



109th Congress: Final Report



Status of Federal Legislative Priorities

NASHIA Public Policy Committee

**William Ditto, Past Chair
Debra S. Kamen, Chair**

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Introduction

This Final Report is a summary of Federal legislation introduced by the 109th Congress (2005-2006) that was supported or monitored by the National Association of State Head Injury Administrators (NASHIA). The NASHIA Public Policy Committee, chaired by William A.B. Ditto (NJ), and staff worked to advance national policy to reflect 2004-2006 Public Policy Platform approved by the membership at its annual meeting in 2004.

Debra S. Kamen (MA) became chair of the Committee in September 2006, and guided the Committee through the remaining months of Congress. The full NASHIA membership adopted its public policy priorities for the upcoming Congress (110th) which will be published and available on the NASHIA website after January 2007. Meanwhile, this report contains the outcome of legislation introduced and NASHIA's role in educating and influencing policymakers. For additional information regarding particular legislation see past issues of the Capitol News and/or the Legislative Tracking Grid on the NASHIA website at www.nashia.org.

About the NASHIA Public Policy Committee

The NASHIA Public Policy Committee is composed of members administering an array of public and private programs. Members of the Committee are posted on the NASHIA website (www.nashia.org). The Committee routinely reviews legislation and makes recommendations to the NASHIA Board of Directors. NASHIA also employs Susan Vaughn on a part-time basis as the Director of Public Policy who staffs the Committee and produces the Capitol News and Action Alerts, State Watch, fact sheets, and other materials. The NASHIA website (www.nashia.org) maintains a public policy page featuring publications, including the Public Policy Platform, Public Policy Brochure, NASHIA correspondence and testimony before Congress, fact sheets, legislation and other information.

In addition to informing NASHIA members on issues of importance, NASHIA prepared educational packets for members of Congress; distributed the 2005 *State Guide to State Government Brain Injury Policies, Funding and Services* to the Congressional Brain Injury Task Force and participated in the Congressional Brain Injury Task Force's Brain Injury Awareness Day activities, including a fair featuring national organizations and agencies offering information on traumatic brain injury and services.

This past year, NASHIA made a concerted effort to further outreach to other organizations with similar interests. Staff developed a listserv of other national organizations. NASHIA posts the State Watch publication on that listserv to share with other organizations, as well as updates on the TBI Act and funding. NASHIA also solicited support from various organizations for Fiscal Year (FY) 2006 and FY 2007 appropriations for the US Department of Human Services' Health Resources and Services Administration (HRSA) Federal TBI Program and the Centers for Disease Control and Prevention (CDC) TBI Act programs. These requests for "sign on" to support letters for TBI funding and programs were successful.

NASHIA also asked the Consortium for Citizens with Disabilities (CCD) to include NASHIA's recommendations for funding for TBI Act programs in its budget recommendations for all disability programs, which the CCD did. CCD posted the information its website and also provided the information along with its other budget recommendations to members of Congress. The CCD organized a congressional briefing that was held on March 17 that focused on how the cuts in the President's budget would affect programs in employment, public health and training, education, housing and mandatory programs.

This year, a plenary session was held during the annual State of the States Meeting featuring other national organizations and their public policy priorities -- again, demonstrating NASHIA's efforts and desires to partner with others. NASHIA is a member of the CCD and the American Brain Coalition and is represented by Kenneth H. Currier, Executive Director. NASHIA has also recently joined the Campaign for Children's Health Care Initiative.

The following update is formatted based on the NASHIA Public Policy Platform that is organized based on NASHIA's priorities and the level of effort that NASHIA could provide given its limited resources.

Primary Involvement

Appropriations for TBI Act Programs

Congress finalized the Fiscal Year (FY) 2006 appropriations for the HRSA TBI Grant Program within the Departments of Labor, Health and Human Services and Education in the amount of \$8.91 million. Of that amount, \$5,940,000 was appropriated for the State Grant Program and \$2,970,000 for the Protection & Advocacy (P&A) Systems Grant Program. Congress supported a total of \$9 million for the HRSA TBI Programs for FY 2006. However, after rescissions were imposed, \$8.91 million was appropriated.

The FY 2007 appropriation for TBI Act Programs is pending. A Continuing Resolution (CR) has extended Federal funding to February 17, 2007, for those Federal programs that Congress has yet to pass a spending bill for FY 2007. The CR extends funding for the US Department of Health and Human Services programs, including the TBI Act programs. The new House and Senate leadership (110th Congress) are calling for a year long CR, which would extend the CR through the end of the Federal fiscal year, which ends September 30, 2007.

For FY 2007 both the House and the Senate Committees had recommended \$8.91 million for both the State Grant and P&A Grant Programs for FY 2007, same as for FY 2006. The CR provides for that amount.

Both the President's FY 2006 and 2007 budget included recommendations for eliminating the HRSA Federal TBI Program. Stakeholders and the Congressional Brain Injury Task Force not only opposed the cut, but called for an increase for all TBI Act Programs both years. Representative Bill Pascrell (D-NJ) and Representative Platts (R-PA), co-chairs of the Congressional Brain Injury Task Force, drafted a "Dear Colleague" letter that was sent to their fellow representatives in the house for support of an increase in the amount of \$29.908 million for all programs for FY 2006.

For FY 2007, stakeholders and the Congressional Brain Injury Task Force called for \$30 million to fund the programs. Of that amount \$15 million was requested for the HRSA TBI State Grant Program, \$6 million for the Protection and Advocacy Services Program and \$9 million for the Centers for Disease Control and Prevention TBI Program.

NASHIA prepared fact sheets for FY 2006 and for FY 2007 appropriations, which were distributed to congressmen/women and made available for NASHIA members to use. NASHIA also provided input into the "dear colleague" letters prepared by the Congressional Brain Injury Task Force Co-Chairs.

NASHIA supported the increase in order to expand funding to support activities in all States, Territories, District of Columbia, and American Indian Consortiums, with States receiving at least \$200,000 annually. NASHIA also requested an allocation of up to 5 percent for HRSA to administer and evaluate the HRSA Federal TBI Act with the remainder of the amount supporting technical assistance. These requests also reflect the recommendations of the TBI stakeholders.

Both years the Congressional Brain Injury Task Force sponsored events to commemorate brain injury awareness month. On March 17, 2005, the Congressional Brain Injury Task Force hosted a congressional briefing for members of congress and staff. William A.B. Ditto, Chair of the NASHIA Public Policy Committee testified at the briefing. The briefing was followed by a reception sponsored by TBI stakeholders, including NASHIA.

On March 8, 2006, the Congressional Brain Injury Task Force sponsored a Brain Injury Awareness Fair, a briefing on "Societal Costs of Traumatic Brain Injury", and a reception celebrating Brain Injury Awareness Month. NASHIA members Augusta Cash (AL), Lorraine Wargo (VT) and William A.B. Ditto (NJ) participated in the fair and made congressional office visits. William A.B. Ditto presented information on behalf of NASHIA at the Congressional briefing. Other organizations that participated and co-sponsored the reception include the National Brain Injury Research Treatment and Training Foundation (NBIRTT) (NBIRTT), National Disability Rights Network (NDRN), International Brain Injury Association (IBIA), North American Brain Injury Society (NABIS), and the Brain Injury Association of America (BIAA).

NASHIA circulated a letter to national organizations to sign on in support of funding for the Federal TBI Act Programs (HRSA and CDC) that was then sent to both the House and Senate Appropriation Subcommittees. Organizations that signed on include: the American Association of People with Disabilities, American Brain Coalition, American Occupational Therapy Association, IBIA, Mount Sinai TBI Model System and RRTC on TBI Interventions, National Association of Councils on Developmental Disabilities, NASHIA, NBIRTT, NDRN, National Respite Coalition, NABIS, Rehabilitation Engineering and Assistive Technology Society of North America (RESNA), The Arc of the United States, The Epilepsy Foundation and United Cerebral Palsy. In addition, the Trauma Coalition sent a separate letter to appropriation subcommittee members supporting funding for trauma-related programs, including the HRSA TBI Program.

In the spring of 2005, NASHIA engaged a contract lobbyist, Jean Berube, to assist with the passage of the reauthorization of the TBI Act and Fiscal Year 2006 appropriations for the HRSA Federal TBI Program. She was also retained this past year to continue work on the reauthorization of the TBI Act and Fiscal Year 2007.

For FY 2008 the Congressional Brain Injury Task is preparing a letter to the President urging him to recommend increased funding for the TBI Act Programs: \$21 million for the HRSA Federal TBI Program to provide funding for States and Protection & Advocacy Systems; and \$9 million for the Centers for Disease Control and Prevention TBI Program. The \$21 million would provide \$15 million for the HRSA Federal TBI State Grant Program and \$6 million for the Protection and Advocacy Systems TBI Grant Program.

TBI Act Reauthorization

On June 29, 2006, Rep. Bill Pascrell, Jr. (D-NJ) and Rep. Todd Platts (R-PA), et. al introduced H.R. 5738, reauthorizing programs created under the TBI Act of 1996, as amended in 2000. The bill was referred to House Energy and Commerce Subcommittee on Health July 17, 2006. The bill included key components that stakeholders supported including a new section authorizing grants of national significance. It also supported lowering the State match requirement under the

HRSA TBI State Grant Program from 50% to 20% state match. Lowering or eliminating the match requirement is a top priority of NASHIA. NASHIA also wrote a position paper on this topic which was shared with congressional staff and is available on the NASHIA website (www.nashia.org).

In the Senate the TBI Act of 2006 (S.3668) was introduced by Senators Orrin Hatch (R-UT) and Ted Kennedy (D-MA) July 17, 2006, and the bill was referred to the Senate Committee on Health, Education, Labor, and Pensions (HELP) the same day. The bill did not address the match issue nor did it contain the section authorizing grants of national significance.

On September 20, 2006, the Senate HELP Committee, chaired by Senator Mike Enzi (R-WY) passed "The Keeping Seniors Safe from Falls and Reauthorization of the Traumatic Brain Injury Act," (S.1531), that combined the falls prevention bill and S. 3668 into one bill. It passed by unanimous voice vote.

There was discussion by Senate staff to move the bill after the Senate returned in December 2006, but the staff wanted the authorization levels for the five years to be at level funding (FY 2006). Stakeholders did not support setting the ceiling so low that there would be no opportunity for program growth.

NASHIA will work with other stakeholders to get the reauthorization bill introduced during the 2007 session.

Support

Medicaid

The President's budget for FY 2006 included major proposals relating to Medicaid. (Medicaid provides health care and long-term care for low-income Americans and the program is jointly funded by the Federal government and the States.) The Administration proposed to reduce net Federal funding for Medicaid by \$45 billion over the next ten years. In the FY 2007 budget recommendations the Administration proposed net Federal Medicaid funding cuts equal to \$14 billion over the next five years and \$35.5 billion over ten years through a combination of legislative changes and regulatory action. These recommendations were made after the passage of the Deficit Reduction Act (DRA) of 2005 which cut \$4.9 billion over five years and \$26.5 billion over ten years as part of the budget reconciliation process.

On February 8, 2006, President George W. Bush signed the DRA, which contains several new provisions offering States flexibility with regard to their Medicaid benefits. These new provisions shift costs from the Federal government to the States. The DRA redefines targeted case management services and makes significant changes in prescription drug payment policies, long-term service reforms and citizenship documentation requirements. In addition, the Act authorizes the granting of waivers to enable States to fund health opportunity accounts in place of standard Medicaid benefits packages for certain populations.

Among the many changes, Section 6044 of the DRA allows States to modify their Medicaid benefit package for some beneficiaries. This provision gives States the option to provide "benchmark" or "benchmark-equivalent" health care benefits to mirror certain commercial insurance packages to certain beneficiary groups which may be more limiting. States can obtain an amendment to their State Plan to shift people into what is called "benchmark coverage" or "benchmark-equivalent coverage." The benchmarks are the Federal Employee Health Benefits Plan standard Blue Cross/Blue Shield preferred provider option, any State employee plan

generally available in a State, the HMO plan that has the largest, commercial non-Medicaid enrollment in the State, or any plan which the Secretary of the U.S. Department of Health and Human Services deems appropriate. The benchmark options are the same as those provided to States for their State Children's Insurance Programs (SCHIPs). Individuals with disabilities are not affected by this provision, unless they are eligible based on criteria other than disability (age, financial).

Before adjourning, the 109th Congress made some technical corrections to the Deficit Reduction Act in a tax bill. The bill spells out that Medicaid recipients below 100 percent of the Federal poverty line are not subject to most of the new cost sharing requirements of the DRA. Congress also clarified that the total cap on cost sharing applies to the family, not on a per person basis within a family.

The bill clarifies that Congress intended to exempt certain groups of citizens, not aliens as the law stated, from the need to provide documentation proving citizenship. Although Centers for Medicare and Medicaid Services had said earlier this summer that Medicare and SSI recipients were exempt from the documentation requirement, the bill makes that exemption part of statute. The bill extends new exemptions from the citizenship documentation requirement to children receiving adoption or foster care services under Titles IV-B and IV-E of the Social Security Act and to recipients of Social Security disability benefits.

NASHIA signed on to many letters initiated by various coalitions and organizations opposing changes that would result in reductions in health care and long-term benefits for individuals with disabilities, including persons with traumatic brain injury.

For further information on the impact of the DRA see NASHIA's Policy Update, *Deficit Reduction Act of 2005 and Medicaid: Implications for Individuals with Traumatic Brain Injury* posted on the NASHIA website (www.nashia.org).

Personal Assistance – Cash & Counseling

Section 6087 of the DRA establishes a new State option for self-directed personal assistance services, also known as "cash and counseling." This provision requires that self-directed personal assistance services be provided based on a written plan of care and budget for people who would otherwise be eligible for personal care services under the State's Medicaid plan or home- and community-based waiver services. The section prohibits use of self-directed personal services for beneficiaries who live in homes or property owned, operated or controlled by a service provider. Individuals using this new option are allowed to hire, fire, supervise, and manage the people providing the services and, if the State allows, may use family members to provide the services. The provision does not require comparability or "statewideness".

NASHIA has been in support of self-directed personal assistance services.

Expansion of Medicaid Coverage for Children

The Family Opportunity Act (Dylan Lee James Act), S. 108/H.R. 1433, was introduced in the House March 17, 2005, and in the Senate January 26, 2005, to allow States to offer Medicaid coverage for children with give States the option of allowing families of disabled children to purchase Medicaid coverage for such children.

The DRA included the Family Opportunity Act (FOA) as a State option to offer parents of children with severe disabilities the ability to buy into Medicaid. The provision is for parents whose income is at or below 300 percent of the FPL (approximately \$60,000 for a family of

four). Under this provision, States can require cost-sharing (premiums and co-pays), but cannot exceed five percent of family income up to 200 percent of the Federal poverty level, and 7.5 percent of family income from 200-300 percent of Federal poverty.

This section becomes effective for items and services provided on or after January 1, 2007. The section applies to children under age 19 and is to be phased in, beginning with the youngest children, as follows:

- Beginning on January 1, 2007, through September 30, 2007 (the last three quarters of fiscal year 2007) – children born on or after January 1, 2001;
- Fiscal year 2008 – children born on or after October 1, 1995; and
- Fiscal year 2009 – children born after October 1, 1989.

The State may choose to phase in coverage more quickly in Fiscal Years 2007 and 2008.

NASHIA has supported the FOA legislation.

SCHIP

During its last week in session, Congress passed H.R. 6164 to prevent early 2007 shortfalls for the State Children's Health Insurance Program (SCHIP). SCHIP provides health insurance to more than four million children, including children with disabilities, in low-income families across the country. Unspent SCHIP funds from FY 2004 and 2005 will be redistributed to some of the 17 States projected to run out of SCHIP funds in the 2007. The redistributed funds should defer shortfalls in those States' SCHIP programs through early May 2007. This bill has been sent to the President for his signature, before it can become law.

SCHIP is due for reauthorization in 2007. NASHIA is supportive of this program.

Money Follows the Person/New Freedom Initiative -- DRA

Section 6071 of the DRA authorizes competitive grants awards to States to increase the use of community in lieu of institutional services. This section provides for an enhanced Federal medical assistance percentage (FMAP) for 12 months for each person transitioned from an institution to the community during the demonstration period. The enhanced FMAP will be equal to the State's regular FMAP plus half of the difference between the regular FMAP and 100 percent. No State may receive more than 90 percent Federal match.

Eligible participants must have resided in an institution for a period from 6 months to 2 years, as a minimum stay requirement (States set the requirement); and States must continue to provide community services after the demonstration period for as long as the individual remains on Medicaid and in need of community services.

NASHIA has supported legislation authorizing funding to assist States in implementing Money Follows the Person initiatives.

Medicaid Program – Community-Based Services

NASHIA also continued to support and monitor the Medicaid Community Attendant Services and Support Act (MiCASSA) of 2005, introduced by Senators Tom Harkin (D-IA) and Arlen Specter (R-PA) and by Rep. Danny Davis (D-IL) and Rep. John Shimkus (R-IL). H.R. 910 and S. 401 would allow individuals eligible for Nursing Facility Services or Intermediate Care Facility Services for the Mentally Retarded (ICF-MR), regardless of age or disability, the choice to use these dollars for community-based services and supports. The bills were referred to the Senate Finance Committee and the House Subcommittee on Health.

Lifespan Respite

On December 8, 2006, Congress passed the Lifespan Respite Care Act (H.R. 3248), which is expected to be signed into law by President Bush. The bill authorizes \$30 million for FY 2007 for a total of \$289 million through FY 2011 for grants to State aging and disability resource centers to work in cooperation with public/private non-profit statewide respite coalitions or organizations to:

- develop lifespan respite care at the State and local level;
- provide respite care services for family caregivers of children or adults;
- train and recruit workers and volunteers;
- provide information about available respite and support services, and
- assist caregivers with gaining access to these services.

The Aging and Disability Resource Centers were recently authorized in every State through the Older Americans Act as the lead agency eligible for these funds.

Reps. Mike Ferguson (R-NJ) and Jim Langevin (D-RI) sponsored H.R. 3248, which passed the House of Representatives on December 6. The Senate passed the bill on December 8. Lead sponsors in the Senate are Senators John Warner (R-VA) and Hillary Clinton (D-NY).

NASHIA signed on to the CCD and National Respite Care Coalition letters supporting this legislation.

Prevention

Traffic Safety

On August 10, 2005, President Bush signed H.R. 3 (P.L. 109-059), authorizing funds for Federal-aid highways, highway safety programs and transit programs. Among other provisions, the SAFETEA-LU requires the National Highway Traffic Safety Administration (NHTSA) to develop a new guideline to reduce accidents relating to unsafe driving including aggressive or fatigued driving and distracted driving arising from the use of electronic devices in vehicles. The legislation also establishes a new reporting criteria for States on aggressive driving, fatigued driving and distracted driving.

The legislation also directs the Secretary of NHTSA to make a grant to each State that adopts and implements effective programs that reduce motorcycle crashes. It requires States for FY2006 to meet 1 of 6 grant eligibility criteria, and 2 of 6 criteria thereafter in order to receive a grant. Grant program criteria include: motorcycle rider training courses, motorcyclists awareness program, reduction of fatalities and crashes involving motorcycles, impaired driving program that includes specific measures to reduce impaired motorcycle operation, reduction of fatalities and accidents involving impaired motorcyclists and all fees collected from motorcyclists for funding motorcycle training and safety programs. Incentives and grants are also authorized for States with primary safety belt laws and for enforcing laws requiring children riding in passenger motor vehicles, who are too large to be secured in a child safety seat, be secured in child restraints that meet certain requirements.

Domestic Violence

Legislation passed authorizing grants for training, technical assistance, advocacy, intervention and prevention of domestic violence against individuals with disabilities. The Violence Against

Women and Department of Justice Reauthorization Act of 2005 (H.R. 3402) was signed by the President January 5, 2006,

Monitor

Appropriations for Disability and Public Assistance Programs

NASHIA supported sufficient funding for programs that provide necessary supports and services to protect and promote the health and welfare of the American people. The President, however, proposed during both sessions of Congress to eliminate several domestic programs, in addition to the HRSA Federal TBI Program.

The President's FY 2006 recommendations called for \$214 billion in reductions over five years in non-entitlement domestic programs outside homeland security. Programs that were affected included assistive technology programs, vocational education, food stamp commodity program and supported employment.

For FY 2006 Congress held funding for domestic discretionary programs to a greater extent than in any year since FY 1996. Members of Congress completed action on the regular appropriations bills for FY 2006 on December 21, 2005, after imposing a one-percent across-the-board cut on all funding except for veterans programs or emergencies. The one-percent cut was in addition to the specific reductions or increases otherwise provided by the 2006 bills.

In his FY 2007 budget, the President proposed elimination of 91 programs across the Federal government, a number of them health discretionary programs that serve children, individuals with disabilities, those living in rural areas, provide preventive services to communities and train a broad array of health professionals. Congress also tried to impose ceiling levels on funding through its budget reconciliation process.

NASHIA joined other advocates and coalitions in opposing cuts and the elimination of vital services and programs.

Deficit Reduction Act of 2005

The Deficit Reduction Act of 2005 passed in February 2005, making significant policy changes in several programs. It cut Medicaid and allows States to impose new co-payments; extends "look behind" to 5 years for seniors transferring assets to qualify for long-term care; changes how back payments are made to SSI recipients; and cuts \$39.7 billion over all spending over 5 years.

Budget: Line Item Veto

Representative Paul Ryan (R-WI) introduced H.R. 4890, the Legislative Line Item Veto Act of 2006, which passed the House and the President supported. S. 3521, the Stop Overspending Act of 2006, was introduced by Senator Judd. The proposal would have allowed the President to sign appropriations bills, tax and entitlement legislation, and then strike specific provisions from them. These reforms also proposed independent, appointed Sunset Commissions to facilitate the reorganization, including abolishment, of Federal programs and agencies. Neither of these bills passed.

NASHIA joined disability, health care and human service advocates opposing these efforts expressing concern that these bills gave the President too much power to veto and abolish programs.

Employment -- WIA/Rehab Act Reauthorization

H.R. 27, the Job Training Improvement Act of 2005, was introduced by Rep. McKeon (R-CA), authorizing Workforce Investment Act and the Vocational Rehabilitation Act. It passed the House and the Senate incorporated the bill into their version, S. 1021. However, the bill failed to pass due to controversial provisions in the overall WIA bill, including provisions that would allow preferential treatment of religious charities. The House version also contained provisions of concern to advocates in that it allowed funds under the Vocational Rehabilitation Act to be used for infrastructure without assurances to expand or improve services for individuals with disabilities.

Education -- Carl Perkins Act

S. 250, Carl D. Perkins Career and Technical Education Improvement Act of 2006, sponsored by Senator Mike Enzi (R-WY), was signed by President Bush August 12, 2006. The bill amends the Carl D. Perkins Vocational and Technical Education Act of 1998 to reauthorize and revise its programs, and is now P.L. 109-270. Among other provisions, the bill does repeal a prohibition against use of funds to: (1) provide funding under the School-to-Work Opportunities Act of 1994; or (2) carry out activities that were funded under such Act through programs funded under S. 250, unless such programs only serve participants eligible under this Act.

TANF Reauthorization

The Temporary Assistance for Need Families (TANF) program was reauthorized in the DRA of 2005 through 2010 at the same levels as FY 2004 appropriations. The reauthorization includes \$150 million to support programs designed to help couples form and sustain healthy marriages. Up to \$50 million of this amount may be used for programs designed to encourage responsible fatherhood. In its welfare reform law of 1996, Congress stipulated three of the four purposes of the TANF block grant to states be related to promoting healthy marriages.

The TANF provisions include increased work participation rates, subjecting State maintenance of effort dollars to Federal TANF work requirements, and developing a standardized set of approved work activities, without ensuring States have the flexibility to meet the needs of families that include a person with a disability.

Advocates are concerned that unless Department of Health and Human Services regulations allow States to continue to have this much-needed flexibility and will receive credit for their efforts to assist parents with disabilities and parents caring for a child with a disability, many people with disabilities will be unable to meet the required number of work hours nor will they benefit from a standardized set of work participation activities

Emergency Management and Disability

On October 4, 2006, President Bush signed the FY 2007 Homeland Security appropriations bill that contains the "Post-Katrina Emergency Management Reform Act of 2006 " H.R. 5441 contains amendments to the Stafford Act to better address the needs of people with disabilities in emergencies and outlines responsibilities between the Department of Health and Human Services, FEMA (Department of Homeland Security) and other Federal agencies to assist them in better addressing the needs of the disability community.

Older Americans Act Reauthorization

On September 30, 2006, the Senate passed H.R. 6197 to reauthorize the Older Americans Act (OAA). The bill allows aging caregivers with a child with a disability of any age to be eligible for the National Family Caregiver Support Program funds, a program authorized by this legislation. The President signed the bill into law October 17, 2006.

Promoting Safe and Stable Families

S.3525, the Child and Family Improvement Act of 2006, was signed by President Bush September 28, 2006, and is now P.L. 109-288. The Act reauthorizes and makes changes to the Promoting Safe and Stable Families (PSSF) program; authorizes grants to States to administer their child welfare agencies to prevent and address child abuse and neglect; reauthorizes the Mentoring Children of Prisoners program; and reauthorizes the Court Improvement Program.

Trauma Systems Reauthorization

Rep. Michael Burgess (R-TX) introduced H.R.5555, the Trauma Care Systems Planning and Development Act. The bill was heard by the House Energy and Commerce Committee in September, 2006. However, the committee did not mark up the bill due to other pressing items on the agenda. Senator Bill Frist (R-TN) introduced similar legislation, S. 265, which was reported out of Committee, but did not pass the Senate. NASHIA supported this legislation.