



Capitol News!

by the
**National Association of State Head
Injury Administrators**

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Dear NASHIA Member,

Welcome to *Capitol News!* Yesterday marked the end of federal fiscal year 2018 with the new federal fiscal year beginning today. On Friday, the President signed a spending bill for the Departments of Defense, Labor, Health and Human Services, Education that also contained a continuing resolution to fund the remaining departments through Dec. 7, 2018. As the House of Representatives and Senate conferees have yet to come to an agreement on the 2014 farm bill, dozens of agriculture programs expired yesterday, while the Supplemental Nutrition Assistance Program (SNAP) and a few other programs which are permanently authorized in other laws or funded through appropriation bills will continue.

Last week, the NASHIA membership voted on priorities for the 116th Congress, which begins in January 2019. Meanwhile, the current Congress will continue to work, taking time off for elections, then resuming for a "lame duck" session to finish out the year. As always, feel free to send any questions or comments to publicpolicy@nashia.org.

This Week in Congress

Both the House and Senate are in session this week. Former Rep Evan Jenkins (R-WVA) resigned his House seat Sunday and was sworn in as a justice on West Virginia's Supreme Court of Appeals today. The Senate is waiting the FBI report on Judge Kavanaugh before confirming him for the U.S. Supreme Court.



FY 2019 Appropriations

President Signs Minibus Appropriations

Last Friday, Sept. 28, President Trump signed H.R. 6157, the Department of Defense (DoD) and Labor, Health and Human Services, and Education (LHHS) Appropriations and Continuing Appropriations Act of 2019. This is the first time in over 20 years that Congress has passed a LHHS bill prior to the end of the fiscal year, and the first time in over 10 years it has passed a DoD bill prior to the end of the fiscal year. As Congress had not passed the other nine appropriations bills, H.R. 6157 continues federal funding levels for other discretionary programs, including the Violence Against Women Act programs, through Dec. 7, 2018. The Violence Against Women Act was set to expire Sept. 30.

The Labor-HHS-Education appropriations bill will provide \$178.1 billion in discretionary funding, an increase of \$1 billion from fiscal year 2018. The legislation provides \$6.7 billion for programs that fight, treat, and stop substance abuse and support access to mental health services. This includes

\$5.7 billion for the Substance Abuse and Mental Health Services Administration, a \$584 million increase. This will fund activities authorized under the 21st Century Cures Act and other addiction and recovery programs. The legislation also provides increases for State opioid response grants and criminal justice programs such as drug courts. The legislation improves school safety by investing \$1.5 billion in the Department of Education and HHS. The TBI Act programs (CDC/ACL) were level funded. Highlights of the bill are as follows:

Department of Defense (DoD)

- Includes funding above the request for cancer research, traumatic brain injury and psychological health research, and sexual assault prevention and response.

Department of Health and Human Services (HHS)

Administration for Community Living (ACL):

- Traumatic Brain Injury - level funded (\$11,321M combined for both State and P&A Grant programs)
- NIDILRR -- \$4M increase in funding to fund competitive research grants to fund research that helps individuals with disabilities, with a particular emphasis on seniors, maintain or improve independence
- The Paralysis Resource Center -- \$1M increase
- Independent Living -- \$3M increase

Center for Disease Control and Prevention (CDC):

- The National Center for Chronic Disease Prevention and Health Promotion -- \$24.875M increase
- The National Center on Birth Defects and Developmental Disabilities -- \$15M
- The National Center for Injury Prevention and Control -- level funding

National Institutes of Health (NIH):

- NIH -- \$2B increase in funding in total, spread across almost all National Institute of Health programs.

Research on Health Costs, Quality, and Outcomes

- Agency for Healthcare Research and Quality (AHRQ) -- received a \$447,000 decrease in funding.

Health Resources and Services Administration (HRSA):

- Maternal and Child Health Block Grant -- \$26M increase to expand access to opioid and other addiction treatment

Substance Abuse and Mental Health Services Administration

- Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants -- \$50M increase

Department of Education

Office of Special Education Programs (OSEP)

- Grants to States Part B -- \$86.544M increase
- Pre-school Grants -- \$10M increase
- Technical Assistance and Dissemination -- \$2.5M increase

Rehabilitative Services Administration (RSA)

- Vocational Rehabilitation State Grants -- \$69.059M increase
- Supported Employment State Grants - level funding

Other Legislation

House Passes Tax Cuts Bill

Last Friday, the House of Representatives passed H.R. 6760, Protecting Family and Small Business Tax Cuts Act of 2018 known as Tax Reform 2.0, that makes permanent tax cuts for individuals that are set to expire by the previous Tax Cuts and Jobs Act. The legislation would also expand retirement and education accounts and create tax-advantaged Universal Savings Account. Overall, the provisions will add \$627 billion to the federal debt over the next ten years on top of the \$1.5 trillion the already-passed cuts are projected to cost during that same time. The Senate has not indicated support for the legislation.

House Passes Opioid Legislation

On Friday, the House passed a package of legislation, H.R. 6, pertaining to opioid prevention and treatment, which had previously been passed by the House which the Senate passed its own version resulting in the compromise. The Senate may take up the conference agreement this week. Among other provisions, H.R. 6, SUPPORT for Patients and Communities Act:

- Includes a new pilot program to provide housing assistance to individuals recovering from substance-use disorders. The bill authorizes Congress to provide funding for the pilot through the Community Development Block Grant program.
- Creates a grant program for "Comprehensive Opioid Recovery Centers," to serve the addiction treatment and recovery needs of their communities.
- Lifts restrictions on medications for opioid addiction, allowing more types of health care practitioners to prescribe the drugs.
- Expands an existing program that attempts to get more first responders, such as police and firefighters, to carry and use naloxone, a medication that reverses opioid overdoses.
- Allows federal agencies to pursue more research projects related to addiction and pain.
- Makes several changes to Medicare and Medicaid to attempt to limit the over prescription of opioid painkillers within the programs and expand access to addiction treatment, including lifting some of the current restrictions that make it harder for Medicare and Medicaid to pay for addiction treatment.
- Advances new initiatives to educate and raise awareness about proper pain treatment among health care providers.
- Increases penalties for drug manufacturers and distributors related to the overprescribing of opioids.

House Committee Advances the MFP Bill

On Sept. 13, the House Committee on Energy & Commerce advanced H.R. 5306, the Ensuring Medicaid Provides Opportunities for Widespread Equity, Resources (EMPOWER) and Care Act, to extend the Medicaid Money Follows the Person Demonstration (MFP) program for an additional year. The program helps States to transition individuals with chronic conditions and disabilities from institutions back into local communities.

Administration

NASHIA Signs on to CPR Letter on Medicare Advantage Prior Authorization

NASHIA signed on to the Coalition to Preserve Rehabilitation (CPR) letter expressing strong support for a bipartisan Congressional sign-on letter from Reps. Phil Roe (R-TN) and Ami Bera (D-

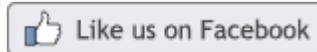
CA) to CMS Administrator Seema Verma regarding the use of prior authorization in Medicare Advantage (MA) plans. The letter expresses concern that prior authorization and other similar practices used by MA plans may be sources of increasing barriers to accessing needed care, particularly inpatient and outpatient rehabilitation services and devices, for beneficiaries nationwide.

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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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