year’s funding. The BRAIN Initiative received \$500 million.
- The National Institute on Child Health and Human Development (NICHD), which houses the National Center on Medical Rehabilitation Research (NCMRR), received an increase of \$50 million for a total funding level of \$1.56 billion for FY 2020.
- The Centers for Disease Control and Prevention (CDC) received an increase of \$636 million over FY 2019 funding levels, bringing the total CDC funding to \$8 billion for FY 2020.
- The National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) received an increase of \$3 million over FY 2019 levels, with:\$2 million for continued investment in research focused on independent living, addressing the disabled aging populations, and targeting rural, frontier, and tribal communities.

Click [here](#) to view funding for various programs administered by the U.S. Department of Health and Human Services.

### **Legislation**

#### **Lawmakers Introduce Bill for HCBS while Person is in the Hospital**

Just before Christmas, Reps. Mary Kay Scanlon (D-PA) and Tom Emmer (R-MN) introduced Isaiah & Margie’s Act ([H.R. 5443](#)) to extend reimbursement of Direct Support Professionals (DSPS) services while a person receiving HCBS is in the hospital. The Isaiah and Margie Act addresses a longstanding challenge in the 1915(c) Home and Community-Based Services (HCBS) waiver program that prevents individuals with disabilities and seniors who go to the hospital from bringing with them the DSP who know them best to provide them with the support they rely on. The legislation brings 1915(c) in line with other HCBS authorities by allowing payment for DSPs to provide personal assistance and other services when the individual they support has a short term stay in an acute care hospital.

NASHIA signed on to a support letter sent by the Consortium for Citizens with Disabilities (CCD) Long-Term Services and Supports (LTSS) Task Force.

## Hearings

### House Holds Hearing on NEMT Today

Today, the House Committee on Energy & Commerce's Health Subcommittee will hold a hearing on H.R. 3935, the "Protecting Patients Transportation to Care Act." This bill would codify Non-Emergency Medical Transportation (NEMT) into Title XIX of the Social Security Act (Medicaid) and ensure that NEMT is a mandatory benefit for every State Medicaid program. The bill is sponsored by Rep. Earl L. "Buddy" Carter (R-GA). NEMT has been part of Medicaid since the program was founded in 1965 in order to provide non-emergency transportation to health care appointments and services, such as adult day services, rehabilitation, and behavioral health. While it is a federally required benefit, each State Medicaid program has discretion in crafting the benefit for Medicaid beneficiaries.

For the past year, the Centers for Medicare and Medicaid Services (CMS) has pushed to make NEMT an optional benefit. The Senate included language in the appropriations bill, recently passed, directing the Department of Health and Human Services (HHS) to take no regulatory action on availability of NEMT service until the study described under the "Medicaid and CHIP Payment and Access Commission" is completed."

### Oversight Subcommittee Schedules Hearing on States' Responses to the Opioid Epidemic

Yesterday, Energy and Commerce Chairman Frank Pallone, Jr. (D-NJ) and Oversight and Investigations Subcommittee Chair Diana DeGette (D-CO) announced that the Oversight and Investigations Subcommittee will hold a hearing on Tuesday, January 14, on, "A Public Health Emergency: State Efforts to Curb the Opioid Crisis." Last year, bipartisan Energy and Commerce Committee leaders sent letters to 16 States asking how the States are using federal funds to assist treatment and recovery efforts in response to the opioid crisis.

**We hope you plan to attend the ACL TBI Stakeholder Meeting and the  
CBITF Awareness Day March 3-4, 2020!**

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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.