



2020 State Legislative News

by the
**National Association of State Head Injury
Administrators**

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Dear NASHIA Member,

Welcome to **2020 State Legislative News, Issue 1**, which you receive as a NASHIA Member. This issue features State legislation passed since January to date. If you have information on legislation, funding or other policies that you wish to share, please feel free to send anytime to: publicpolicy@nashia.org.

Washington to Create a Concussion Database

On February 18, 2020, **Washington** Governor Jay Inslee signed **H.B. 2731**, requiring public schools to annually report information about each diagnosed concussion sustained by a student during athletics or other activities using a procedure developed by the Department of Health to include rates, patterns, trends, and other relevant information, effective June 11, 2020. The law specifies the type of information to be reported including: Student's grade and gender, whether the student had a previous concussion, the event date and location of the diagnosed concussion, the type and level of activity that the student was participating in at the time of the event, whether it was a practice or competition, any known cause of the event, when during the activity the injury occurred, and whether protective equipment was worn on the injured student's head at the time of the event.

Virginia to Allow Applicants to Indicate TBI on Driver's License

Virginia Governor Ralph Northam signed **S.B. 289** on March 31, 2020, for purposes of allowing

Oregon Enacts Legislation to Support Students Academically After Concussion or Brain Injury

On Feb. 27, 2020, **Oregon** Governor Kate Brown signed **H.B. 4140**, requiring the Oregon Department of Education to produce a form that describes academic accommodations available for a student who has been diagnosed with a concussion or other brain injury, as well as to provide a mechanism to identify academic accommodations. This form would be distributed to public education programs in Oregon and could be requested by the student, the parent or guardian, or an instructor.

The purpose is to provide a tool to help develop appropriate academic accommodations for students recovering from a brain injury.

Maine Expands Advisory Council to Include More Consumers

On Feb. 21, 2020, **Maine** Governor Janet Mills signed **H.B. 1883**, expanding membership of the Acquired Brain Injury Advisory Council to include more consumers and family members. The council identifies issues related to brain injury, including prevention and the needs of individuals with disabilities due to brain injuries and the needs of their families; and recommends

an applicant to indicate on his/her driver's license that he/she has a traumatic brain injury (TBI) provided that the application is accompanied by a form completed by a licensed physician confirming the applicant's condition.

methods that will enhance health and well-being, promote independence and self-sufficiency, among other duties.

North Dakota Moves Forward on 1915(i) State Plan Amendment: Includes Individuals with Brain Injury

During the 2019 legislative session, North Dakota lawmakers authorized the Department of Human Services to submit a Medicaid 1915(i) State Plan Amendment (SPA) to allow Medicaid to pay for additional home and community-based services (HCBS) to support individuals with behavioral health conditions, including individuals with traumatic brain injury. Since then, the department has held public forums and has engaged feedback from over 200 stakeholders, and received public comments to the draft amendment until March 19, with the goal of being submitted to the federal government in April.

Individuals eligible under the SPA must have a diagnosis of mental illness, substance use disorder, or traumatic brain injury, excluding intellectual disability or developmental disability, identified in the most recent diagnostic and statistical manual. Services to be provided include: Care coordination; training and supports for unpaid caregivers; peer support; respite; non-medical transportation; community transition services; benefits planning services; supported education; pre-vocational training; supported employment; and housing supports. These services will be provided in the participant's home and community, based upon the participant's preferences. Settings for service delivery are chosen by the participant during the service planning process, and verification contained in the participant's plan of care.

The Deficit Reduction Act (DRA) of 2005 added a new provision to the Medicaid statute entitled "Expanded Access to Home and Community-Based Services for the Elderly and Disabled." This provision allowed States to provide HCBS as an optional program under their State Medicaid plans, allowing States to receive federal financial participation for services that were previously eligible for federal funds only under waiver or demonstration projects. The Affordable Care Act further amended the statute to provide additional options for States to design and implement HCBS under the Medicaid State Plan, instead of through a waiver. This provision allows States to target populations, services, and eligibility. People with mental illness and those with intellectual or developmental disabilities (I/DD) are the target populations most commonly served under Section 1915(i). The cost neutrality requirement, central to waiver programs, is not a requirement under 1915(i) nor the requirement that individuals served must meet nursing or institutional level of care.

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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.