



National Association  
OF  
State Head Injury Administrators

# Capitol News!

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Dear NASHIA Member,

Welcome to Vol. 7, Issue 1, of **Capitol News**, which you receive as a NASHIA member. **Capitol News** provides an update of Congressional and Administration activities, legislation and policies that affect individuals with traumatic brain injury and their families. For further information on NASHIA's priorities go to [www.nashia.org](http://www.nashia.org).

Meanwhile, the Congressional Brain Injury Task Force has scheduled its Awareness Day for Wednesday, March 17th, 2010. Further information is provided in this issue, and further information will also be provided separately.

## This Week in Congress



The House convened Tuesday afternoon, while the Senate convened on Monday and began debating the confirmation of Patricia Smith to be solicitor of the Department of Labor.

## 2011 APPROPRIATIONS

### President's Budget Recommendations

On Monday, President Obama released his requests for the Fiscal Year (FY) 2011 \$3.8 trillion Federal budget that provides funding to all Federal programs and agencies. The President is calling for an overall freeze on most domestic discretionary spending, which affects about 14% of the total budget spending. This provision is called "Tough Choices", and would impose a three-year spending freeze on non-security discretionary spending, as well as \$23 billion in savings through terminations and reductions in 126 existing programs. For the full Budget document, please visit: <http://www.whitehouse.gov/omb/>.

A priority of the Administration is creating jobs to address the high rate of unemployment. The FY 2011 Federal Budget would let tax cuts enacted in 2001 and 2003 for households making more than \$250,000 per year to expire, and would "eliminate tax preferences" for oil, gas and coal companies."

Among the recommendations, the President is calling for a Fiscal Commission to make recommendations for balancing the budget by 2015 and recommending changes to entitlement spending programs (i.e. Social Security, Medicare and Medicaid). This recommendation is meeting with resistance from Congress, although Senators Kent Conrad (D-ND) and Judd Gregg (R-NH), the Majority and Minority leaders of the Senate Budget Committee, had already introduced legislation that would create a commission to make recommendations to alter entitlement programs as a way to lower the federal deficit.

## **Department of Health and Human Services**

### **HRSA**

The Administration proposed level funding for the Department of Health and Human Services (HHS) Health Resources and Administration (HRSA) Federal TBI Program Services in the amount of \$10 million, which provides funding for State and protection & advocacy (P&A) systems grants. The President's budget includes an \$11 million proposed increase for the Title V Maternal and Child Health Services Block Grant. Other HRSA budget highlights include a proposed \$290 million increase for Community Health Centers, a \$5 million increase for Healthy Start and \$7 million increase for autism.

### **Medicaid and Medicare**

The budget includes \$25.5 billion for a six-month extension of the American Recovery and Reinvestment Act (AARA) temporary increase in the Federal Medicaid match. Also included is funding for new Medicare and Medicaid demonstration projects that evaluate reforms to provide higher quality care at lower costs, improve beneficiary education and understanding of benefits offered and to better align care coordination for beneficiaries with chronic conditions. The budget will also support the Year of Community Living Initiative to promote collaboration between HHS and the Department of Housing and Urban Development to expand access to housing and community supports to enable people with disabilities to live in the community, as opposed to in institutional settings.

### **SAMHSA**

The proposed budget expands substance abuse treatment services at Indian Health Services (IHS) facilities and Federally Qualified Health Centers, and provides \$23 million for comprehensive substance abuse prevention services targeting early risk factors that can improve health outcomes for children and young adults. The President's budget provides \$56 million to expand the treatment capacity at drug courts and \$23 million for re-entry programs.

These activities are a part of over \$150 million in new funding for the HHS and Justice (DOJ) to strengthen efforts to detect and prevent illicit drug use in our communities, to expand early drug abuse intervention in the primary health care system, enhance specialty addiction treatment services and break the cycle of illicit drug use, crime and incarceration.

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

The President's FY 2011 budget includes a request of \$32.089 billion for the National Institutes of Health, which is a \$1 billion or 3.2% increase over FY 2010; and \$7.4 billion for the National Science Foundation, an 8% increase over FY 2010 enacted level, which includes approximately \$6 million for Research & Related activities.

## **Department of Education**

The President's FY 2011 budget request includes significant increases in education spending and the Department of Education is exempt from the spending freeze. This includes \$3 billion additionally for Elementary and Secondary Education Act (ESEA) programs, \$173 billion in college loans and grants, and \$9.3 billion to expand preschool programs as called for in the Student Aid and Fiscal Responsibility Act (SAFRA), which passed the House and is awaiting action in the Senate.

The President also recommends a \$17 billion increase in Pell Grant funds compared to 2010 spending. The budget increase includes a \$1 billion reserve fund for the Department of Education, contingent upon successful reauthorization ESEA. Not included in the proposal are specific funds for school libraries. The budget calls for a consolidation of the funds for the Improving Literacy Through School Libraries Program.

## **Department of Defense**

Included in the President's budget requests for the Department of Defense pertaining to medical care and treatment:

- \$30.9 billion overall for medical care, an increase of 5.8 percent over the 2010 enacted level;
- \$669 million to provide care for traumatic brain injury and psychological health; and
- \$250 million for continued support of mental health and traumatic brain injury research, such as the development of tools to detect and treat post-traumatic stress, and enhancements to suicide prevention measures.

## **Department of Veterans Affairs**

The Administration has proposed \$125 billion budget for FY 2011 for the Department of Veterans Affairs which, includes \$60.3 billion for discretionary spending (mostly health care) and \$64.7 billion in mandatory funding (mostly for disability compensation and pensions). The President's budget proposal includes an increase of \$460 million and more than 4,000 additional claims processors for Veterans benefits. This is a 27 percent funding increase over the FY 2010 level.

The budget proposal also includes \$4.2 billion to reduce and help prevent homelessness among veterans. That breaks down into \$3.4 billion for core medical services and \$799 million for specific homeless programs and expanded medical care, which includes \$294 million for expanded homeless initiatives. The spending request seeks \$5.2 billion for mental health, an increase of \$410 million (or 8.5 percent) over current spending, enabling expansion of inpatient, residential and outpatient mental health services, with emphasis on making mental health services part of primary care and specialty care. The budget request will enable the department to continue expanding its programs for post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI), along with the diagnosis and treatment of depression, substance abuse and other mental health problems. The proposed spending will continue VA's suicide prevention program.

Also requested is \$250 million to strengthen access to health care for 3.2 million veterans enrolled in VA's medical system who live in rural areas. Rural outreach includes expanded use of home-based primary care and mental health. Rural outreach also includes VA's telehealth program for patients with chronic problems, which the budget provides an increase of \$42 million for VA's home telehealth program.

During 2011, VA expects to treat 6.1 million patients, who will account for more than 800,000 hospitalizations and 83 million outpatient visits. The total includes 439,000 Veterans who served in Iraq and Afghanistan, for whom \$2.6 billion is included in the budget proposal. That's an increase of \$597 million - or 30 percent - from the current budget. Other highlights include:

- \$6.8 billion for long-term care, an increase of \$859 million (or 14 percent) over 2010. This amount includes \$1.5 billion for non-institutional long-term care;
- Expanding access to VA health care system for more than 99,000 Veterans who were previously denied care because of their incomes;
- \$590 million for medical and prosthetic research;
- Continuing development of a "virtual lifetime electronic record," a digital health record that will accompany Veterans throughout their lives; and
- \$54.3 billion in advance appropriations for 2012 for health care, an increase of \$2.8 billion over the 2011 enacted amount.

## **Congressional Brain Injury Task Force**

The Congressional Brain Injury Task Force is sponsoring its Brain Injury Awareness Day on Wednesday, March 17th 2010. NASHIA will exhibit at the Fair and provide information to members who wish to make congressional visits. NASHIA and BIAA will hold a briefing session for their members who wish to be informed of current issues, advocacy tips and any other information that may be helpful when meeting with their congressional delegation. The time and room will be provided in a further update. The schedule is as follows:

10:00 AM - 1:00 PM

### **Brain Injury Awareness Fair**

*First Floor Foyer of the Rayburn House Office Building*

2:30 PM - 4:00 PM

### **Briefing: "From the Playground to the Pros: A Heads-Up on Concussion"**

*Capitol Visitors Center - Congressional Meeting Room South*

5:30 PM - 7:30 PM

### **Reception Celebrating Brain Injury Awareness Month**

*First Floor Foyer of the Rayburn House Office Building*

## **OTHER LEGISLATION**

### **Health Care Reform**

House and Senate Democratic leadership continue to discuss ways to pass health reform either comprehensively or incrementally. NASHIA has signed on to a Roll Call ad along with other disability and aging organizations calling on Congress to continue to push health care reform.

### **Federal Deficit/Social Security**

On January 26, the Senate voted to exempt Social Security from any fast-track legislation to address the entitlement programs and the Federal deficit. The vote came during consideration of legislation (H. J. Res. 45) that would increase the statutory limit for Federal debt.

### **Restraint and Seclusion**

The House Education and Labor Committee is tentatively scheduled to mark up H.R. 4247, the Preventing Harmful Restraint and Seclusion in Schools Act, this week. The bill would require States to establish minimum safety standards in schools related to seclusion and restraints.

## **ADMINISTRATION**

### **Family Caregiver/Respite/Disability Resource Center Forums**

The Administration on Aging (AoA) will conduct national listening forums to gather input on the reauthorization of the Older Americans Act (OAA). The OAA includes the National Family Caregiver Support Program, the Lifetime Respite Program and the Aging and Disability Resource Centers. This is an opportunity for AoA to hear how these programs could better serve families and individuals with disabilities. The four forums will be held on February 18 in Dallas; on February 25 in Alexandria, VA; on March 3 in San Francisco; and on March 16 in Chicago. For more details see <http://www.aoa.gov> and click on OAA Reauthorization.

### **Victimization Grant Opportunity**

The U.S. Department of Justice Office on Violence Against Women has announced availability of funding for grants to provide training, consultation and information on sexual assault, domestic violence, dating violence and stalking against individuals with disabilities to improve the response to such crimes and enhance direct services to individuals. Each funded program must include multidisciplinary teams. At least one member of each team must be a nonprofit, nongovernmental organization serving individuals with disabilities. For more information go to <http://www.ovw.usdoj.gov/docs/disability-solicitation.pdf>

### **Employment Listening Sessions**

The third of six Office of Disability Employment (ODEP) listening sessions will take place on February 11, 2010 in Chicago, IL. The Chicago session is open to residents of Illinois, Indiana, Michigan, Minnesota, Ohio, Iowa, Kansas, Missouri, Nebraska and Wisconsin (DOL Region V). To learn more about the Listening Sessions and how to register and comment, see: <http://disabilitylisteningtour.com/>.

### **Disability Website**

To celebrate the 19th Anniversary of the Americans with Disabilities Act, the U.S. Government recently renamed and relaunched its DisabilityInfo.gov web site. The site is now simply [disability.gov](http://disability.gov).

### **Housing**

The National Council on Disability (NCD) has released a report entitled [The State of Housing in America in the 21st Century: A Disability Perspective](#). The report provides recommendations to improve housing opportunities for people with disabilities. The research contained in the report presents a comprehensive overview of the state of housing in the twenty-first century, and answers important questions about the current housing needs and options for people with disabilities living in the United States.

### **Administration Issues Rules On Parity in Treatment of Mental, Substance Use Disorders**

The Departments of Health and Human Services, Labor and the Treasury jointly issued new rules providing parity for consumers enrolled in group health plans who need treatment for mental health or substance use disorders.

The new rules prohibit group health insurance plans-typically offered by employers-from restricting access to care by limiting benefits and requiring higher patient costs than those that apply to general medical or surgical benefits. The rules implement the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).

The new law requires that any group health plan that includes mental health and substance use disorder benefits along with standard medical and surgical coverage must treat them equally in terms of out-of-pocket costs, benefit limits and practices such as prior authorization and utilization review. These practices must be based on the same level of scientific evidence used by the insurer for medical and surgical benefits. For example, a plan may not apply separate deductibles for treatment related to mental health or substance use disorders and medical or surgical benefits-they must be calculated as one limit. MHPAEA applies to employers with 50 or more workers whose group health plan chooses to offer mental health or substance use disorder benefits. The new rules are effective for plan years beginning on or after July 1, 2010.

The Wellstone-Domenici Act is named for two dominant figures in the quest for equal treatment of benefits. The late Senator Paul Wellstone (D-MN), who was a vocal advocate for parity throughout his Senate career, sponsored the ultimately successful full parity act. He was joined by former Senator Pete Domenici (R-NM) who first introduced legislation to require parity in 1992. Champions of the legislation also included the bipartisan team of Representative Patrick Kennedy (D-RI) and former Representative Jim Ramstad (R-MN).

Comments on the interim final rules are still being solicited. Sections where further comments are being specifically sought include so-called "non quantitative" treatment limits such as those that pertain to the scope and duration of covered benefits, how covered drugs are determined (formularies), and the coverage of step-therapies. Comments are also being specifically requested on the regulation's section on "scope of benefits" or continuum of care.

Comments on the interim final regulation are due 90 days after the publication date. Comments may be emailed to the federal rulemaking portal at: <http://www.regulations.gov>. Comments directed to HHS should include the file code CMS-4140-IFC. Comments to the Department of Labor should be identified by RIN 1210-AB30. Comments to the Treasury's Internal Revenue Service should be identified by REG-120692-09. Comments may be sent to any of the three departments and will be shared with the other departments. Please do not submit duplicates.

## **OTHER**

### **Kaiser Report on Medicaid HCBS Programs**

The Kaiser Family Foundation's Commission on Medicaid and the Uninsured recently issued a report summarizing the main trends to emerge from the latest (2006) expenditures and participant data for the three main Medicaid Home and Community-Based Service (HCBS) programs. Those programs include the optional 1915(c) HCBS waivers, the mandatory home health benefit and the optional state plan personal care services benefit.

This update was prepared by Susan L. Vaughn, Director of Public Policy. William A.B. Ditto, MSW, is Chair of the NASHIA Public Policy Committee.

*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.*