

About Traumatic Brain Injury

In 2013, 2.8 million Americans sought treatment for or died from a traumatic brain injury (TBI) as the result of a car crash, fall, sporting or recreational injury, an assault or other contributing factor. A TBI may cause problems with cognition, emotions, language, physical mobility and sensory affecting how a person is able to return to school, work, home and community.

TBI is a *complex disability* that challenges States' ability to respond in a timely and coordinated manner to individual and family needs, including access to post-acute rehabilitation, therapies, in-home support, education, employment, and short-term and long-term community and family supports. States provide these services through State and federal funding.

About NASHIA

In 1994, State government employees formed the National Association of State Head Injury Administrators (NASHIA) to help States plan, implement and administer an array of public programs and services for individuals with brain injury and their families. Members include private and public professionals, providers, family members and individuals with brain injury.

NASHIA collaborates with federal and national agencies and organizations and is a member of the American Brain Coalition, Consortium for Citizens with Disabilities, Disability and Rehabilitation Research Coalition, and the Injury and Violence Prevention Network.

Mission

NASHIA's mission is to assist State government in promoting partnerships and building systems to meet the needs of individuals with brain injury and their families. NASHIA accomplishes its mission through an annual national conference; webinars; advocacy; technical assistance; materials and resources.



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The NASHIA Public Policy Platform is
available on the website: www.nashia.org



Public Policy Priorities



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Giving States a Voice!

NASHIA supports federal policies which lead to coordinated systems of care to enable people with TBI of all ages to return to home, school and work to live independent and productive lives.

Enhance and expand State capacity to provide services and supports for individuals with brain injury and their families

- Reauthorization of the TBI Act of 1996, as amended.
- \$11M to fund the HHS' Administration for Community Living (ACL) Federal TBI State Partnership Grant Program in order to increase the number of State grant awards.
- \$6M for the ACL's Administration on Intellectual and Developmental Disabilities' (AIDD) P&A TBI Grant Program to increase the minimal amount of \$50,000 per P&A program.
- Reauthorization of the Lifespan Respite Care program and \$5 million for FY 2018 (H.R. 2535/S.1188).
- Support policies to assist States and local schools to address "return to learn" after a student sustains a concussion/mild TBI.

Expand professional expertise about TBI

- Introduce the TBI and PTSD Law Enforcement Training Act.
- Advocate for policies to improve screening, identification, accommodations and strategies for addressing TBI-related disabilities in children, youth and adults in education, juvenile justice/corrections, and other disability systems.

Maintain and expand access to health care and rehabilitation

- Continue fund Emergency Medical Services for Children (EMSC).

- Support Affordable Care Act provisions ensuring coverage for pre-existing conditions and essential health care benefits.
- Support Access to Quality Complex Rehabilitation Technology Act (H.R. 750).
- Oppose efforts to block grant or set per capita caps to cut the Medicaid program.

Maintain and expand access to education, vocational rehabilitation, community long-term services and supports

- Support the Community Integration Act to support community living for individuals with brain injury (H.R. 2472/ S.910).
- Support reauthorization of the Money Follows the Person Demonstration Program (S.2227, Empower Care Act).
- Support RISE Act, amending the Higher Education Act of 1965 regarding data collection related to students with disabilities. (H.R. 2782/S.1295).
- Increase the age of onset of disability to allow individuals injured after the age of 26 to participation ABLE accounts.

Expand TBI research in treatment, care, rehabilitation and community services

- Funding to continue and expand the NIH led Project BRAIN Initiative.
- Oppose transferring the National Institutes of Disability, Independent Living, and Rehabilitation Research (NIDILRR) program to the National Institutes of Health (NIH).
- Increase the number of multicenter ACL's NIDILRR TBI Model Systems Collaborative Research projects to conduct research on functional assessment tools; employment, and community long-term services and supports.

- Increase the number of NIDILRR TBI Model Centers from 16 to 18.
- Increase funding for the NIDILRR Funded TBI National Data and Statistical Center to allow all participants to be followed over their lifetimes.
- Research funding to improve understanding of concussion treatment, diagnosis and lingering affects.

Expand primary and secondary prevention initiatives

- \$5M to implement the Centers for Disease Control and Prevention, (CDC) National Injury Center's (NCIPC) national surveillance system to accurately determine the incidence of sports-related concussions and other causes of TBI.
- Increased funding for the NCIPC's TBI program and to increase the number of States receiving injury and violence prevention grants.
- Funding for the NCIPC's Injury Control Research Centers (ICRCs).
- Legislation to prevent and minimize sports-related concussions.
- Funding for to the older adults falls prevention program. (AC:L and NCIPC)

Maintain health and safety net programs for individuals with brain injury

- Preserve and strengthen Social Security, Medicare, SNAP, LEAP, Medicaid, and other safety net programs.

Maintain Disability Rights

- Preserve disability rights laws (i.e. IDEA, ADA, and the Rehab Act).
- Oppose H.R. 620, ADA Education and Reform Act of 2017.