



## **NASHIA Statement on the President's Proposed FY 2018 Budget**

**May 23, 2017**

Today, the President released his budget recommendations for fiscal year 2018 budget, which begins October 1, 2017, calling for over a trillion dollars in cuts from programs that support people with disabilities, including individuals with brain injury. Called "A New Foundation for American Greatness," the budget proposes drastic cuts to non-defense discretionary federal programs, including the Administration for Community Living, National Institutes of Health, and Centers for Disease Control and Prevention.

The National Association of State Head Injury Administrators (NASHIA) is concerned by these recommendations and how they will affect people who depend on public resources and assistance in order to return to home, community, school, and/or work after a brain injury. As most of us know, resources are severely lacking as it is -- to cut what is available undermines the work that has taken place and hampers the ability of States to provide the assistance needed.

NASHIA is particularly concerned with these recommendations:

- The Administration for Community Living (ACL) Traumatic Brain Injury (TBI) Program would be reduced from \$9M to \$3M and the program would be combined with funding for the State Developmental Disabilities Councils and Independent Living, creating a new "innovation" program with less than half of the funding these programs receive when combined. Currently, 19 States receive funding from the Federal TBI State Innovation Grant Program to screen, provide training, Information & Referral Services, and resource facilitation to targeted populations.
- An additional cut of over \$610 billion to the Medicaid program beyond the over \$800 billion cut in the House-passed American Health Care Act. The budget proposes for States to operate their Medicaid programs under per capita caps or block grants beginning in Fiscal Year 2020. The per capita cap option will result in cuts in eligibility, services, and/or provider rates, while the block grant option would do even further harm by allowing States to eliminate basic standards and safeguards. Almost half of the States administer brain injury Home and Community-Based Services (HCBS) waiver programs and individuals with brain injury may receive HCBS through other waiver programs and State Plan services.
- Reducing the Centers for Disease Control and Prevention's (CDC) budget from \$7.165 billion to \$5.975 billion -- nearly a \$1.2 billion reduction from the FY 2017 omnibus level. The budget calls for combining several CDC Injury Center budget lines and also cuts to the following areas:
  - \$2M cut for elder falls prevention (program elimination);
  - \$8.6 M cut for Injury Prevention Activities, which includes the Core State Violence and Injury Prevention Program and suicide prevention; and

- \$9M cut for Injury Control Research Centers (program elimination).
- Elimination of the Emergency Medical Services for Children (EMSC) program administered by the Health Resources and Services Administration (HRSA).
- Over \$74.2 billion would be cut from Social Security and Supplemental Security Income (SSI) over 10 years, including \$72.4 billion proposed in cuts to Social Security's disability programs.
- National Institutes of Health (NIH) would be cut almost 20 percent overall and individual Institutes would be cut to some degree. The National Institute of Neurological Disorders and Stroke (NINDS), which funds brain injury research, would be cut by \$428 million (24 percent). The President's budget proposes to cap indirect costs at 10 percent, believing NIH pays too much of its research dollars on indirect costs to institutions conducting the research.
- Elimination of Governors Councils on Developmental Disabilities that provide States flexible funding to reform State systems to assist those with the most significant disabilities.
- Elimination of the Low Income Home Energy Assistance Program (LIHEAP).
- Reduces funding for the Substance Abuse and Mental Health Services Administration (SAMHSA) by \$399 million below the current level.

Meanwhile, NASHIA is working closely with Congressional Members and appropriations staff and other coalitions and stakeholder groups to convey the importance of these programs in order for States to help meet the needs of those seeking assistance.

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