



Capitol News!

June 18, 2014

Vol. 11 Issue 3

Dear NASHIA Member,

Welcome to *Capitol News!* featuring information on current legislative activity. As you know, NASHIA continues to push for passage of H.R. 1098, the Traumatic Brain Injury (TBI) Reauthorization Act of 2013. We have been assured that the House Floor Leader will move the bill for floor action before the August recess. Stay tune for communications when that happens. For further information on H.R. 1098 and other key issues visit the NASHIA website .

Meanwhile, NASHIA will be co-sponsoring a staff briefing on aging and TBI June 25th. William (Bill) A.B. Ditto, Chair of the NASHIA Public Policy Committee, will be presenting on State/federal partnerships in delivering lifelong services and supports for individuals with brain injury and their families. Should you have any questions, please feel free to send to publicpolicy@nashia.org.

This Week in Congress

The House and Senate are both in session this week. The House is considering bills related to the appropriations for the Department of Defense and access to care for veterans. Both chambers passed separate veterans legislation last week. As Congressman Eric Cantor (R-VA), Majority Floor Leader, lost in the congressional primary election last week, the House GOP leadership is holding an election on Thursday to replace him for that position.



Meanwhile, the Senate is considering funding for Commerce-Justice-Science, Agriculture and Transportation-Housing and Urban Development.

FY 2015 Appropriations

Senate Appropriations Labor-HHS-Education Subcommittee Marks Up Spending Bill

On June 10th, the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education, chaired by Senator Tom Harkin (D-IA), approved a \$156.8 billion FY15 spending bill. The level of spending is the same as FY 2014, but higher than the \$155.7 billion allocated in the

House. The draft measure includes an increase of more than \$1 billion for a Department of Health and Human Services' (HHS) program that provides care to unaccompanied child migrants, bringing total funding to \$1.94 billion for FY2015. The bill also would give the administration expanded transfer authority for the HHS program to deal with urgent needs if the number of unaccompanied children continues to grow rapidly.

This subcommittee recommended level funding for the HRSA TBI Act programs in the amount of \$9.76 million. NASHIA submitted [testimony](#) calling for increases for both the HRSA grant programs and CDC TBI program. The subcommittee bill appropriated \$30,459,181,000 to the National Institutes of Health (NIH), an increase of \$605,668,000, to fund biomedical research at the 27 Institutes and Centers. The recommended appropriation will allow NIH to allocate \$100 million for the second year of the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative, an increase of \$60 million.

The subcommittee recommendation includes \$11,921,040,000, a \$224,000,000 increase, for the Social Security Administration's (SSA) administrative expenses. In FY 2015, SSA will administer approximately \$950 billion in benefit payments to approximately 66 million Americans, SSA will process approximately 5.3 million retirement applications and 2.8 million disability applications, and SSA will provide services for over 40 million visitors to its field offices and 47 million callers to its 1-800 number.

The full the committee markup for the Senate 2015 Labor-Health and Human Services appropriations bill was postponed last week with no new date in sight. Senator Shelby (R-AL), Ranking Member of the full Senate Appropriations Committee, has said that he cannot support the current bill, in part because it includes funding for health insurance exchanges.

House Committee Includes Report Language to Curb DOJ Enforcement of Olmstead

Language was inserted in the House Appropriations Committee's Report on the Commerce, Justice, Science, and Related Agencies appropriations bill concerning the Justice Department's implementation of the Americans with Disabilities Act's "integration mandate" and the Supreme Court's Olmstead decision. The language inserted is:

"Deinstitutionalization.-The Committee notes the nationwide trend towards deinstitutionalization of patients with intellectual or developmental disabilities in favor of community-based settings. The Committee also notes that in *Olmstead v. L.C.* (1999), a majority of the Supreme Court held that the Americans with Disabilities Act does not condone or require removing individuals from institutional settings when they are unable to handle or benefit from a community-based setting, and that Federal law does not require the imposition of community-based treatment on patients who do not desire it. The Committee strongly urges the Department to factor the needs and desires of patients, their families, and caregivers, and the importance of affording patients the proper settings for their care, into its enforcement of the Americans with Disabilities Act."

Other Legislation

Congress Considers Bills to Address Access to VA Health Care

On June 11th, the Senate overwhelmingly passed legislation, sponsored by Senate Veterans Affairs' Committee Chairman Bernie Sanders (I-VT) and Senator John McCain (R-AZ), addressing veterans' access to health care. The bill would let veterans facing long delays for doctor appointments at VA facilities to use non-VA hospital or clinics for medical care if they experience long wait times or live more than 40 miles from the nearest VA hospital or clinic. The bill would also authorize VA to sign leases for 26 major medical facilities in 18 States and Puerto Rico and to spend \$500 million hiring new doctors and nurses with expedited hiring authority. This proposal would help the VA address the growing demand for medical care from older, aging veterans as well as those who are returning from the wars in Iraq and Afghanistan. The legislation also would hold

VA officials accountable for trying to conceal patient wait times.

The House approved legislation on Tuesday, the day before, sponsored by Committee on Veterans' Affairs Chairman Jeff Miller (R-Fla.) of [H.R. 4810](#), the Veterans Access to Care Act. The bill is similar to the senate version. The House legislation also requires the VA secretary to give periodic updates on its medical services. If passed, the agreement will allow eligible veterans to use non-VA medical care if they are experiencing long wait times or live more than 40 miles from the nearest VA hospital or clinic. Veterans could choose instead to visit private facilities that accept Medicare or seek care at federally-qualified health centers, Indian Health Centers or medical facilities run by the Defense Department.

Senate Announces Bipartisan, Bicameral Support for Workforce Innovation Act

At the end of May, the Senate HELP Committee announced that a bipartisan, bicameral group of lawmakers announced that they have reached a deal to reauthorize, the *Workforce Innovation and Opportunity Act* (WIOA). The bill, which will now be considered by both the House and Senate, is to improve existing federal workforce development programs, helps workers attain skills for 21st century jobs, and fosters the modern workforce that evolving American businesses rely on to compete.

The legislation reauthorizes the Workforce Investment Act of 1998; enhances the Adult Education and Family Literacy Act; amends the Wagner-Peyser Act of 1933; and amends and reauthorizes certain provisions of the Rehabilitation Act of 1973. The definitions contained in the bill identify "core" programs" as Title I State Grant Programs; Title II Adult Education Programs; the employment service under Title III of the Wagner-Peyser Act; and State Vocational Rehabilitation Programs under Title IV.

The bill requires State Vocational Rehabilitation to make "pre-employment transition services" to all students with disabilities and to coordinate those services with services provided under the Individuals with Disabilities Education Act (IDEA). State agencies would set aside 15 percent of their federal program funds to assist students with disabilities transition from secondary school to postsecondary education programs and employment. The amendments also transfer the Independent Living program from the Department of Education to the Administration for Community Living (ACL) in the Department of Health and Human Services. The bill incorporates "independent living" into the name and mission for the National Institute of Disability and Rehabilitation Research (NIDRR), and also moves the program to the ACL.

WIOA represents a compromise between the SKILLS Act (H.R. 803), which passed the House of Representatives in March of 2013 with bipartisan support, and the Workforce Investment Act of 2013 (S. 1356), which passed the Senate Health, Education, Labor, and Pensions (HELP) Committee with a bipartisan vote of 18-3 in July of 2013. Among the provisions, the WIOA:

- Eliminates 15 existing programs.
- Applies a single set of outcome metrics to every federal workforce program under the Act.
- Creates smaller, nimbler, and more strategic State and local workforce development boards.
- Integrates intake, case management and reporting systems while strengthening evaluations.
- Eliminates the "sequence of services" and allowing local areas to better meet the unique needs of individuals.
- Focuses on youth program services on out-of-school youth, high school dropout recovery efforts, and attainment of recognized postsecondary credentials.
- Provides youth with disabilities the services and support they need to be successful in competitive, integrated employment.

Senators Introduce Children's Health Insurance Program Extension

Legislation has been introduced to extend the Children's Health Insurance Program (CHIP), which expires September 30, 2015. Senator Jay Rockefeller (D-WV), chairman of the Senate Finance Subcommittee on Health Care has introduced S. 2461, the Children's Health Insurance Program (CHIP) Extension Act of 2014, which would extend the program through 2019.

Representative Introduce Legislation to Reauthorize Lifespan Respite

On May 20th, Rep. Jim Langevin (D-RI) introduced H.R. 4684 to reauthorize lifespan respite care programs. Each eligible State agency awarded a grant or cooperative agreement is to collect, maintain and report data and records to assist in monitoring the State administration of programs to evaluate and compare the effectiveness on a State-by-State basis programs and activities funded under this program.

Hearings and Briefings

Senate to Hold Hearing on TBI and Aging

On Wednesday, June 25th, the U.S. Senate Special Committee on Aging will hold a hearing on "State of Play: Brain Injuries and Diseases of Aging". NASHIA is co-sponsoring a staff briefing prior to the hearing and William A.B. Ditto, Chair of the NASHIA Public Policy Committee, will present information on community and long-term services and supports for individuals with brain injury.

Congressional Kids Safety Caucus to Sponsor Briefing on Sports-Related Concussions

The Congressional Kids Safety Caucus is sponsoring a briefing, "Tackling Sports Injuries in Young Athletes On the Field, In Emergency Rooms and in the Home District," on Wednesday, June 25th. As concussions sustained on sports fields and arenas involving athletes young and old continue to dominate headlines, organizers have arranged for a nationally known NCAA coach, pediatric emergency physician, respected sports journalist and others to talk about the next inning in all youth sports.

The event is organized by Safe Kids Worldwide, and is sponsored by NASHIA, American Academy of Pediatrics, Safe States Alliance, Children's National Medical Center, National Athletic Trainers' Association, Moms TEAM Institute, American College of Preventive Medicine, Children's Hospital Association, youth Sports Safety, Inc., and the Brain Injury Association of America.

Senate to Hold Hearing on Social Security Office Closures and Service Cuts

The U.S. Senate Special Committee on Aging will hold a hearing on Wednesday to examine the impact of recent Social Security field office closures and service cuts. The hearing, the culmination of a bipartisan committee staff investigation into service reductions at the Social Security Administration (SSA), comes at a time when baby boomers are filing record numbers of retirement, disability and survivor claims with the agency. Despite the rising demand, the SSA is currently in the midst of the largest five-year decline in field offices in its 79-year history. Budget cuts have, in part, led the agency to close 64 field offices and 533 temporary mobile offices since 2010. The SSA has also shed some 11,000 workers over the last three years and continues to reduce or eliminate a variety of in-person services while trying to shift seniors and others online to conduct their business.

During the hearing, lawmakers will discuss the findings of the staff investigation and hear firsthand from the SSA and the president of the field office managers association on the service and staff reductions.

House Holds Hearing on SSA Disability Determination Appeals

The U.S. House Oversight and Government Reform Committee held two hearings on the Social Security Administration Disability Determination Appeals Process on June 10 and 11. Appearing before the Committee was Carolyn W. Colvin, Acting Commissioner, Social Security Administration.

This update was prepared by:
Susan L. Vaughn, Director of Public Policy, publicpolicy@nashia.org
William A.B. Ditto, MSW, is Chair of the NASHIA Public Policy Committee
Rebeccah Wolfkiel is Governmental Relations Consultant, rwolfkiel@ridgepolicygroup.com

Like us on **Facebook** 

*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.*

www.nashia.org