



## Capitol News!

April 25, 2013

Vol. 10, Issue 3

Dear NASHIA Member,

Welcome to *Capitol News!* In this issue you will find highlights of the President's Budget proposals for FY 2014 released April 10th. NASHIA has submitted testimony to both the House and Senate Subcommittees on Labor-HHS-Education-Related Agencies calling for increases to the TBI Act programs. NASHIA also continues to work with TBI Stakeholders to pass legislation to reauthorize the TBI Act programs. H.R. 1098 has been introduced and Stakeholders are soliciting co-sponsors. Read further in this update to find out how you can help.

Meanwhile, have you visited the NASHIA public policy pages lately? NASHIA staff continues to add letters, testimony and other pertinent policy issues in keeping with the NASHIA Public Policy Platform. Visit the NASHIA website ([www.nashia.org](http://www.nashia.org)) under Priorities, Key Issues, Get Involved, and Resources to find these materials.

### This Week in Congress

Both the House and Senate are in session this week. The Senate returned on Monday and began debate on legislation dealing with internet tax. The House returned Tuesday and has been working on the "Helping Sick Americans Now" introduced by Republicans to extend funding for high-risk pools for people with pre-existing conditions created by the Affordable Care Act by using about \$3.7 billion from the Prevention and Public Health Trust Fund - a tactic to repeal the Affordable Care Act. (GOP leaders postponed a scheduled vote after the measure met strong opposition from both conservative groups resistant to any federal role in health care and from Democrats who objected that the Republicans planned to pay for the program from the prevention trust fund.)



### Budget

#### House and Senate Differ on Budget Resolution

Both the House and Senate have passed Budget Resolutions, although each body differs on how they would approach revenues and spending with regard to reducing the federal deficit. The Senate passed its version on March 23 calling for \$3.7 trillion for 2014 and provides increased spending, such as \$100 billion in upfront infrastructure; increased revenue through changes in the tax code generating \$975 billion over ten years; some reduced spending; and consolidating some programs

In contrast, the House plan calls for balancing the budget by 2023 with cuts to domestic spending below the automatic across-the-board cuts as the result of sequestration; changes to the tax code; and changes to the entitlement programs. The House budget would repeal the Patient Protection

and Affordable Care Act's (PPACA) expansion of Medicaid and CHIP that is scheduled to extend coverage to most nonelderly adults and children with incomes below 138 percent of the federal poverty level. The plan proposes to block grant Medicaid, and recommends giving States additional flexibility to use those funds to deliver health coverage.

The next step in the process is a Conference Committee to iron out the differences. The purpose of the budget resolution is to determine a blueprint for the appropriations process by setting forth various budget totals, allocations, entitlements, and possibly budget reconciliation instructions to House and Senate committees, including the Appropriations and Ways and Means Committees.

## **FY 2014 Appropriations**

### **President Releases His Budget Recommendations**

On Wednesday, April 10th, 2013, the President released his Fiscal Year (FY) 2014 Budget containing his recommendations for spending and revenue for the fiscal year beginning October 1, 2013. In general, the budget proposes to cancel the sequestration cuts and replace with targeted spending cuts, as well to increase revenues through tax reform and other measures. The President included a proposed \$100 million in funding for the BRAIN Initiative announced earlier this month that would be conducted through the National Institutes of Health (NIH), Defense Advanced Research Projects Agency (DARPA), and National Science Foundation (NSF). The NIH Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative is aimed at revolutionizing our understanding of the human brain in order to help people suffering from such devastating conditions as, Alzheimer's disease, Parkinson's disease, autism, epilepsy, schizophrenia, depression, and traumatic brain injury.

The Budget proposes to delay cuts in Medicaid Disproportionate Share Hospital (DSH) payments one year believing that many States would not expand Medicaid to cover uninsured by the time the cuts were set to take place. The Affordable Care Act (ACA) included reductions to DSH payments, which are to help those hospitals which treat a large number of uninsured patients, as Medicaid expansion and extension of private insurance would be covering more uninsured people. Some States were using the DSH cuts as the argument for expanding Medicaid eligibility. The Budget does not include any cuts to Medicaid, but would increase premiums for higher-income Medicare beneficiaries, cut some provider payments, and make other as-yet-unspecified changes to health spending.

With regard to Social Security, the President's Budget includes the "chained-CPI", an alternative calculation of the consumer price index (CPI) that is used to determine cost-of-living-adjustments. The chained-CPI would have the biggest impact on Social Security, including Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI), by reducing the increases that beneficiaries receive each year to adjust for rising costs of living.

The Administration proposes not to fund Area Health Education Centers (AHECs). Instead, the Administration proposes to prioritize workforce training programs that directly increase the number of primary care providers. The Administration proposes to reduce funding of the Community Services Block Grant (CSBG) program in order to meet fiscal targets as required by the Budget Control Act (-\$329 million).

The proposed budget recommendations in the President's Budget document do not reflect the approximately 5.2% reduction as the result of the sequester. The Federal HRSA TBI Program, for example, shows level funding, rounded up to \$10 million, which does not reflect sequester or other rescissions made in previous years. This is why most programs reported below compare the recommendations to the FY 2012 spending levels.

### **Department of Health and Human Services (HHS)**

The Administration proposes to reduce funding for grant activities within the Office of the Secretary (OS), allowing the OS to focus on policy coordination and leadership across the Department of Health and Human Services (HHS) and centralizing the grant making expertise in the operating divisions of HHS (\$19 million). Duplicative new grant programs in the Office of Minority Health and

the Office of Women's Health are eliminated and funding for existing grants is continued. The Budget includes \$41 million for the Office of Minority Health and \$29 million for the Office of Women's Health. The Budget maintains funding for all continuing grants within these two offices, but does not include funding for new grants. Projects addressing the elimination of health disparities, tobacco cessation and Violence Against Women will continue to be funded.

The Administration proposes to reduce funding for Patient-Centered Health Research (PCHR) at the Agency for Healthcare Research and Quality (AHRQ). These activities are of a lower priority given the lead role of the Patient-Centered Outcomes Research Institute (PCORI) in PCHR grant-making as well as other resources provided to AHRQ through the Affordable Care Act (-\$7 million).

#### **Administration on Community Living**

The Budget reflects for the first time the Administration for Community Living (ACL) created last year by bringing the programs of the Administration on Aging, Office of Disability and the Administration on Intellectual and Developmental disabilities together into one agency. The Budget proposes \$2.1 billion for the ACL, a \$56 million decrease when compared to the amount that the programs that now make up the ACL received in FY 2012. The program that takes the largest hit within ACL is the Senior Community Service Employment Program (-\$68 million).

The Lifespan Respite Care Act is level-funded at \$2.5 million. The National Family Caregivers Program within the Older American's Act is also level-funded at \$154 million.

#### **Administration on Children and Families**

The President's Budget request for the Administration for Children and Families, including both mandatory (pre-appropriated and entitlement) and discretionary programs, is \$51.9 billion in budget authority - an increase of \$2.2 billion from the FY 2012 enacted level. The Administration is requesting an additional \$6.8 million for the Family Violence Prevention Services and Domestic Violence Hotline programs for a total of \$139.5 million in order to respond to the increased demand for emergency domestic violence shelter services, and enhance staff capacity for the National Domestic Violence Hotline.

State Grants and Community-based prevention programs of the Child Abuse Prevention and Treatment Act (CAPTA) are all level-funded at FY 2012 levels. The Administration proposes to adjust Low Income Home Energy Assistance Program (LIHEAP) funding for expected winter fuel costs and to target funds to those most in need (-\$452 million).

#### **Centers for Medicare and Medicaid Services (CMS)**

The Administration proposes four Medicaid savings proposals: replace complicated matching formulas with a single matching rate specific to each State; rebase disproportionate share hospital (DSH) allotments in 2021 and beyond; limit health care provider taxes; and implement more efficient rates for durable medical equipment.

Many States impose taxes on health care providers to help finance the State share of Medicaid program costs. Some States use those tax revenues to increase payments to those same providers, and use that additional spending to increase their Federal Medicaid matching payments. The Administration proposes to limit these types of State financing practices that increase Federal Medicaid spending, by phasing down the Medicaid provider tax threshold, from the current law level of 6 percent in 2014, to 4.5 percent in 2015, 4 percent in 2016, and 3.5 percent in 2017 and beyond.

Under current law, States face a patchwork of different Federal payment contributions for individuals eligible for Medicaid and the Children's Health Insurance Program (CHIP). Specifically, State Medicaid expenditures are generally matched by the Federal Government using the Federal medical assistance percentage (FMAP); CHIP expenditures are matched with enhanced FMAP (eFMAP); and the Affordable Care Act (ACA) provides increased match for newly-eligible individuals and certain childless adults beginning in 2014. Beginning in 2017, the second proposal would replace these complicated formulas with a single matching rate specific to each State that automatically increases if a recession forces enrollment and State costs to rise.

### **Health Resources and Services Administration (HRSA)**

The President's request recommends that the Health Resources and Services Administration (HRSA) be funded at \$9.04 billion, \$841 million over the FY 2012 level. The Budget includes \$639 million for the Title V Maternal and Child (MCH) Services Health Block Grant, which is level funding with FY 2012 and an increase over the estimated final FY 2013 levels, when considering sequestration and other across the board cuts. Also included is a proposed investment of \$15 billion over the next ten years to extend and expand evidence based voluntary home visiting programs. Unfortunately, the Family to Family Health Information Centers appear to receive no funding under the President's FY 2014 Budget.

The President is recommending level funding for the HRSA Federal TBI Act Program, which provides grants to States and to state Protection and Advocacy Systems.

### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

The SAMHSA FY 2014 President's Budget Request for its Total Program Level is \$3.572 billion, an increase of \$3.5 million from the FY 2012 funding level. This FY 2014 Total Program Level of \$3.572 billion includes \$3.348 billion in Budget Authority (an increase of \$0.9 million from the FY 2012 funding level), \$164.8 million in PHS Evaluation funds (an increase of \$35.1 million from the FY 2012 funding level), and \$58 million in Prevention Fund resources (a decrease of \$34.0 million from the FY 2012 funding level).

SAMHSA is proposing, in FY 2014, a new effort, Project AWARE (Advancing Wellness and Resilience in Education) to improve mental health awareness, increase referrals to services and for those who need help, improve school safety, reduce substance abuse, and improve mental health outcomes for approximately 750,000 students every year (+\$55 million). SAMHSA also proposes to support implementation of the newly updated National Strategy for Suicide Prevention for a nationally coordinated, locally driven effort to bring down the tenth leading cause of death in the U.S.

The Budget reduces Consumer and Family Network Grants (-\$1.3 million); Suicide Prevention Programs: (-\$8.0 million); and Screening, Brief Intervention and Referral to Treatment (-\$23.2 million).

### **Centers for Disease Control and Prevention (CDC)**

The President's Budget request for Centers for Disease Control and Prevention (CDC) is \$6.6 billion, a decrease of \$270 million from FY 2012. The FY 2014 request reflects the elimination of the Preventive Health and Health Services Block Grant (PHHSBG). The new Chronic Consolidated Program and Public Health Fund investments will continue to support all grantees funded previously by PHHSBG through new formula and competitive awards.

The Budget calls for the elimination of the Centers for Public Health Preparedness in CDC due to budget constraints (-\$8 million). The Department of Health and Human Services (HHS) has proposed streamlining changes to HPP and increased coordination with the CDC Public Health Emergency Preparedness grants that will provide savings and continued support for the highest-priority activities.

The FY 2014 request implements the Working Capital Fund (WCF), a revolving fund that serves as the sole funding mechanism to finance centralized business services support across CDC on a fee-for-service basis. In FY 2012, CDC received authorization to establish the WCF in FY 2014.

### **CDC -- National Center on Birth Defects and Developmental Disabilities**

The proposed funding for the National Center on Birth Defects and Developmental Disabilities (NCBDDD) is \$141.9 million, which is a slight increase from the FY 2012 enacted level of \$141.792 million. However, the President's Budget recommends a reduction of \$67.148 million in core funding and \$74.644 million from the Prevention and Public Health Fund, similar to last year's proposed budget.

The President's Budget has renamed the three major funding lines within NCBDDD: Child Health and Development; Health and Development for People with Disabilities; and Public Health Approach to Blood Disorders. Additionally, the budget proposes a \$6.7 million transfer of the Paralysis Resource Center (Christopher Reeve) to the Administration for Community Living (ACL).

#### **CDC -- Agency for Toxic Substances and Disease Registry**

The total funding level requested for FY 2014 for CDC/ATSDR (Agency for Toxic Substances and Disease Registry) is just over \$11 billion. This includes \$5.217 billion in base budget authority, a \$432 million decrease from FY2012 and \$1.173 billion below FY 2010. It also includes a request for \$775 million from the Affordable Care Act's (ACA) Prevention and Public Health Fund, a \$54 million decrease from FY 2012 to invest in prevention and public health programs to improve health and restrain growth in health care costs. Finally, the request includes \$618 million in Public Health Service (PHS) Evaluation funds, an increase of almost \$250 million above FY 2012.

#### **CDC -- National Center for Injury Prevention and Control**

The FY 2014 President's Budget request for the Injury Center's programs includes \$181.585 million, an increase of \$35.281 million above the FY 2012 level. The FY 2014 request for the injury prevention and control includes the following increases:

- An increase of \$20 million to expand the National Violent Death Reporting System (NVDRS), a State-based surveillance system that forms a complete picture of the circumstances surrounding violent deaths, to all 50 States and D.C. NVDRS is currently supported in 18 States.
- New funding of \$10 million to conduct research into the causes and prevention of gun violence.
- An increase of \$5 million for the Rape Prevention and Education program through Public Health Service Evaluation funds to support the evaluation of interventions and strategies to prevent sexual violence.

#### **CDC -- National Institute for Occupational Safety and Health**

The entire FY 2014 discretionary request of \$271.9 million for occupational safety and health is from PHS evaluation funds - representing a decrease of \$53.4 million from FY 2012 enacted. In a limited-resource environment, the budget request proposes the elimination of Education and Research Centers. In addition, the request eliminates research funding for the Agriculture, Forestry, and Fishing sector. The agency is the primary federal entity responsible for conducting research, making recommendations, and translating knowledge for the prevention of work-related illness and injury.

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

The FY 2014 budget request of \$31.331 billion includes a \$471 million increase for the National Institutes of Health (NIH), a 1.5% increase over FY 2012. Most of the Institutes would receive an increase except for the National Institute of Mental Health, which appears to have a \$20 million cut in the President's request, of which a portion is transferred to behavioral research priorities. In FY 2014, NIH will begin its support of the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative, in collaboration with researchers from across the country, industry, foundations, and other government agencies including the Defense Advanced Research Projects Agency and the National Science Foundation.

#### **NIH -- National Institute of Neurological Disease and Stroke (NINDS)**

The FY 2014 President's Budget request is \$1,642.619 million, an increase of \$19.275 million or 1.3 percent, above the FY 2012 Actual Level. In 2014, NINDS will support a prospective, observational, multi-center study of 5,000 adults and children with TBI. Complementing this investigation, a study of 1,000 children will specifically evaluate the effectiveness of six major critical care guidelines for severe, pediatric TBI that are based on expert opinion rather than compelling experimental evidence. These studies will provide an evidence base for better diagnosis and treatment of TBI and address two major explanations for why more than 30 major clinical trials of interventions for TBI failed to demonstrate improved outcomes.



NINDS has laid extensive groundwork for these studies including coordination with the European Union and the Canadian Institute of Health Research to compare across 11,000 patients, enhancing the statistical power to detect important differences. The NINDS TBI Common Data Elements program brought the research community together to agree upon standards for data collection that will allow meaningful comparison across studies in the U.S. and internationally. The Department of Defense and NIH-led Federal Interagency TBI Informatics System (FITBIR) provides a common database for sharing of information among all qualified researchers. Finally, with funds from the American Recovery and Reinvestment Act, NINDS supported a pilot study of 600 TBI patients across the spectrum of severity, which will prepare researchers to move efficiently into a major study.

#### **NIH -- Eunice Kennedy Shriver National Institute of Child Health and Human Development**

In addition to its recent scientific visioning process, the Budget noted that NICHD convened two separate Blue Ribbon Panels, one to assess rehabilitation research at the NIH (focused on the National Center for Medical Rehabilitation Research at NICHD) and the other to provide new perspectives on the science of NICHD's Division of Intramural Research (DIR).

The FY 2014 President's Budget estimate for the NICHD program is \$77.545 million, an increase of \$1.214 million, or 1.6 percent above the FY 2012 level to help support a new, comprehensive effort to accelerate research on the epidemiology, diagnosis, and treatment of concussion, or mild TBI, across the life span.

#### **Department of Education**

The President's FY 2014 Budget request includes:

- \$1.3 billion in 2014 and \$75 billion over 10 years in mandatory funding for Preschool for All, a new Federal-State partnership that will support the implementation of high-quality preschool programs that are aligned with elementary and secondary education systems and help ensure that all children arrive in kindergarten ready to learn. The Federal Government would provide funding through a cost-sharing model with States to serve all children from low- and moderate-income families, create an incentive for States to expand access to high-quality preschool for additional middle-class families, and promote access to full-day kindergarten and high-quality early learning programs for children under the age of four.
- \$750 million for competitively awarded Preschool Development Grants to help build State capacity to implement high-quality preschool programs. Funds would be awarded to States with preschool systems at various stages of development and would support activities needed to ensure that every State has the high-quality system needed to implement the Preschool for All program.
- \$462.7 million for the Grants for Infants and Families program under the Individuals with Disabilities Education Act (IDEA), an increase of \$20 million to help States implement statewide systems of early intervention services for all eligible children with disabilities from birth through age 2 and their families.
- \$372.6 million for IDEA Preschool Grants to help States provide a free appropriate public education in the least restrictive environment to all children with disabilities ages 3 through 5 to help ensure that young children with disabilities succeed in school.

#### **OSERS -- Office of Special Education Programs (OSEP)**

The overall funding request for Special Education is \$12.7 billion. The President has requested level funding for Part B State and local grants (\$11.6 billion), Preschool grants (\$372.6 million), and Part C Early Intervention grants (\$462.7 million, a \$20 million increase). The \$20 million increase proposed for Part C is to raise the average State allocation by approximately \$325,000, enabling States to provide high quality early intervention services to approximately 360,000 infants and toddlers with disabilities and their families, and would permit the Department to award incentive grants to States to facilitate a seamless system of services for children with disabilities from birth up to age 5.

Special Education National Activities (Part D) are decreased by \$1.4 million, with Technical Assistance and Dissemination (\$46.8 million), Parent Training and Information Centers (\$28.9 million), and Technology and Media (\$29.6 million) level funded. State Personnel Development Grants would receive a \$1.1 million increase to cover 40 new and continuation awards to take their total to \$45 million, but Personnel Preparation grants are decreased by \$2.9 million bringing their total down to \$85.8 million.

The President's request includes a \$10 million increase over the 2012 level to provide support for programs of research on families of children with disabilities within the Institutes of Education Sciences. This research includes technology for special education; developmental outcomes and school readiness of infants, toddlers, and young children with disabilities; educational outcomes in core subject areas for children with disabilities; and social and behavioral outcomes. The IES Special Education Studies and Evaluation program is funded at the FY' 12 level of \$11.4 million.

#### **OSERS - Rehabilitation Services Administration (RSA)**

The President's \$3.3 billion request for Vocational Rehabilitation State Grants includes a \$180 million increase. As part of broader Workforce Investment Act reforms, the Budget proposes to consolidate three Rehabilitation Act programs into the Vocational Rehabilitation (VR) State Grants Program. The Administration proposes to consolidate the Supported Employment (SE) State Grants, VR Migrant and Seasonal Farmworkers, and the in-service training portion of VR Training programs into the existing VR State Grants Program.

The President is not requesting funds for the PROMISE (Promoting Readiness of Minors in SSI) program, but instead redistributing FY 2012 unobligated funds from VR State Grants to support PROMISE grants through September 2013. The FY2014 request also includes language to allow the Secretary to use similarly unobligated FY 2014 VR funds to support activities like PROMISE. The goal of this program is to improve outcomes of children who receive Supplemental Security Income (SSI), including completion of postsecondary education and employment, as well as to improve family or household outcomes through improved services and support for the families of SSI recipients, such as education and job training for parents.

The President's Budget reduces State Assistive Technology (AT) by \$2 million, eliminating the alternative financing program to reflect the latest AT Act authorization, in which Congress eliminated the program but required States to provide financing services. AT programs would now be funded at \$30.8 million.

#### **OSERS -- National Institute on Disability and Rehabilitation Research (NIDRR)**

The National Institute on Disability and Rehabilitation Research (NIDRR) request includes a \$1.2 million increase for employment research activities under a "new regulatory framework" that NIDRR plans to have in place by 2014, for a total request of \$110 million.

#### **Department of Labor (DOL)**

The President's Budget for the Department of Labor requests \$12.1 billion in discretionary funding. The request includes a \$100 million increase for the Workforce Innovation Fund, including \$10 million for disconnected youth, \$20 million for the Pay for Success projects, and \$50 million for veterans. The request also includes a \$3.4 million increase to the Wage and Hour Division for enforcement activities, \$5.8 million so the WHD can develop a new data-driven case management system to better target its investigations, and \$1.1 million to bolster the Office of Federal Contract Compliance Programs to support affirmative action requirements in hiring people with disabilities.

#### **DOL -- Office of Disability Employment Policy**

The President has requested \$42.4 million for the Office of Disability Employment Policy (ODEP), a \$3.5 million increase that is offset by a reduction in the Disability Employment Initiative funding for American Job Centers.

#### **Department of Housing and Urban Development (HUD)**

The Administration requests \$126 million for the Housing for Persons with Disabilities (Section 811)

program in FY 2014, a decrease of \$39 million from the FY 2012 enacted level. This request includes \$106 million for Project Rental Assistance Contract (PRAC) and Project Assistance Contract (PAC) renewals and amendments to support all existing units, as well as \$20 million for new project rental assistance awards to support an estimated 700 integrated supportive housing units for persons with disabilities. The Budget also requests new authority to allow HUD to make more funds available for expansion activities through residual receipts collections, recaptures, and other unobligated balances. HUD has also separately requested funding in the Transformation Initiative to evaluate outcomes from the Section 811 Project Rental Assistance Demonstration (PRAD) program initiated in FY 2012.

The President's Budget requests \$20 million in FY 2014 to support States programs that demonstrate an integrated health care and housing approach to serving persons with disabilities. The Administration also requests new authority to collect residual receipts in order to make more funds available for expansion activities; HUD estimates that \$12 million could be available in recaptures in FY 2014. These funds support the Project Rental Assistance program authorized by the Frank Melville Supportive Housing Investment Act of 2010, first implemented through a demonstration program in FY 2012. This demonstration program revealed the presence of significant demand at the State level for exactly this kind of resource. Thirty-five States submitted competitive applications, requesting in aggregate approximately \$236 million of Section 811 PRA assistance, with seven of the applicant States requesting the then maximum allowable award amount.

The Department requests \$106 million for Project Rental Assistance Contract (PRAC) and Project Assistance Contract (PAC) Renewals/Amendments in FY 2014 which will be applied to preserving the affordability of more than 1,860 housing projects with 21,510 units for people with disabilities. This set-aside provides continued assistance to tenants of Section 811 projects in which the initial PRAC/PAC has expired or all reserved funding has been disbursed. HUD estimates that \$10 million of the increased need is due to contracts being renewed or amended for the first time.

HUD is requesting \$3.143 billion for the Community Development Fund (CDF), which is a reduction of \$265 million compared to the fiscal year 2012 appropriated level of \$3.408 billion.

## Legislation Introduced

### CBITF Co-Chairs Introduce TBI Act Reauthorization

Last month, Congressmen Bill Pascrell, Jr. (D-NJ) and Tom Rooney (R-FL), Co-chairs of the Congressional Brain Injury Task Force, introduced H.R. 1098 reauthorizing TBI Act programs. NASHIA and other advocates are now beginning to solicit co-sponsors, particularly with regard to members of the House Energy and Commerce Committee's Subcommittee on Health. Below is a list of the members of that committee. If your congressman/woman is a member, please take time to e-mail them asking them to be a co-sponsor. If your congressman/woman is not a member, we would appreciate his/her support as well.

To find your representative's e-mail go to [www.congress.org](http://www.congress.org) and enter your zip code. You may also call and ask for the health or disability staffer to ask for support. As always, it is helpful to explain how the TBI Act programs assist your State. If your State is not receiving a grant at this time, you may discuss how your State could benefit from one -- what your needs are.

For further information go to the NASHIA website ([www.nashia.org](http://www.nashia.org)) to the Public Policy page under Key Issues. Should you have any questions, please do not hesitate to contact Susan Vaughn, Director of Public Policy, at [publicpolicy@nashia.org](mailto:publicpolicy@nashia.org).

### House Subcommittee on Health:

Republicans	Democrats
Chairman: Joe Pitts (PA)	Ranking Member: Frank Pallone, Jr. (NJ)
Vice Chairman: Michael C. Burgess, M.D. (TX)	John D. Dingell (MI)
Ed Whitfield (KY)	Eliot L. Engel (NY)



John Shimkus (IL)  
Mike Rogers (MI)  
Tim Murphy (PA)  
Marsha Blackburn (TN)  
Phil Gingrey (GA)  
Cathy McMorris Rodgers (WA)  
Leonard Lance (NJ)  
Bill Cassidy (LA)  
Brett Guthrie (KY)  
Morgan Griffith (VA)  
Gus Bilirakis (FL)  
Renee Ellmers (NC)  
Joe Barton (TX)  
Fred Upton (MI)

Lois Capps (CA)  
Jan Schakowsky (IL)  
Jim Matheson (UT)  
Gene Green (TX)  
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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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