



giving states a voice

National Association of State Head Injury Administrators

Capitol News!

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Vol. 8, Issue 5

Dear NASHIA Member,

Welcome to Vol. 8, Issue 5 of Capitol News, which you receive as a NASHIA member. For other information on NASHIA's public policy priorities visit www.nashia.org. Meanwhile, NASHIA and other TBI stakeholders are working on FY 2012 appropriations for TBI Act programs and NIDRR TBI Model Systems. The Congressional Brain Injury Task Force is circulating a "dear colleague" letter to representatives to sign on in support of funding and retaining these programs. You may want to contact your representative and encourage him/her to sign on. Read further to see a copy of the "dear colleague" letter, the appropriations support letter, contact information and deadline. You may also contact either Susan Vaughn, Director of Public Policy at publicpolicy@nashia.org or Becky Wolfkiel, Governmental Relations Consultant at rwolfkiel@ridgepolicygroup.com if you have further questions.

This Week in Congress

Congress is on recess and will return May 2. While in their home districts, many members are holding town hall meetings and other venues to meet with constituents, providing an excellent time to talk about brain injury issues. Before adjourning, Congress passed an appropriations bill to fund federal government through the remainder of this fiscal year that ends September 30, 2011. Read further for more information.



Appropriations and Budget

FY 2011 Appropriations

On Thursday, April 14, Congress passed the FY 2011 Continuing Resolution (CR), which the President has since signed. This CR funds federal agencies and programs through September 30, 2011. Approximately \$38 billion was cut from previous spending levels and Congress eliminated all non-defense congressional earmarks for FY 2010. The bill includes a 0.2% across-the-board cut to most non-defense discretionary programs. However, federal agencies have 30 days to decide how they will apply that across-the-board cut to their programs. This rescission affects all programs within the Labor-HHS-Education appropriations bill.

The CR does not include any explanatory statement or accompanying funding table. The agencies will have wide discretion over the funding levels for many individual programs, unless the levels were specifically cited in bill language. Therefore, some cuts are unknown at this time. Departments are to submit a detailed spending or operating plan for FY 2011 within 30 days of enactment. Appropriations to programs include:

Department of Health and Human Services

National Institutes of Health (NIH) -- The bill provides \$30.7 billion, which is a \$260 million or 0.8 percent reduction below the FY2010 level.

Centers for Disease Control and Prevention (CDC) - CDC received \$5.66 billion, a \$730 million cut from the FY2010 level.

Health Resources and Services Administration (HRSA) - HRSA received \$6.27 billion in discretionary funding, which is \$1.2 billion below the comparable FY2010 level. Some HRSA programs will receive new funding this year through the Affordable Care Act.

Centers for Medicare and Medicaid (CMS) -- The bill provides about \$86.44 billion for payments to States, a \$34 million reduction from FY 2010 levels.

Administration on Aging (AoA) -- The bill provides about \$1.5 billion for aging programs. The department may not fund new chronic-disease self management grants as authorized in FY 2010.

Head Start -- The bill provides \$7.575 billion for Head Start, \$340 million more than FY2010 and over \$1.4 billion more than H.R. 1.

Department of Education

Rehabilitation Services Administration -- The bill funds the agency at \$3,475.5 billion for FY2011, a cut from \$3,506.8 billion in FY 2010, a reduction of \$31.361 million. It appears that funding for the Projects with Industry program is eliminated in the CR (reduction of approximately \$19 million). In addition, the CR eliminates \$5.1 million in earmarks, thus leaving \$7 million of cuts unaccounted for in the CR.

National Institute on Disability and Rehabilitation Research (NIDRR) -- There is no specific level for NIDRR cited in the CR, and thus NIDRR may (or may not) be subject to a reduction as part of the \$7 million cut unaccounted for in the bill. NIDRR received \$109,200,000 in FY 2010.

Individuals with Disabilities Education Act - It appears that the IDEA Special Programs will take a \$19 million cut. The total amount for all IDEA programs for 2010 was \$12.587 billion. The Special Olympics Education Programs have been zeroed out in the bill. (FY 2010 level was 8.1 million.)

Workforce Investment Act -- The bill provides a total of \$2.8 billion (\$182 million below the FY2010 level) for State grants. The bill also provides \$125 million for a new Workforce Innovation Fund to encourage States and regional partnerships to engage in systemic reform to improve job outcomes.

FY 2012 Budget Resolution

A week ago Friday, the House approved the FY 2012 budget resolution (H. Con. Res. 34) introduced by Budget Chairman Paul Ryan (R-WI). The purpose of a budget resolution is to provide a plan for annual program funding, and is to provide estimates for revenue and spending that is then provided to the appropriate committees when considering tax/income related bills and appropriations bills. H. Con. Res. 34 proposes drastic spending cuts and a number of controversial policy changes, including funding Medicaid through block grants and changing Medicare into a voucher program in which beneficiaries would receive annual stipends to buy insurance in the private market.

Meanwhile, the Senate is working on its own spending blueprint, which is expected to be released soon after the two-week spring recess.

On April 4, seventeen Governors signed a letter to President Obama in opposition to Medicaid block grant funding which would cap funding and shift costs of the program to States. Governors that signed on included those representing AR, CA, CO, CT, DE, HI, IL, KY, MD, MA, MN, NC, OR, VT, WV, WA and the Virgin Islands. The letter is on the NASHIA website (www.nashia.org) under Public Policy, Key Issues.

NASHIA signed onto a letter signed by 173 national organizations, including faith groups, service provider organizations, labor, civil rights, and policy experts, urging the House to vote against the Budget Resolution. At least two-thirds of the cuts proposed would be made in low-income programs, about \$2.9 trillion over 10 years, according to estimates by the Center on Budget and Policy Priorities. The result is a budget that proposes extreme restrictions in programs that provide essential services for low-income and vulnerable people, making these programs unable to respond to growing need during economic downturns. A copy of the letter including all signing organizations is available at: <http://www.chn.org/pdf/2011/NatlRyanBudgetSignOn.pdf>.

FY 2012 Appropriations

The Congressional Brain Injury Task Force (CBITF), NASHIA, Brain Injury Association of America (BIAA) and other TBI stakeholders have been working on FY 2012 appropriations for TBI Act programs and NIDRR TBI model systems programs. NASHIA and BIAA have circulated a sign on letter this week to national organizations asking if they will sign on to a letter to appropriators supporting these programs.

The CBITF is also circulating a "dear colleague" letter calling for support and retention of TBI programs. The deadline for members to sign on is May 11. The "dear colleague" letter is in the next section of this newsletter. You may ask your members to support this request and contact either Rose Hacking (rose.hacking@mail.house.gov; 5-5751) in Congressman Pascrell's office or Marianne Myers (marianne.myers@mail.house.gov; 5-5836) in Congressman Platts' office should he/she wish to sign on.

Last week, NASHIA submitted testimony to both the House and the Senate Appropriations Subcommittees on Labor-HHS-Education calling for increases in the TBI Act programs. The NASHIA testimony is available on the website (www.nashia.org) under Public Policy, Key Issues.

Other Legislation

Health Care Reform - Repeal Prevention and Public Health Fund

Before adjourning, the House approved H.R. 1217 to repeal the Prevention and Public Health Fund created by the Affordable Care Act. The Fund is mandatory spending that allows the Secretary of Health and Human Services to supplement annual discretionary spending for public health activities. The Senate is not expected to take up the bill. For more information about the Fund and funding distributed to States this year, see the Trust for America's Health Report, "The New Prevention Fund: An Investment in the Future Health of America" (<http://healthyamericans.org/report/83/>).

Administration

HHS Announces New Initiatives

On April 14, the US Department of Health and Human Services (HHS) announced four initiatives to help States in the creation of innovative practices for the provision of improved and more coordinated care to Medicare and Medicaid beneficiaries, while helping to reduce costs to families and States. The initiatives support the Administration's work to make Medicaid more flexible and efficient and to address long-term cost growth. Several of the announcements also help implement provisions of the Affordable Care Act.

1) Coordinated Care for People with Medicare and Medicaid

One initiative provides fifteen States up to \$1 million each to meet the needs of over 9 million dually eligible beneficiaries, or people that qualify for both Medicare and Medicaid programs, through improvements in access to care and lowering costs through elimination of service duplication. The Federal Coordinated Health Care Office at the Centers for Medicare and Medicaid Services (CMS), established through ACA, will assist States in the implementation of strategies addressing the coordination of acute, primary, behavioral and long-term supports and services for dual-eligibles. States that received grants are CA, CO, CT, MA, MI, MN, NY, NC, OK, OR, SC, TN, VT, WA and WI.

2) Helping People with Disabilities Live in their Communities

CMS recently released proposed rules related to the regulations implementing Medicaid home and community-based services (HCBS) waivers by providing States the option to combine the existing three targeted groups (currently, each target group must be addressed by a separate section). In addition, CMS proposed other changes to the HCBS waiver provisions to convey expectations regarding person-centered plans of care, provide characteristics of settings that are not home and community-based, clarify the timing of amendments and public input requirements when States propose modifications to HCBS waiver programs and service rates, and to describe the additional strategies available to CMS to ensure State compliance with the statutory provisions of section 1915(c) of the Act.

3) Developing and Upgrading Medicaid IT Enrollment Systems

To help States develop and/or upgrade information technology enrollment systems to enroll individuals in Medicaid or the Children's Health Insurance Program (CHIP) new rules were issued on April 14 to provide funding to do so. In accordance with the new rules, CMS will provide 90-percent of the cost for States to develop and upgrade their IT systems to help people enroll in Medicaid or the Children's Health Insurance Program (CHIP); and 75-percent of ongoing operational costs. This is an increase over the previous

federal matching rate of 50-percent. This is to help States prepare for the Medicaid improvements and expansion that will come in 2014 from the Affordable Care Act, when many more Americans will be eligible for these programs, and to coordinate enrollment with the Exchanges. The rules establish performance standards for the improved eligibility systems to promote greater efficiency and a more consumer-friendly enrollment process. The final regulation, CMS-2346-F, can be found at www.ofr.gov/inspection.aspx.

4) Expanding Health Coverage in New Jersey

HHS approved a Section 1114 demonstration waiver for New Jersey to expand health coverage to nearly 70,000 uninsured, low-income people through the Work First New Jersey program. In addition, the State will increase care coordination to improve health outcomes for participants in the program.

AoA Lifespan Respite Care Programs

The Administration on Aging has announced the availability of approximately \$2.25 million for implementation of the requirements of the Lifespan Respite Care Act of 2006. These projects will enable States to establish, enhance or expand Lifespan Respite Care systems, including new and planned emergency respite services, training and recruitment of respite workers and volunteers, and assist caregivers with gaining access to needed respite services.

Under the 2011 "Lifespan Respite Care Program" announcement, AoA will award up to 12 grants to States with federal funding up to \$200,000 each for three-year project periods. The projects are to serve all eligible respite recipients, including family members, foster parents, or other adults providing unpaid care to adults needing care to meet basic daily needs or prevent injury and to children who require care beyond that required to meet their basic needs. Over the course of these projects, States are to work to expand and enhance respite care services to family members; improve the statewide dissemination and coordination of respite care; and provide, supplement, or improve access and quality of respite care services to family caregivers, thereby reducing family caregiver strain.

Awards will only be made to eligible State agencies who: (1) administer the State's program under the Older Americans Act of 1965; or (2) administer Title XIX of the Social Security Act; or (3) the agency designated by the Governor to administer the State's programs under this title who are an aging and disability resource center working in collaboration with a state respite coalition or organization, AND who are not currently funded under the Lifespan Respite Care Program.

The deadline for submission of a letter of intent to apply for funding is Monday, April 25, 2011. The closing date for applications for this announcement is Friday, May 20, 2011. To learn more about this opportunity, please visit: <http://www.aoa.gov/AoARoot/Grants/Funding/index.aspx>.

Other

Neurosurgeons Issue Position Statement on TBI in Sports

On April 11, the American Association of Neurological Surgeons and Congress of Neurological Surgeons issued a joint statement regarding sports-related brain injuries. In a press release the Association called for the need to build awareness around all sports and recreational activities that cause serious brain injury. In releasing this position statement, the Joint Section on Neurotrauma and Critical Care of the AANS and CNS has acknowledged the seriousness of sports-related head injuries and neurosurgeons' key role in treatment and prevention. The organizations are calling on all neurosurgeons to take the lead in their communities by participating in prevention programs and supporting educational and legislative efforts.

The Position Statement on Traumatic Brain Injury in Sports is posted at:

<http://www.aans.org/~media/26C590C4793D40A98D2A0E4605916467.ashx>. The AANS has in-depth information on sports-related head injury at <http://www.aans.org/PatientInformation.aspx>.

Scan Foundation Releases Briefs On CLASS Program

The Scan Foundation released a collection of 16 research briefs focused on various aspects of the CLASS program. The briefs are grouped by topics including "The Landscape of Services and Support," "Beneficiary Assessment," "Pathways for Successful Use of a Cash Benefit," "Strategies for Marketing," and "Workforce Readiness." The briefs are written by industry and academic experts and provide additional insight into the need for a program like CLASS as well as the challenges of designing and implementing CLASS. For more information, visit:

<http://www.thescanfoundation.org/commissioned-supported-work/class-technical-assistance-briefs>.

Congressional Brain Injury Task Force

SUPPORT FUNDING FOR MISSIONS OF AMERICAN LIVING WITH TRAUMATIC BRAIN INJURY

*This is a programmatic request
Deadline: May 11th*

Dear Colleague:

This year, 1.7 million people will sustain a traumatic brain injury (TBI) - exceeding the incidence of breast cancer, HIV, multiple sclerosis, and spinal cord injuries combined. Additionally, in recent years, TBI has emerged as the "signature injury" of the conflicts in Iraq and Afghanistan-with as many as 20 percent of soldiers sustaining brain injuries. From the battlefield to the football field, TBI remains a leading cause of death and disability in both adults and youth.

The TBI Act, which was originally passed in 1996 and reauthorized in 2008, is the only federal law that specifically addresses the needs of the growing population of TBI survivors.

The programs authorized under the TBI Act provide public awareness and education through the Centers for Disease Control and Prevention and State TBI care capacity-building and protection, legal, referral, and advocacy services at the Health Resources and Services Administration. Furthermore, the TBI Model Systems of Care at the National Institute on Disability and Rehabilitation Research (NIDRR) represent a vital national network of TBI research and expertise-providing the only source of non-proprietary longitudinal data on TBI experiences and a key source of evidence-based medicine.

Please join us in supporting these programs by sending the attached letter to the House Appropriations Subcommittee on Labor-HHS-Ed to protect current levels of funding for programs authorized by the Traumatic Brain Injury (TBI) Act in the FY2012 Appropriation Bills.

If you have any questions or would like to sign on, please contact Rose Hacking (rose.hacking@mail.house.gov; 5-5751) in Congressman Pascrell's office or Marianne Myers (marianne.myers@mail.house.gov; 5-5836) in Congressman Platts' office.

Sincerely,
/s
Bill Pascrell, Jr.
Member of Congress
Co-Chair, Brain Injury Task Force

/s
Todd Russell Platts
Member of Congress
Co-Chair, Brain Injury Task Force

Dear Chairman Rehberg and Ranking Member DeLauro:

The undersigned members of the Congressional Brain Injury Task Force, and other supportive members of Congress, respectfully request your support by protecting current levels of funding for programs authorized by the Traumatic Brain Injury (TBI) Act in the FY2012 Appropriation Bills. We also request your consideration for funding the National Institute on Disability and Rehabilitation Research (NIDRR) TBI Model Systems administered by the Department of Education.

Known as the "silent epidemic," TBI continues to be the signature injury of the wars in Iraq and Afghanistan. Furthermore, incidences are increasing here at home among our nation's civilian population. From the battlefield to the football field, TBI remains a leading cause of death and disability in both adults and youth. Primary funding to address this growing population is provided through these programs.

The Centers for Disease Control and Prevention's National Injury Center is responsible for assessing the incidence and prevalence of TBI in the United States. The CDC estimates that 1.7 million TBIs occur each year and 3.4 million Americans live with a life long disability as a result of TBI. In addition, the TBI Act requires the CDC to coordinate with the Departments of Defense and Veterans Affairs to include the number of TBIs occurring in the military. This coordination will likely increase CDC's estimate of the number of

Americans sustaining TBI and living with the consequences. CDC also funds states for TBI registries, creates and disseminates public and professional educational materials, for families, caregivers and medical personnel, and has recently collaborated with the National Football League and National Hockey League to improve awareness of the incidence of concussion in sports. CDC plays a leading role in standardizing evidence-based guidelines for the management of TBI, linking civilian and military populations with TBI services, and educating primary care physicians.

The TBI Act authorizes the Health Resources and Service Administration (HRSA) to award grants to states, American Indian Consortia and territories to improve access to service delivery and to state Protection and Advocacy (P&A) Systems in order to expand advocacy services to include individuals with traumatic brain injury. For the past thirteen years the HRSA Federal TBI State Grant Program has supported state efforts to address the needs of persons with brain injury and their families and to expand and improve services to underserved and unserved populations including children and youth; veterans and returning troops; and individuals with co-occurring conditions.

In FY 2009, HRSA reduced the number of state grant awards from over 40 states to 18, and increased each monetary award from \$118,000 to \$250,000. Many states that had participated in the program in past years have now been forced to close down their operations, leaving many patients unable to access brain injury care.

Adequate funding of the grant program will provide resources necessary to sustain the grants for the 18 states currently receiving funding and ensure funding for additional states. Steady increases over five years for this program would provide for each state including the District of Columbia, the American Indian Consortium and territories to sustain and expand state service delivery; and to expand the use of the grant funds to pay for such services as Information & Referral (I&R), systems coordination and other necessary services and supports identified by the state.

Similarly, the HRSA TBI P&A Program currently provides funding to all state P&A systems for purposes of protecting the legal and human rights of individuals with TBI. State P&As provide a wide range of activities including training in self-advocacy, outreach, information & referral and legal assistance to people residing in nursing homes, to returning military seeking veterans benefits, and students who need educational services.

Effective Protection and Advocacy services for people with traumatic brain injury are needed to help reduce government expenditures and increase productivity, independence and community integration. However, advocates must possess specialized skills, and their work is often time-intensive. Protecting funding in this area would ensure that each P&A can move towards providing a significant PATBI program with appropriate staff time and expertise.

Funding for the TBI Model Systems in the Department of Education is urgently needed to ensure that the nation's valuable TBI research capacity is not diminished, and to maintain and build upon the 16 TBI Model Systems research centers around the country.

The TBI Model Systems of Care program represents an already existing vital national network of expertise and research in the field of TBI, and weakening this program would have resounding effects on both military and civilian populations. The TBI Model Systems are the only source of non-proprietary longitudinal data on what happens to people with brain injury. They are a key source of evidence-based medicine, and serve as a "proving ground" for future researchers.

We ask that you consider favorably these requests for the CDC, the HRSA Federal TBI Program, and NIDRR TBI Model Systems Program to further data collection, increase public awareness, improve medical care, assist states in coordinating systems, protect the rights of persons with TBI, and bolster vital research.

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.

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.

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