

Capitol News!

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Dear NASHIA Member,

Welcome to *Capitol News*, Vol.9, Issue 2, which you receive as a member of NASHIA. In this issue you will find highlights of the President's FY 2013 Budget released this week, as well as other legislation.

Plans are being finalized for the Congressional Brain Injury Task Force Awareness Day activities, scheduled for **March 21, 2011**, to be held in our nation's Capital. The Fair will be held in the Rayburn Office Building, First Floor Foyer from 10 am - 2 pm. The Briefing will follow in the Congressional Meeting Room North, US Capitol Visitor Center from 2:30 - 4 pm. The reception will be held from 5 - 8 pm in Rayburn Room B-354. Invite your congressional delegation and staff to attend these events to learn more about brain injury. We hope to have the TBI Act Reauthorization ready for circulation for bill co-sponsors during that time. Stay tune for further information and watch for updates on NASHIA's website: www.nashia.org.

This Week in Congress

The President's budget for Fiscal Year 2013 was released Monday. See highlights of the budget recommendations below. Meanwhile, Congress is working on a plan to extend the payroll tax; unemployment benefits, set to expire at the end of this month; extend therapy cap exceptions; and to delay Medicare reimbursement cut for physicians by ten months. However, to pay for these provisions, the House is proposing to cut other areas of the budget -- including the Affordable Care Act (ACA) prevention fund and Medicaid disproportionate share hospital (DSH) payments.



NASHIA signed on to a letter to submitted by the Safe States Alliance Injury Stakeholder Coalition to Chairman Dave Camp (R-MI) and Vice-Chairman Spencer Baucus (R-AL), House Committee on Ways and Means, urging them not to eliminate, reduce, or reclassify the Prevention and Public Health Fund to help finance the "tax extenders" proposal currently under negotiations.

FY 2013 Appropriations

President's FY 2013 Budget

The President released his FY 2013 budget for federal programs on Monday, February 13th. While the President contends that his budget cuts the deficit by more than \$4 trillion over the next 10 years, some Republican members of the Senate Budget Committee charged that the Budget actually increases the deficit by \$1.5 trillion. However, there are a number of proposals to consolidate or eliminate programs and spending. The Budget trims spending on federal health-care programs by about \$360 billion over the next decade, primarily by reducing payments to drug companies and other providers. Starting in 2017, Obama also proposes to raise Medicare premiums for new retirees and seniors with higher incomes, start charging co-payments for home health-care services, and penalize patients who buy Medigap policies to take care of Medicare co-payments and deductibles. It also cuts \$664 million from the Centers for Disease Control and Prevention (CDC), freezes the National Institutes of Health budget at \$31 billion and adds about \$1 billion to the Centers for Medicare and Medicaid Services. Other proposals are as follows:

Department of Health and Human Services (HHS)

HRSA

The FY 2013 Budget includes \$8.4 billion for the Health Resources and Services Administration (HRSA), a net increase of \$228 million above FY 2012. The budget includes \$9.760 million for the **Traumatic Brain Injury (TBI) Grant Program**, same as FY 2012 after across the board cuts. The grant program consists of two distinct grant programs: (1) the State Implementation Partnership Grants, and (2) the TBI Protection & Advocacy Grants.

The FY 2013 Budget provides \$1.3 billion to improve maternal and child health. This total includes \$400 million in mandatory funding provided through the Affordable Care Act (ACA) to implement evidence-based home visiting programs to improve health and developmental outcomes for families in at-risk communities. The request includes \$640 million, an increase of \$1 million, for the Maternal and Child Health Block Grant. The EMSC program was also recommended to be level-funded at \$21 million.

Centers for Disease Control and Prevention (CDC)

Overall, the CDC's budget would decrease by \$664 million in 2013 to \$5.1 billion, the largest cut for any division within the U.S. Department of Health and Human Services. The Prevention and Public Health Fund, established under the ACA to fund a litany of preventive efforts, is funded at near-full capacity (\$903 million) for 2013. But, the President recommended cutting the fund by \$4 billion over the next 10 years. Grants dependent on Prevention and Public Health Funds could be cut. Obama's proposed budget suggests slashing Community Transformation Grants (a flexible stream for States and localities to prevent and improve the outcomes of chronic ailments) by \$80 million, from \$226 million to \$146 million. The justification is that the \$146 million would be enough to fund all continuing and new grants.

-- CDC Coordinated Chronic Disease Prevention and Health Promotion

The FY 2013 budget request includes an increase of \$128.699 million for CDC's consolidation of heart disease and stroke, nutrition, physical activity, obesity prevention, school health, diabetes, comprehensive cancer control, arthritis, and other chronic disease activities into a single grant program, the Coordinated Chronic Disease Prevention and Health Promotion Program. These increased resources will allow CDC to increase the average awards to States from approximately \$2.6 million to approximately \$4.5 million and will permit States, Tribes, and Territories to support a broader range of programs targeting the leading causes of chronic disease-related death and disability and associated risk factors.

-- CDC Affordable Care Act Prevention and Public Health Fund

The FY 2013 budget request includes an increase of \$78.210 million for CDC from the ACA Prevention and Public Health Fund, for a total of \$903.210 million of the \$1.250 billion available in the Fund. These activities invest in prevention and public health programs to improve health and restrain growth in health care costs. In some programmatic areas, these increases relate to decreases in budget authority.

-- CDC Preventive Health and Health Services Block Grants

The Budget proposes to eliminate the Preventive Health and Health Services Block Grant (\$79 million). The Administration said the block grant's goals would be addressed by other programs, including the Community Transformation Grants that are already subject to cuts. The justification is that these activities will be more effectively and efficiently implemented through CDC's new Chronic Disease Prevention and Health Promotion Grant Program, as well as State and local ACA Prevention and Public Health Fund investments. The new Chronic Consolidated Program and Public Health Fund investments will continue to support all grantees funded previously by PHHSBG through new formula and competitive awards.

-- CDC Birth Defects and Developmental Disabilities

The FY 2013 budget request includes a decrease of \$11.722 million for Birth Defects and Developmental Disabilities activities below the FY 2012 level. This decrease includes reduced funding for Health and Development for People with Disabilities, Child Health and Development, and Blood Disorders. CDC will transition these activities from disease-specific approaches to a consolidated approach of unified budget lines to maximize public health impact.

DD Act Programs

The Developmental Disabilities (DD) Act programs are level-funded in the FY 2013 President's Budget. The University Centers for Excellence in Developmental Disabilities (UCEDDs) would receive \$39 million, the same as FY 2012. DD councils are funded at \$75 million; and Protection & Advocacy at \$41 million. The Projects of National Significance (PNS) is funded at \$8 million, the same amount as FY 2012, but \$6.8 million less than in FY 2011. The HRSA Autism and Developmental Disabilities program that funds Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs is funded at \$47 million. This is the same amount appropriated in FY 2012. The FY 2013 Budget maintains funding for the National Institutes of Health at \$30.9 billion.

SAMHSA

The 2013 Budget restructures Substance Abuse and Mental Health Services Administration (SAMHSA) prevention grant programs by combining the Prevention Set-aside from the Substance Abuse Prevention and Treatment Block Grant and the Strategic Prevention Framework Program to establish a new Substance Abuse State Prevention Grant. The new prevention grant would encourage States to fund evidence-based programs to prevent substance abuse. States will develop comprehensive plans for prevention services that would address: underage drinking; illicit and prescription drug use; tobacco use; and coordinated services for children from birth through age 25. While overall prevention funding is reduced, the Budget prioritizes prevention through a single grant that will achieve efficiencies by more effectively leveraging resources, avoiding duplication, and improving

coordination.

The Budget prioritizes funding for the Community Mental Health Services Block Grant (CMHSBG), while recommending reduced funding for smaller programs, such as the Children's Mental Health Grant (CMH).

Department of Housing and Urban Development

Section 8 Housing Program

The Budget proposes \$150 million for the Housing for Persons with Disabilities program (Section 811), which includes \$96 million to maintain existing projects and \$54 million for new project rental assistance awards to expand the supply of affordable, supportive housing for very low-income persons with disabilities. While funding for new awards is proposed at a reduced level, this funding level will add approximately 1,850 units to the supply of supportive housing. In addition, the Administration also plans to maximize use of existing funds to support new awards in 2013 and will continue to implement reforms to the program to ensure that Section 811 units serve as a platform for persons with disabilities to live independently in integrated community-based settings.

Department of Education

IDEA

The Budget provides \$11.6 billion for the Individuals with Disabilities Education Act (IDEA) Grants to States to provide a high quality education and help offset State and local education costs for children with disabilities. The Budget also provides a \$20 million, or 5 percent, increase for the IDEA Infants and Families Program to provide the youngest children a good start. In addition, the Budget provides \$30 million, a \$28 million increase over 2012, for PROMISE (Promoting Readiness of Minors in SSI), a four agency joint pilot program, to fund and evaluate innovative approaches to improving outcomes of children receiving Supplemental Security Income and their families.

RSA

As part of broader Workforce Investment Act reforms, the Budget proposes to consolidate three Rehabilitation Act programs into the Vocational Rehabilitation (VR) State Grants Program. The Administration proposes to consolidate the Supported Employment (SE) State Grants, VR Migrant and Seasonal Farmworkers, and the in-service training portion of VR Training programs into the existing VR State Grants Program.

In addition, the funds currently provided to State VR agencies to support in-service training for agency personnel under the Training program would be included in this consolidation. Under the VR State Grants program, each State is required in its State plan to establish detailed procedures for a comprehensive system of personnel development, including how the State will address the current and projected personnel training.

Department of Veterans Affairs

The Budget recommendations for the Department of Veterans Affairs (VA) include \$61 billion in new funding for discretionary programs, of which \$52.7 billion would be for VA medical care, a 4 percent increase over current levels. Mandatory programs such as veterans' disability compensation, pensions and education benefits would receive \$79.3 billion, a 13 percent increase.

The Budget calls for VA to lead a five-year \$1 billion interagency effort to expand employment opportunities for veterans, along with the Agriculture, Commerce and Interior departments and Army Corps of Engineers. The money would fund Obama's Veterans Job Corps initiative, which is designed to employ hundreds of veterans - particularly those who served in the wars in Iraq and Afghanistan, a group with a 13.1 percent unemployment rate. The Budget, however, did not specify how the funding would be divided among the agencies in 2013.

The President's Budget also calls for about \$333 million for services for homeless veterans, a 33 percent increase over current funding. Most of the FY 2013 funding requested to address homelessness would assist counselors who help veterans with their housing needs. The Budget proposes \$6.2 billion for mental health programs to treat troops with post-traumatic stress disorder (PTSD), traumatic brain injuries (TBI) and related afflictions. This would be an increase of \$312 million compared to current levels.

Other Legislation

TBI Act Reauthorization

Over 50 national organizations signed on to the TBI stakeholder letter to Senator Tom Harkin (D-IA), Chair of the Senate Health, Education, Labor and Pensions Committee, and Senator Orrin Hatch (R-H), in support of legislation to reauthorize the TBI Act. Senator Hatch is a member of the HELP Committee and has co-sponsored prior reauthorization bills. A copy of the letter is on the NASHIA website, www.nashia.org, under Public Policy, Key Issues (<http://www.nashia.org/KeyIssues.asp>). A similar letter was sent to Rep. Bill Pascrell, Jr. (D-NJ) and Rep. Todd Platts (R-PA), co-sponsors of the reauthorization bill to be introduced in the House.

House Introduces ESEA Bills

Last Thursday, the House Education and Workforce Chairman John Kline (R-MN) introduced two education reform bills, completing a package of legislation to overhaul the Elementary and Secondary Education Act (ESEA). H.R. 3989, the Student Success Act, is to reduce the federal role in education and would allow States to create their own accountability systems and eliminate current requirements that teachers be highly qualified. H.R. 3990, the Encouraging Innovation and Effective Teachers Act, would eliminate more than 70 existing elementary and secondary programs and the bill reforms policies around teacher evaluation systems. The Education and Workforce committee will hold a hearing on the bills today.

House Repeals CLASS Act Provisions of ACA

On February 1, the House voted to repeal the CLASS program. Passed as part of the health care reform act, the Community Living Assistance Services and Supports (CLASS) program is a voluntary, consumer driven long-term care insurance plan. The Department of Health and Human Services suspended its efforts to implement the program in October, 2011. The program was designed to assist individuals to manage long-term care services in their home/community.

Other

Support for Medical Rehabilitation and Outpatient Therapies

NASHIA signed on to a letter this week to the President urging him to keep the value of medical rehabilitation in mind as he negotiates a legislative package to address the ongoing physician fee schedule problem and the arbitrary outpatient rehabilitation therapy limits under the Medicare program. The letter urges him to refrain from using offsets that would reduce access to inpatient rehabilitation hospital care such as those proposed in the FY 2013 federal budget. Limiting Medicare beneficiary access to these intensive rehabilitation services would restrict the very care needed by those who experience a brain injury or stroke.

NASHIA also signed on to a Feb. 14th press release issued by the Therapy Cap Coalition calling for Congress to pass exceptions extension for Medicare Part B therapy services. In a letter sent last month to Congressional leadership, the Coalition highlighted the importance of extending the exceptions process, which has been in place since Congress passed the Balanced Budget ACT (BBA) in 1997. The law created an annual financial cap on physical therapy and speech/language pathology services, as well as a separate cap on occupational therapy for most outpatient settings. The letter noted that without action on a longer-term extension, some 640,000, or 14.5 percent, of Medicare Part B beneficiaries who receive outpatient rehabilitation services per year would be denied therapy.

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

Rebecca 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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National Association of State Head Injury Administrators | PO Box 878 | Waitsfield | VT | 05673