

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 (ABC), Coalition to Preserve Rehabilitation (CPR), Consortium for Citizens with Disabilities (CCD), Disability and Rehabilitation Research Coalition (DRRC), and the Injury and Violence Prevention Network (IVPN).

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.



Mailing Address

PO Box 1878
Alabaster, AL 35007
Phone: (202) 681-7840

Washington, DC

1140 Connecticut Ave., NW, Suite 510
Washington, D.C. 20036
Phone: (202) 480-8901

For further information contact:

Becky Corby

Governmental Relations Consultant
Email: rcorby@ridgepolicygroup.com
Phone: (202) 480-8902

Susan L. Vaughn, Director of Public Policy

Email: svaughn@nashia.org

Rebecca Wolfkiel, Executive Director

Email: rwolfkiel@nashia.org

Jennifer Braun, Chair

NASHIA Public Policy Committee
Email: Jennifer.Braun@health.mo.gov

The NASHIA Public Policy Platform for the 116th Congress is available on the NASHIA 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 and supports to enable people with brain injury of all ages to return to home, school and work following their brain injury and to live independent and productive lives.

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

- **\$19M** 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 from 27 to 50 and the amount of the awards that range from \$150,000—\$350,000.
- **\$5M** to expand data capacity by funding the Centers for Disease Control and Prevention's (CDC) National Center on Injury Prevention and Control's (NCIPC) national concussion surveillance project.
- Expand opportunities for home and community-based services and supports.
 - ◇ Balancing Incentive Program Legislation
 - ◇ Disability Integration Act of 2019 (HR 555/S.117).
 - ◇ Reauthorization of the Lifespan Respite Care program.
 - ◇ Extend Money Follows the Person Program and Spousal Impoverishment Protections past May 22, 2020.
- Reauthorization of the Older Americans Act, Dignity in Aging Act (H.R. 4334), including provisions for TBI screening after a fall and including TBI in health promotion.
- Funding and legislation addressing crosscutting issues:
 - ◇ Domestic violence
 - ◇ Juvenile and criminal justice
 - ◇ Mental health and substance use

Expand public and professional awareness about TBI and service delivery.

- Traumatic Brain Injury and Post-Traumatic Stress Disorder Law Enforcement Training Act (or TBI/PTSD Law Enforcement Training Act).
- Strategies to address the shortage of trained direct care professionals.



Maintain and expand access to health care, trauma care and rehabilitation.

- Health care insurance plans that provide necessary rehabilitation and therapies.
- Medicare and Medicaid reimbursement methods that support comprehensive post-acute rehabilitation, cognitive and behavioral therapies.
- Initiatives to address treatment for pain, yet avoid dependence.
- Ensure that Non-Emergency Medical Transportation (NEMT) is a Medicaid benefit.



Expand research to promote best practices with regard to treatment, rehabilitation and vocational rehabilitation.

- Funding to continue and expand the National Institute of Health (NIH) led Project BRAIN Initiative.
- Increase the number of ACL's National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) TBI Model Centers and TBI research.
- Expand TBI Model Systems approach to include capacity for data collection and systemic approach for serving children and youth with brain injury.

- Funding and policies that accommodate cognitive and other TBI-related disability symptoms for VR assessment and services for youth and adults seeking employment and to maintain employment.



Support public assistance and safety net programs.

- Oppose additional work requirements and barriers to obtaining public assistance programs, such programs as housing assistance, Medicaid, and SNAP.
- Oppose efforts to reduce Social Security, Medicare, and Medicaid programs through tightening eligibility requirements, block grants and capping expenditures for programs.
- Preserve disability rights laws (e.g., IDEA, ADA, and the Rehab Act).
- Increase the age of onset of disability to allow individuals injured after the age of 26 to participation in ABLE accounts.



Expand primary, secondary and tertiary prevention to reduce the number of TBIs and to minimize the affects.

- Legislation to prevent and minimize sports-related concussions.
- Funding for older adults falls prevention programs administered by the CDC's National Center on Injury Prevention and Control (NCIPC) and the Administration for Community Living (ACL).
- \$18 million for the NCIPC's Injury Control Research Centers (ICRCs), to add 4 centers to join the ICRC network.
- Support recommendations outlined in the CDC "Report to Congress on Management of TBI in Children."