



**NATIONAL ASSOCIATION
OF STATE HEAD INJURY
ADMINISTRATORS**



Capitol News!

produced by the

National Association of State Head Injury Administrators

Dear NASHIA Member,

Welcome to the fifth edition of *Capitol News! 2022*. Members of Congress recessed to their home districts following the passage of a continuing resolution on Sept. 30th to fund federal government through Dec. 16. Congress is expected to return to Washington, D.C., after the November election. Once they return, there will be a busy Lame Duck session, including passing spending bills to continue funding federal government past Dec. 16 and other bills hanging in the balance, especially should the elections determine that either the House or Senate will flip in January.

While Congressional Members are in their home districts is always a good time to discuss issues relating to brain injury. Materials are available on NASHIA's [website](#), should you wish to meet with candidates running for Representative or Senator. Meanwhile, read further to learn Congressional deliberations during the past six weeks.

Bills Signed into Law

President Signs CR to Fund Federal Government Through Dec. 16

President Joe Biden signed H.R. 6833, the "Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023," into law on Friday, Sept. 30th, to keep the federal government funded through Dec. 16. The continuing resolution (CR) continues most programs at the same level of funding as FY 2022. The CR provided an additional \$12.3 billion for assistance to Ukraine and an additional \$1 billion for the Low-Income Home Energy Assistance Program (LIHEAP). The bill also included \$19 billion for the Federal Emergency Management Agency (FEMA) for disaster relief. An additional \$62 million was also appropriated for the Substance Abuse and Mental Health Services Administration (SAMHSA) 988 Suicide Lifeline activities. On July 16th, 2022 the National Suicide Lifeline switched to using a 3-digit number (988), which is expected to increase call volume. Without this additional funding, HHS may not have had the resources to keep up with the anticipated number of calls.

Fiscal Year (FY) 2023 Appropriations

Congress Will Address Spending Bills After the November Election

After the November election, both the House and Senate will need to address Fiscal Year (FY) 2023 appropriations for federal government past Dec. 16th, when the CR ends. Congress began scheduling markups for individual appropriations bills for FY 2023 in June. The House of Representatives passed H.R. 8294, a package of six fiscal year 2023 federal funding bills, on July 20th. The six-bill package did not include the Labor, Health and Human Services, Education and Related Agencies spending bill.

The House Appropriations Committee recommended \$4 million for the Centers for Disease Control and Prevention (CDC) Concussion Surveillance System and \$13,118 million for the Administration for Community Living (ACL) Traumatic Brain Injury State Partnership program (TBISPP), which is \$1,297 million above the FY 2022 enacted level and equal to the FY 2023 budget request. The House also recommended \$117,470 million for National Institute on Disability and Rehabilitation Research (NIDILRR), which is \$1 million above the FY 2022 enacted level.

On July 28th, Senate Appropriations Committee Chairman Patrick Leahy (D-VT) released recommendations for the twelve Senate appropriations bills. The draft spending bill for Labor -- HHS -- Education -- Related Agencies included an additional \$3 million for CDC to implement the National Concussion Surveillance System, which received \$500,000 for FY 2022. The draft spending plan also included \$13 million for the ACL TBISPP, an increase of \$1,179 million for State grants. The package also included \$21 billion in emergency supplemental funding to provide the necessary resources to prepare for the next phase of the COVID-19 pandemic and to address other emerging diseases that pose a significant threat to public health.

Other Legislation

House Passes Trauma Systems and MOBILE Health Care Legislation

On Sept. 29th, the U.S. House of Representatives passed two bills pertaining to health care, which the House Energy and Commerce Committee advanced with bipartisan support on Sept. 21. These bills are:

1) H.R. 8163, the "Improving Trauma Systems and Emergency Care Act," to improve coordination and access to trauma care and emergency services. H.R. 8163 was introduced by Rep. Tom O'Halleran (D-AZ) and is the companion bill to S. 3566, sponsored by Senator Jack Reed (D-RI). Provisions include requiring the Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Preparedness and Response to develop guidance for and otherwise support States (and consortia of States) to coordinate and improve emergency medical services and trauma care during declared emergencies. The bill also expands eligibility for and revises (1) grants for improving emergency medical services and trauma care in rural areas, and (2) competitive grants for improving regional emergency medical and trauma systems.

The bill authorizes grants to improve trauma care in rural areas by supporting research and demonstration projects that:

- Improve emergency medical services and trauma care through development of innovative technology, training and education
- Enhance the transport of patients
- Improve access to prehospital services
- Evaluate protocols for the improvement of outcomes
- Disseminate best practices and activities to facilitate clinical research
- Increase communication and coordination with applicable State or tribal trauma systems

2) The House also passed S.958, the "Maximizing Outcomes through Better Investments in Lifesaving Equipment for (MOBILE) Health Care Act," sponsored by Senators Jacky Rosen (D-

NV) and Susan Collins (R-ME), that expands the allowable uses of New Access Point grant funds, which help health centers establish new delivery sites to provide comprehensive primary care to medically underserved populations. S.958 is the companion bill to H.R. 5141 introduced by Reps. Susie Lee (D-NV), Richard Hudson (R-NC), Raul Ruiz (D-CA), and Jaime Herrera Beutler (R-WA).

House Votes for Mental Health Matters Act

Also on Sept. 29th, the House voted 220-205 to pass H.R. 7780, the "Mental Health Matters Act," to hold employer-based health plans more accountable for improper denials of mental health and substance use benefits. The legislation gives the U.S. Department of Labor more authority to enforce plan requirements under the Mental Health Parity and Addiction Equity Act and Employee Retirement Income Security Act, ban forced arbitration agreements when plans improperly deny benefits and ensure a fair standard of review by the courts. The bill also would provide grants to develop, recruit and retain school-based mental health professionals and link schools with local mental health systems, among other provisions. H.R. 7780 is sponsored by Representative Mark DeSaulnier (D-CA).

House Advances Mental Health Justice Act

The House of Representatives passed the "H.R. 8542, the "Mental Health Justice Act of 2022," on Sept. 22nd, sponsored by Rep. Katie Porter (D-CA). The Mental Health Justice Act creates a grant program for local governments to hire, train, and dispatch mental health professionals when 911 is called because someone is experiencing a mental health crisis.

House Passes Improving Seniors' Timely Access to Care Act

On Sept. 14th, the House of Representatives passed H.R. 3173, "Improving Seniors' Timely Access to Care Act," to make it easier for seniors to get the care they need and improve health outcomes by modernizing the antiquated prior authorization process in Medicare Advantage, which often still requires faxing documents to insurance companies. Many Medicare Advantage plans require providers to obtain prior authorization for certain medical procedures and tests before they can provide care to their patients. Prior authorization can play a role in ensuring people receive appropriate treatments and help control the cost of care. However, when misused, prior authorization can delay needed medical intervention and result in administrative burdens for providers. The legislation is led in the House by Reps. Suzan DelBene (D-WA), Mike Kelly (R-PA), Ami Bera, M.D. (D-CA), and Larry Bucshon, M.D. (R-IN). The bill has over 320 cosponsors and the endorsement of over 500 organizations, including NASHIA.

Lawmakers Introduce Assistive Technology Reauthorization Bill

On Sept. 30th, House Committee on Education and Labor's Health, Employment, Labor, and Pensions Subcommittee Chair Mark DeSaulnier (D-CA) and Rep. Joe Sempolinski (R-NY) announced introduction of the "21st Century Assistive Technology Act," H.R. 9028, bipartisan legislation to help people with disabilities live independently by expanding access to assistive technology.

The Assistive Technology Act was first enacted in 1998 to provide States with the resources to help people with disabilities access assistive technology. The law has not been reauthorized since 2004. H.R. 9028 would:

- **Facilitate access to AT by streamlining funding** to focus on the four State-level activities, including State financing activities, device reutilization programs, device loan programs, and device demonstrations.
- **Enhance capacity building and services** for Protection & Advocacy agencies and increases the grants for States with minimum allotments once the program reaches \$8 million in funding.
- **Establish technical assistance support** for State-level activities and Protection & Advocacy systems.

- **Encourage Innovation and Collaboration:** If the amount appropriated exceeds \$49 million, the legislation provides funding for “Projects of National Significance” that may focus on the needs of specific populations, such as youth in transition, or on collaboration among State agencies that provide AT and other services to people with disabilities.

Congressional Committees

House Civil Rights Subcommittee Holds Hearing on Schools and Juvenile Justice

On Sept. 8th, the House Committee on Education and Labor’s Civil Rights and Human Services Subcommittee, chaired by Rep. Suzanne Bonamici (D-OR), held the hearing, “Dismantling the School to Prison Pipeline,” to discuss the need to invest in prevention to keep young people out of the justice system and on a path to success. “With evidence-based prevention and intervention initiatives, we can limit juveniles’ exposure to the system and effectively and efficiently address and reduce delinquency, recidivism, and crime overall. And that is why Congress established grant funding to help states and localities prioritize prevention and intervention through the Juvenile Justice and Delinquency Prevention Act, or JJDP Act initiatives,” Chair Bonamici said in her opening statement.

NASHIA Signs on to CCD’s Response to the Report on Disability Policies

The National Association of State Head Injury Administrators (NASHIA) signed on in support of the Consortium for Constituents with Disabilities’ (CCD) response to the House Energy and Commerce Republican Members’ request for information (RFI) to their [report](#), “Disability Policies in the 21st Century: Building Opportunities for Work and Inclusion,” that highlighted the challenges and limitations that may prevent people with disabilities from seeking employment and otherwise living to the fullest potential. Among the comments submitted in response to the RFI:

Reducing or Eliminating the Institutional Bias in Medicaid

To address the report’s request for input as to how to eliminate institutional bias in Medicaid, CCD responded with several suggestions, including the need for Congress to 1) address critical workforce shortages among workers that provide home and community-based services (HCBS); 2) making Money Follows the Person and Spousal Impoverishment protections permanent; and 3) making certain that HCBS optional Medicaid services mandatory, thus available to a larger group of enrollees. The response also included the recommendation to expand services that are driven by functional need rather than diagnosis or other population membership.

Examining Asset Limits Tied to Supplemental Security Income (SSI)

CCD recommended that the restrictive methodology for calculating SSI eligibility and benefits needs to be expanded and noted that SSI does not cover every person with a disability that requires access to HCBS. Other deterrents to HCBS is that SSI’s low, outdated resource limit does not allow people to save for emergencies, such as a leaky roof, car repair, or other unexpected expenses. The \$2,000 asset limit does not adjust for inflation every year and has remained the same since 1989. Additionally, several marriage penalties exist within SSI for people with disabilities and should be eliminated. CCD also recommended that Congress enact a comprehensive national paid leave program that ensures that family caregivers do not have to choose between their job and being there for their loved ones.

Should Congress Make Respite Care Available to More Populations within Medicaid?

CCD explained that access to respite in Medicaid varies greatly by State and waiver. Respite is not included in the definition of “medical assistance” in Medicaid. Thus, respite is only available in Medicaid via waivers or at times via managed care organizations “in lieu of” services. A suggestion was provided to amend the definition of “medical assistance” to accommodate respite. Another suggestion is to expand the requirement for caregiver assessments in Medicaid 1915(i) HCBS State Plan Option programs to all Medicaid HCBS authorities and issue guidance

on family caregiver assessments, and provide training and technical assistance to assist States with implementation. CCD and supporting organizations also support significant funding for the respite provisions in the Older Americans Act and the Lifespan Respite Care Act.

Administration

NASHIA Supports the Administration's Health Nondiscrimination Rule

NASHIA joined other organizations in support of the [letter](#) sent by the Consortium for Constituents with Disabilities (CCD) Health Care, Long Term Services and Supports, and Rights Task Forces to the U.S. Health and Human Services' Office of Civil Rights regarding the notice of proposed Rule 1557. The proposed rule offers nondiscrimination protections for people with disabilities in accessing health care. The letter noted that the pandemic highlighted several forms of discrimination against people with disabilities, including in care rationing and disproportionate death rates for the number of institutionalized people with disabilities. This rule would begin to address several of those issues, in addition to reinstating provisions strongly supported in the 2016 rule, including clear protections for those with disabilities who are also people of color, LGBTQ+, and other marginalized identities. Supporting organizations urged the Centers for Medicare and Medicaid Services (CMS) to finalize it quickly.

This *Capitol News* was prepared by:

Susan L. Vaughn, Director of Public Policy, publicpolicy@nashia.org

Zaida Ricker, NASHIA Governmental Relations, zricker@ridgepolicygroup.com

Jennifer Braun, Chair of the NASHIA Public Policy Committee
Jennifer.Braun@health.mo.gov

Rebecca Wolfkiel, NASHIA Executive Director, execdirector@nashia.org

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.

Support States. Grow Leaders. Connect Partners.