113th Congress: Final Report

NASHIA Public Policy Committee

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January 2015
National Association of State Head Injury Administrators

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NASHIA assists state government in promoting partnerships and building systems to meet the needs of individuals with brain injuries and their families.

Giving States a Voice
Executive Summary

Introduction
This Final Report is a summary of federal legislation passed by the 113th Congress (2013-2014) relating to the priorities of the National Association of State Head Injury Administrators (NASHIA) as outlined in the 113th Congress: Federal Public Policy Platform and adopted by members during its annual membership meeting held in October 2012. Administrative policies affecting brain injury service delivery are also noted in this report. NASHIA sets legislative and public policy priorities to address service delivery issues relating to research, prevention, emergency services/trauma care, rehabilitation to community services and supports which may be needed by individuals with traumatic brain injury (TBI) and their families across the lifespan. Legislative successes during this Congress include passage of the:

- Traumatic Brain Injury (TBI) Act Reauthorization of 2014
- Achieving a Better Life Experience (ABLE) Act
- Veterans Traumatic Brain Injury Care Improvement Act of 2014
- Workforce Innovation and Opportunity Act of 2014
- Violence Against Women Act
- Emergency Medical Services for Children Reauthorization Act of 2014

Over these two years, Congressional Committees, Caucuses and Task Forces held several briefings and hearings on brain injury related issues. As in the past, NASHIA collaborated with the Congressional Brain Injury Task Force (CBITF) to plan and to promote Brain Injury Awareness Day’s activities held on March 12, 2014 and on March 13, 2013. NASHIA Public Policy Chair William (Bill) A.B. Ditto moderated the 2013 Briefing, “Promoting Brain Injury Awareness Through Public/Private Partnerships”. The Task Force co-chairs, Representatives Bill Pascrell, Jr. (D-NJ) and Tom Rooney (R-FL) convened press conferences in conjunction with these events to promote TBI legislation and issues. The CBITF also sponsored the screening on the documentary, “The Crash Reel”, on July 15th, 2014, which NASHIA attended.

NASHIA also co-sponsored the:

- The Injury and Violence Prevention Network’s (IVPN) Congressional briefing on “Violence Prevention Throughout the Lifespan”, featuring the work of the CDC’s Injury Center, on June 25th, 2013;
- The Congressional Neuroscience Caucus’ Evening Reception, “It's Nature and Nurture: How Your Brain Shapes Your Experiences and Your Experiences Shape Your Brain”, a briefing and demonstrations, including a human brain, held September 25, 2013;
- Senate Special Committee on Aging and the Congressional Brain Injury Task Force Legislative Briefing on Sports-Related Head Injuries & Concussions on June 25th, 2014; and

William A.B. (Bill) Ditto, Chair of the NASHIA Public Policy Committee, participated on a briefing panel convened by the Senate Special Committee on Aging sports-related concussions, aging and TBI issues on June 25th, 2014. Finally, NASHIA recognized Congressman Chaka Fattah (D-
PA) during the reception held during the 25th Annual State of the States in Head Injury Meeting for his work to promote neuroscience research.

**NASHIA Public Policy Committee and Priorities**
The NASHIA Public Policy Committee is chaired by William (Bill) A.B. Ditto, MSW, (NJ) and the committee is composed of both full and associate members. The Committee routinely reviews legislation, proposed Administration rules, and regulations, and makes recommendations to appropriate authorities accordingly, and in keeping with the *Public Policy Platform* and priorities adopted by the membership.

During these two years, NASHIA retained the services of Rebeccah Wolfkiel, Ridge Policy Group, LLC, in Washington, D.C., for NASHIA’s Governmental Relations and also contracted with Susan L. Vaughn to serve as the Director of Public Policy. Rebecca Wolfkiel worked closely with the CBITF; met with key congressional staff and Members; and represented NASHIA at coalition meetings, Congressional briefings, and meetings with the Administration officials. Susan Vaughn staffed the Public Policy Committee and monitored and reported on proposed legislation and federal rules and regulations through the *Capitol News, Washington Weekly*, and *Action Alerts*. She prepared NASHIA’s Public Policy Platform document, fact sheets, letters; testimony, and other public policy materials. She also maintains the public policy pages on NASHIA’s website: [www.nashia.org](http://www.nashia.org).

NASHIA members, Stefani O’Dea (MD) and Bill Ditto (NJ) represent NASHIA at the quarterly meetings convened by the Centers for Medicare and Medicaid Services (CMS) comprised of national state directors of brain injury, Medicaid, aging, mental health, intellectual/developmental disabilities, public health and substance abuse programs to discuss Home and Community-based Services (HCBS) waiver programs and CMS initiatives to promote community services and supports. NASHIA Public Policy Director, Susan Vaughn, also meets on CMS bi-weekly calls to discuss proposed regulations, implementation and other initiatives. And, both Rebecca Wolfkiel and Susan Vaughn participate regularly on CDC TBI stakeholder calls.


NASHIA is a member of the Consortium for Citizens with Disabilities (CCD), American Brain Coalition, the Disability and Rehabilitation Research Coalition (DRRC), Injury and Violence Prevention Network (IVPN), Therapy Cap Coalition and the Real Warriors Campaign. Through these affiliations and collaborations, NASHIA regularly supports disability and health care policies that promote health and wellness, prevention, research, rehabilitation, community integration, employment, education and other areas of importance to individuals with TBI, including veterans and returning servicemembers, and their families.

**About NASHIA**
NASHIA is a nonprofit organization that was incorporated in 1994 by State government employees to help States with planning, implementing and administering public programs and
services for individuals with brain injury and their families through professional development opportunities, networking, resources and collective representation with regard to public policy issues. Members represent a broad spectrum of State agencies including health, Vocational Rehabilitation, mental health, Medicaid, social services, intellectual and developmental disabilities and education. Associate members represent rehabilitation professionals and agencies, advocates, individuals with brain injury and other interested persons. In addition to collective representation with regard to public policy, NASHIA sponsors an annual national conference and offers webinar series to promote professional growth and education. The Association offers technical assistant and consultative services to States and organizations with regard to planning, implementing and administering a service delivery systems for individuals with brain injury and their families. The Association maintains State program contacts, resources and other information on its website. For further information visit www.nashia.org.
NASHIA lists its priorities under two categories, *Primary Support* and *Secondary Support*, in keeping with its resources devoted to public policy and the number of other coalitions and organizations who have dedicated resources for similar legislative goals. NASHIA continued its primary focus on national public policy initiatives that affect State programs and services for individuals with traumatic brain injury (TBI) and their families. To address secondary priority issues NASHIA partners with other disability, research and health care organizations and coalitions to advocate on behalf of TBI. The following is a report of Congressional and Administrative activities addressing these priorities.

**PRIMARY SUPPORT**

1. **Traumatic Brain Injury (TBI) Act Programs -- Appropriations**

   After a series of Continuing Resolutions to fund federal government for FY 2015, starting October 1, 2014, Congress passed a “CRomnibus” bill in December 2014, which combined eleven of the twelve spending bills into an omnibus bill to appropriate funding through the remainder of FY 2015 with a Continuing Resolution to fund the Department of Homeland Security through the end of February 2015. Most programs were level funded. The U.S. Department of Health and Humans Services’ (HHS) Health Resources and Services Administration (HRSA) Federal TBI Program was reduced by $23,000 for FY 2015.

   In January 2014, the President signed an Omnibus FY 2014 spending bill, which included sequestration (across the board cuts) enacted in 2013. With regard to the TBI Act Programs, Congress appropriated the following for FY 2014:

   - $9.321 million HRSA Federal TBI Program (State Grant and P&A Grant Programs)
   - $6.548 million for the Centers for Disease Control and Prevention’s (CDC) National Center for Injury Prevention and Control (NCIPC) TBI Program.

   Report language was included in the FY 2014 appropriations bill to urge CDC to establish and oversee a national surveillance system to accurately determine the incidence of sports-related concussions as recommended in the Institute of Medicine (IOM) report on sports-related concussions.

**Administration**

HRSA issued a request for comments in the *Federal Register*, Vol. 79, No. 151, August 6, 2014, with regard to the “Agency Information Collection Activities: Proposed Collection: Public Comment Request” pertaining to HRSA TBI State and P&A Grants. (NASHIA transmitted comments expressing concerned with the amount of resources that may be necessary to follow-up with consumers with TBI who have cognitive problems, making it difficult for them to complete such surveys, and the accuracy with regard to the information collected.)

2. **TBI Act Reauthorization**

   The President signed S. 2539 (P.L. 113-196), *The TBI Reauthorization Act of 2014*, on November 26, 2014, reauthorizing TBI Act programs through FY 2019. Senators Orrin Hatch (R-UT) and Bob Casey, Jr. (D-PA) introduced S. 2539 which removed HRSA from the sections relating to the State and the P&A grant programs and leaves the administration of the programs
to be determined by the Secretary of HHS. The Senate added a section directing the secretary of the HHS to develop a plan for improved coordination of federal activities with regard to TBI and also directed CDC in consultation with NIH to conduct a review of scientific evidence research related to brain injury management in children and identify opportunities for research. Representatives Bill Pascrell, Jr. (D-NJ) and Tom Rooney (R-FL) introduced H.R. 1098, the TBI Reauthorization Act of 2013, which passed the House in July 2014.

3. Returning Troops/Veterans with TBI

On December 18th, 2014, the President signed H.R. 4276, the Veterans Traumatic Brain Injury Care Improvement Act of 2014, which amended the National Defense Authorization Act for FY 2008, to make changes to the Assisted -- Living for Veterans with Traumatic Brain Injury (AL -- TBI) pilot program. The program, created in 2008, is to allow veterans with severe TBI to receive services in private, non-VA residential living programs. Among the provisions, the legislation replaces references to "assisted living" with the term "community-based brain injury residential rehabilitative care".

President Obama signed H.R. 3230, the Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014 on August 8, 2014, to improve the U.S. Department of Veterans Affairs healthcare services. The bill also extended the pilot program for TBI assisted living program for three years that provides assisted living and therapy to those with moderate to severe TBI.

H.R. 3304, the FY 2014 National Defense Authorization Act (P.L. 113-66), included the pilot program for TBI to evaluate effectiveness of assisted living to enhance TBI rehabilitation. The House included report language requiring the Department of Defense (DoD) to submit a plan to improve coordination and integration of TBI programs.

Legislation Introduced
Senator Bernie Sanders (I-VT) introduced S. 851, the Caregiver and Expansion Act of 2013, to extend to all veterans with a serious service-connected injury eligibility to participate in the family caregiver services program.

4. Vocational Rehabilitation, Transition and Employment

Congress passed major legislation which amended and reauthorized the Adult Education and Family Literacy Act, the Wagner-Peyser Act, and the Rehabilitation Act of 1973, which was sign on July 22, 2014, by the President. Known as the Workforce Innovation and Opportunity Act of 2014 (WIOA), provisions include:

- Transferring the National Institute on Disability and Rehabilitation Research (NIDRR) from the U.S. Department of Education to the Administration for Community Living (ACL) housed in HHS.

- Renames the Rehabilitation Research Advisory Council as the Disability, Independent Living, and Rehabilitation Research Advisory Council (DILRRAC) and moves the education's independent living program to the ACL.
• Establishes a Disability Employment Services and Supports Administration (DESSA) within the Office of Disability Employment Policy, Services, and Supports of the Department of Labor.

• Reauthorizes appropriations for FY2014-FY2018 for Vocational Rehabilitation service grants to States for individuals with disabilities.

• Requires: (1) States to make certain funds available to designated State units for pre-employment transition services for students with disabilities transitioning to employment from education or training, and (2) each local office of a State unit to designate staff to act as Local Pre-Employment Transition Coordinators for student with disabilities.

• Directs the Secretary of Education, the Secretary of Labor, and the Secretary of HHS each to designate a lead staff person to fulfill the responsibilities of a National Pre-Employment Transition Coordinator for Students with Disabilities.

• Directs the Comptroller General (GAO) to study the interaction of vocational rehabilitation programs carried out under the Rehabilitation Act of 1973 with the Ticket to Work and Self-Sufficiency Program, including its impact on beneficiaries, community rehabilitation programs, and designated State agencies.

5. Children and Youth with TBI, including Education

In November 2014, Congress passed the Child Care and Development Block Grant of 2014 (P.L. 113-186), which provides subsidies to assist low-income families in obtaining child care so that parents can work or participate in education or training activities.

Legislation Introduced:

Legislation was introduced to reauthorize the Elementary and Secondary Education Act (ESEA), referred to as “No Child Left Behind”, but did not pass. Rep. George Miller (D-CA), Ranking Member of the House Education & Workforce Committee, along with 12 other bi-partisan co-sponsors, re-introduced the Keeping All Students Safe Act, H.R. 1893. The bill would have banned restraint and seclusion, except in emergencies where someone is in immediate danger of physical harm; require that parents be notified when restraint or seclusion are used on their child; and promote less restrictive alternatives like positive behavioral interventions and supports and de-escalation techniques with regard to children exhibiting inappropriate behavior in the classroom.

Rep. Frank Pallone, Jr. (D-NJ) introduced H.R. 564, Access to Health Information Centers for Families with Disabilities Act of 2013, amending Title V of the Social Security Act to extend funding for family-to-family health information centers to help families of children with disabilities or special health care needs make informed choices about health care for their children. The bill did not pass.

6. Dual Diagnosis/Co-Occurring Conditions

No specific legislation was passed to address TBI and co-occurring conditions nor to reauthorize the Substance Abuse and Mental Health Administration (SAMHSA) Act.
Administration
SAMHSA invited public comments with regard to its FY 2015 – 2018 Strategic Plan, “Leading Change 2.0: Advancing the Behavioral Health of the Nation”, developed to increase awareness and understanding of mental and substance use disorders, to promote emotional health and wellness, to address prevention of substance use disorders and mental illness, and to increase access to effective treatment and support recovery. (On August 18, 2014, NASHIA submitted comments calling attention to the need to address individuals with TBI who have substance use issues and/or mental health conditions.)

SECONDARY SUPPORT

7. Appropriations for Health and Disability Programs; and Public Assistance

On December 16, 2014, the President signed the Consolidated and Further Continuing Appropriations Act, 2015 (H.R. 83), funding most federal agencies through September 30, 2015. The Department of Homeland Security (DHS) was funded by a short-term continuing resolution (CR) set to expire February 27, 2015. The funding levels in the eleven appropriations bills replaced the annualized funding levels set in the previous CR. The omnibus provided emergency funding for responding to the Ebola crisis, and extended Temporary Assistance for Needy Families (TANF) and the Internet tax moratorium through FY 2015.

The Budget Control Act of 2011 called for sequestration, meaning a 5 percent cut, to discretionary programs for FY 2013, resulting in $85 billion across-the-board spending cuts which took place March 1, 2013. Congress then passed budget guidelines to mitigate sequestration for FY 2014 and FY 2015. Funding for FY 2014 programs were appropriated through a series of Continuing Resolutions, until President Obama signed the $1.1 trillion omnibus spending bill in January 2014 to fund federal government through September 30, 2014. Funding for the Labor-HHS-Education bill was reduced overall by $100 billion below the FY 2013 enacted level. The bill continued funding for most of the Affordable Care Act (ACA) programs, but reduced funding for the Prevention and Public Health Fund and cut $10 million from the Independent Payment Advisory Board, which is to find ways to reduce Medicare spending.

The Agricultural Act of 2014, H.R. 2642, reauthorized the Supplemental Nutrition Assistance Program (SNAP) and reduced spending for the food assistance program. The bill also extended distance learning and telemedicine program.

8. EMS/Trauma Care

Congress passed the Emergency Medical Services for Children (EMSC) Reauthorization Act of 2014 (P.L. 113-180) to reauthorize the Emergency Medical Services for Children Program through FY2019. On November 1st, 2015, the President signed it into law. S. 2154 was sponsored by Senators Bob Casey, Jr. (D-PA) and Orrin Hatch (R-UT). Established by Congress in 1984, and last reauthorized in 2010, the EMSC Program is the only federal program that focuses specifically on improving the pediatric components of the EMS system. The legislation reauthorizes:

- State Partnership Grants, which provide States with resources to conduct assessments of their EMSC capabilities; identify gaps; and establish appropriate standards, training and resources to ensure appropriate emergency care is available to meet the needs of
pediatric patients. All 50 States, the District of Columbia, and U.S. Territories have received EMSC funding under this grant program.

- Targeted Issue Grants, which are awarded to eligible applicants to help address issues of national significance that extend beyond State boundaries. These grants result in new products or resources, or show the feasibility of new methods, policies, or practices.

- The Pediatric Emergency Care Applied Research Network (PECARN), which is a research infrastructure that facilitates the collaboration of pediatric researchers across the nation in order to perform statistically-valid pediatric emergency research with national utility and application.

- State Partnership Regionalization of Care (SPROC) grants to establish agreements and ultimately implement a regionalized healthcare delivery system to get the right resources to the right patient at the right time.

- The National Resource Center, at Children’s National Medical Center, which maintains the EMSC Program’s professional partnerships with organizations such as the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Emergency Physicians, and other related professional organizations. The National Resource Center also helps to disseminate information and supports a special collaboration with the Family Advisory Network.

- The National EMS for Children Data Analysis Resource Center (NEDARC), which assists grantees in data collection, analysis and dissemination.

- The National Pediatric Readiness Project, which is an initiative that measures emergency department pediatric readiness, works to build awareness of national pediatric guidelines on emergency care, and works to improve/increase pediatric competency and capacity within individual hospitals.

9. Health Care, Medicare and Medicaid

Congress passed the Improving Medicare Post-Acute Care Transformation Act of 2014 or the IMPACT Act (P.L. 113-185), which was signed by the President on October 6, 2014.

The law directs the Secretary of HHS to: (1) require post-acute care (PAC) providers to report standardized patient assessment data, data on quality measures, and data on resource use and other measures, all meeting specified requirements; (2) require the data to be standardized and interoperable to allow for its exchange among PAC and other providers to give them access to longitudinal information so as to facilitate coordinated care and improve Medicare beneficiary outcomes, including in the discharge planning process; and (3) modify PAC assessment instruments applicable to PAC providers for the submission of standardized patient assessment data on such providers and enable assessment data comparison across all such providers. The law:

- Requires home health agencies, inpatient rehabilitation facilities, and long-term care hospitals to implement, according to a three-phase schedule, and submit data on quality measures and resource use as well as standardized patient assessment data.
• Directs the Secretary to reduce by 2% the update to the market basket percentage for skilled nursing facilities which do not report the same kinds of data.

• Directs the Secretary to: (1) provide confidential feedback reports to PAC providers on their performance with respect to required measures; and (2) arrange for public reporting of PAC provider performance on quality, resource use, and other measures.

• Directs the Medicare Payment Advisory Commission (MEDPAC) to: (1) evaluate and recommend to Congress features of PAC payment systems that establish, or a unified PAC payment system that establishes, payment rates according to characteristics of individuals instead of according to the PAC setting where the Medicare beneficiary involved is treated; and (2) recommend to Congress a technical prototype for a PAC prospective payment system.

• Directs the Secretary to study: (1) the effect of individuals' socioeconomic status on quality, resource use, and other measures for individuals under the Medicare program; and (2) the impact on such measures of specified risk factors.

On April 1, 2014, President Obama signed into law the Protecting Access to Medicare Act of 2014, H.R. 4302, which is a one year short-term "fix" or "patch" to pending Medicare physician payment cuts under the current physician payment formula called the "sustainable growth rate" or "SGR". The law delays until March 2015 any cuts in the Medicare reimbursement rate. Without this or similar legislation, a 24 percent cut would go into effect on April 1, 2014.

**Legislation Introduced**

Rep. Joseph Crowley (D-NY) introduced H.R. 942 and Senator Charles Schumer (D-NY) introduced S. 948, Ensuring Access to Quality Complex Rehabilitation Technology Act, creating a separate benefit category under Medicare for complex rehabilitation technology (CRT) to protect access to medically necessary customized products. The House of Representatives introduced and passed several bills aimed at repealing the Affordable Care Act. None of these bills passed.

**Administration**

The Centers for Medicare and Medicaid Services (CMS) has issued notices of policy changes regarding Medicare coverage for speech generating devices (SGDs). Beginning on April 1, 2014, Medicare started changing how it pays for SGDs, switching to a system called “capped rental”, preventing people from owning their devices and being covered. On February 27, 2014, CMS issued a guideline titled a "coverage reminder" that addresses the types of SGDs and the features of the devices that Medicare will cover. This guideline raises several questions about the features of currently available SGDs, and about the temporary "locking" or "dedication" practice that has been in place since 2001 for computer-based devices. Under current practice, non-medical applications such as email and word processing software, are “locked” on computer-based devices because Medicare will not cover those applications.

MedPac has taken the position of site-neutral payments for post-acute care (PAC) facilities, inpatient rehabilitation facilities (IRFs) and skilled nursing facilities (SNFs), that are paid under separate payment systems. MedPac's belief is that Medicare should not pay more for care in one setting than in another if the care can safely and effectively be provided in a lower cost...
setting. A public hearing was held in December 2014 with regard to on site-neutral payments between SNFs and IRFs. The session concluded with most MedPac commissioners expressing support for the draft recommendation to direct the Secretary to implement site-neutral payment between IRFs and SNFs for select conditions, and a statement that this recommendation will be revisited in MedPAC’s next public meeting, which is scheduled for January 15, 2015.

The Consortium for Citizens with Disabilities (CCD) issued a statement, “Protect Medicare Rehabilitation Services”, drafted in February 14, 2014, to protect Medicare reimbursement for inpatient rehabilitation hospitals and units, as well as outpatient rehabilitation therapy services, that was sent to HHS and the President. A November 5, 2013 letter regarding the same issues was sent to the House and Senate Appropriation Committee Chairs.

10. Disability and TBI Research

Several Administration and Congressional initiatives began or continued with regard to brain injury research during the past two years. For FY 2015 appropriations, the National Institutes of Health (NIH) received a total of $30,084,304,000 with increases generally distributed proportionately among NIH Institutes and Centers (ICs). Additional amounts were added to the National Institute on Aging (NIA), in recognition of the Alzheimer's disease research initiative throughout NIH, and several institutes received support in connection with the Brain Research through Application of Innovative Neurotechnologies (BRAIN) Initiative.

The agreement included language directing the NIH Rehabilitation Coordinating Committee (NIH RCC) to host a trans-NIH State of the Science Conference on Medical Rehabilitation Research, develop and regularly update a trans-NIH plan for medical rehabilitation science, and better coordinate the grants to adhere to the definition of rehabilitation research recommended by the Blue Ribbon Panel on Medical Rehabilitation Research. NIH is urged to establish certain benchmarks to assess whether the coordination proposals being implemented are having a positive impact on rehabilitation science at NIH. And, the agreement requests the Eunice Kennedy Shriver National Institute of Child and Human Development (NICHD) and the NIH Director receive an annual briefing to discuss progress in rehabilitation research and the level of trans-NIH activity in this area of research.

For FY 2014, Congress allocated $100 million more for the BRAIN initiative at NIH. The following table contains information on injury research conducted by NIH.

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<th>FY 2014 Estimated</th>
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Congressional Briefings and Hearings
House Energy and Commerce 21st Cures Committee
In May 2014, the House Energy and Commerce Committee issued a Call to Action seeking recommendations and input to advance medical research, care and technology. Of particular interest is whether the protocols for developing and approving drugs and devices hamper the country’s ability to develop medical cures and treatment for a range of diseases and conditions. The Committee is expected to introduce legislation in 2015.

Senate Appropriations Hearing on Research
The Senate Committee on Appropriations held a hearing entitled, “Driving Innovation through Federal Investments,” held April 29, 2014. The Disability and Rehabilitation Research Coalition presented testimony on the value of investing in rehabilitation and disability research and the importance of elevating rehabilitation science at the NIH.

Congressional Neuroscience Caucus
The purpose of the Neuroscience Caucus, co-Chaired by Representatives Earl Blumenauer (D-OR) and Cathy McMorris Rodgers (R-WA), is to build awareness of the intrinsic role brain research plays in understanding ourselves and our society, to help communicate the progress and the benefits of this research, and to help inform federal policy. The Neuroscience Caucus held a series of briefings throughout the two years, including the “Second Annual Brain Mapping Day: A Caucus Symposium Featuring a Snapshot of Cutting-edge Neuroscience Research” on May 10, 2013, hosted with the Society for Brain Mapping and Therapeutics (SBMT) and the Brain Mapping Foundation. A second briefing, “The Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative: The NIH Perspective,” was held on June 12, 2013 that explored the new BRAIN initiative to provide researchers with new tools to identify ways to treat, prevent and cure brain disorders.

Legislation Introduced
Senator Mark Kirk (R-IL) and Senator Tim Johnson (D-SD) introduced the S. 1027, the Kirk/Johnson Rehabilitation Improvement Act, to spotlight the importance of advancing rehabilitation research at NIH and across other federal agencies.

Congressional Brain Injury Task Force co-chairs, Representatives Bill Pascrell, Jr. (D-NJ) and Tom Rooney (R-FL) introduced H.R. 4251, The National Traumatic Brain Injury Research and Treatment Improvement Act of 2014, to improve data surveillance and research in March 2014. (NASHIA participated in the press conference held by the co-sponsors announcing the bill.)

Administration
In April 2013, the President announced the launch of the BRAIN (Brain Research through Advancing Innovative Neurotechnologies) Initiative – focused on revolutionizing our understanding of the human brain.

In 2011, the Administration announced that the National Institutes of Health, in partnership with the Department of Defense, is building a central database on TBI, the Federal Interagency Traumatic Brain Injury Research (FITBIR) database, to be funded at $10 million over four years. The informatics system was developed to share data across the entire TBI research field and to facilitate collaboration between laboratories, as well as interconnectivity with other informatics platforms. This community-wide sharing requires common data definitions and standards, as well as comprehensive and coherent informatics approaches.

11. Developmental Disabilities (DD) Act Reauthorization
The Developmental Disabilities Assistance and Bill of Rights (DD) Act (Public Law 106-402) has been due for reauthorization since 2007. A reauthorization bill was not introduced.

12. Aging and TBI

Congressional Hearings and Briefings
The Senate Special Committee on Aging's hearing on "State of Play: Brain Injuries and Diseases of Aging" June 26, 2014.

Legislation Introduced
Senator Bernie Sanders (I-VT) introduced the Older Americans Act Amendments of 2013, S. 1028, reauthorizing aging programs, including the National Lifespan Respite Care program.

13. Prevention

Congress passed S. 47, Violence Against Women Reauthorization Act of 2013, and the President signed it into law on March 7, 2013. The legislation amended the Violence Against Women Act of 1994 to add or expand definitions of several terms used in such Act, including requirements relating to: (1) nondisclosure of personally identifying information or other client information, (2) information sharing between grantees and sub-grantees, (3) civil rights and nondiscrimination, (4) audit requirements for grants, and (5) nonprofit organizations. P.L. 113-4 requires the Office on Violence Against Women of the Department of Justice (DOJ) to establish a biennial conferral process with State and tribal coalitions, technical assistance providers, and other key stakeholders on the administration of grants and related matters.

Appropriations -- The CDC received level funding for most of the activities related to TBI prevention for FY 2014 and FY 2015. For FY 2014, additional funding was appropriated to CDC for national violence death reporting systems (State grants). The Administration for Community Living (ACL) received funding for falls prevention from the CDC Prevention Public Health Fund.

FY 2015 appropriations agreement encourages the HHS to investigate the development of new and better standards for testing sports equipment that is supported through independent research, governance, and industrial independence. These standards should actually replicate on-field impacts and produce testing data for "worst-practical-impact" conditions. Such standards are to lead to research and development of new safety equipment to ensure that athletes have state-of-the-art gear that significantly reduces injuries.

Congressional Hearings and Briefings
On June 25th, 2014, Rep. Grace Meng (D-NY), Co-Chair of the Congressional Kids' Safety Caucus, convened the briefing, "Tackling Sports Injuries in Young Athletes: On the Field, In Emergency Rooms and in the Home District", which was sponsored by the Caucus and Safe Kids Worldwide. NASHIA was a co-sponsor.

On the same day, the Senate Special Committee on Aging along with the CBITF, Alzheimer’s Foundation of America and NASHIA sponsored a Legislative Briefing on Sports-Related Head Injuries & Concussions. (Bill Ditto participated on the panel.)

Legislation Introduced
In 2013, Senator Tom Udall (D-NM) and Senator Jay Rockefeller (D-WV) introduced the Youth Sports Concussion Act, to ensure that new and reconditioned football helmets for high school and younger players meet safety standards that address concussion risk and the needs of youth athletes. Rep. Bill Pascrell, Jr. (D-NJ) and Rep. Tom Rooney (F-FL) introduced similar legislation in the House.

**Administration**

On May 29, 2014, President Obama hosted the White House Healthy Kids & Safe Sports Concussion Summit to advance research on sports-related youth concussions and raise awareness of steps to prevent, identify and respond to concussions in young people. Several initiatives involving federal agencies and private partners were announced, including:

- The NCAA and the Department of Defense are jointly launching a $30 million effort to fund the most comprehensive clinical study of concussion and head impact exposure ever conducted and to issue an Educational Grand Challenge aimed at improving concussion safety behaviors in college sports and the military.

- The National Institutes of Health is launching a new longitudinal research effort to detect, characterize, and measure the chronic effects of repetitive concussions to inform clinical trials aimed at preventing or slowing disease progression in the future, supported by the Foundation for the National Institutes of Health, starting with an initial investment of $16 million from its first Sports Health Program partner, the National Football League.

- The National Institute of Standards and Technology will invest $5 million over five years as part of the Materials Genome Initiative, to work on tools to accelerate the development of advanced materials that can provide better protection against concussions for the athlete, the warfighter and others.

- The NFL is committing $25 million over the next three years to support projects and partnerships aimed at promoting youth sports safety, including new pilot programs to expand access to athletic trainers in schools to hold information sessions across the country to educate parents about sports safety.

On October 30, 2013, the Institute of Medicine (IOM) released a study on sports-related concussions in youth, from elementary school through young adulthood, including military personnel and their dependents. The report, “Sports-Related Concussions in Youth: Improving the Science, Changing the Culture”, finds that while some existing studies provide useful information, much remains unknown about the extent of concussions in youth; how to diagnose, manage, and prevent concussions; and the short- and long-term consequences of concussions as well as repetitive head impacts that do not result in concussion symptoms.

**14. Community Living Assistance Services and Supports**

On December 19th, 2014, the President signed the Achieving a Better Life Experience (ABLE) Act to allow families the ability to create tax-exempt savings accounts for people with disabilities whose disability occurred before age 26 for transportation, health care and other long-term needs without jeopardizing disability benefits.

Appropriations -- The FY 2015 appropriations agreement includes a new general provision to support the transfer of the National Institute on Disability and Rehabilitation Research (NIDRR),
Independent Living, and Assistive Technology Act programs from the U.S. Department of Education’s Office of Special Education and Rehabilitative Services (OSERS) to the ACL, in keeping with the enactment of the Workforce Innovation and Opportunity Act. All three programs were level-funded.

**Legislation Introduced and Congressional Hearings**
On June 24, 2014, the Senate Committee on Health, Education, Labor and Pensions, chaired by Senator Tom Harkin, (D-IA) held a roundtable titled "Moving Toward Greater Community Inclusion: Olmstead at 15." He subsequently introduced the Community Integration Act S. 2515, to ensure that people with disabilities can choose to live in the community and receive the same supports and services they would receive in institutional settings.

Representative James Langevin (D-RI) introduced H.R. 4683, Lifespan Respite Care Reauthorization Act of 2014.

**Administration**
In January 2014, the Centers for Medicare & Medicaid Services (CMS) released final regulations regarding the characteristics of Home and Community-Based Services (HCBS) residential settings. The rule gives States time to “transition” to meet the rule’s settings requirement and to submit a plan for meeting compliance with the settings requirements. States must also comply with person-centered planning and conflict-free case management, which was effective March 2014.

CMS began meeting with national associations, including NASHIA, to begin defining settings for non-residential settings.

The American Taxpayer Relief Act created the Commission on Long-Term Care, effective 2013. House and Senate leadership appointed members accordingly, along with the President who appointed other positions to complete the commission. The Commission is to develop a plan to establish, implement, and finance a comprehensive, coordinated, and high-quality system of long-term services and supports, including the roles of Medicare, Medicaid, and private long-term care insurance.

**15. Disability Rights**
The Senate failed to ratify the Convention on the Rights of Persons with Disabilities (CRPD), by five votes. Based on the Americans with Disabilities Act, the treaty ensures the rights of individuals with disabilities in all countries. Over 150 countries have ratified the treaty, including Great Britain, France and Greece.