



State Legislative News

produced by the

**National Association of State
Head Injury Administrators**

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Dear NASHIA Member,

Welcome to **2022 State Legislative News, July Edition**, which you receive as a NASHIA Member. This issue contains information on State legislation that has passed since last reported in November 2021. If you have legislation, appropriations or activities to report, please do not hesitate to contact us, as we will be happy to share. You may send to Susan Vaughn, NASHIA Director of Public Policy at publicpolicy@nashia.org.

As a reminder, NASHIA is still updating its 2005 "Guide to State Government Brain Injury Policies, Funding and Services" and is missing information from many States. If you have a question whether your information was sent or you have not received a request for information, please contact Susan. This is the only information available with regard to State definitions, data collection capabilities, revenue streams and services provided. Once completed, this valuable resource will be available to States and our national and federal partners.

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State Legislative Roundup . . .

Trust Fund Legislation . . .

On April 18, 2022, **Nebraska** Governor Pete Ricketts signed **L.B. 971** that changed the name of the Brain Injury Trust Fund Act to the Brain Injury Assistance Act. The Brain Injury Oversight Committee, established in statute, is to provide financial oversight and direction to the University of Nebraska Medical Center in the management of the Brain Injury Assistance Program. The program is administered by the Nebraska Department of Health and Human Services through a contract with the University of Nebraska Medical Center. The name

Facility Licensure and TBI Provider Rates . . .

On June 1, 2022, **Tennessee** Governor Bill Lee signed **S.B. 2466** (Chapt. 1119) that created the Health Facilities Commission by combining the Health Services Development Agency, responsible for the Certificate of Need program, and the Board for Licensing Health Care Facilities. The previous two Boards will now operate under one Commission.

Included under the Commission's jurisdiction are licensure and regulation of hospitals, nursing

change came about as the program is funded through an annual appropriations from the Nebraska Health Care Cash Fund rather than from an ongoing revenue generator that is placed into a non-lapsing account — referred to as a trust fund.

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On May 29, 2022, **Maryland** Governor Larry Hogan signed **S.B. 709** (Chapt. 731) to establish the Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) Alternative Therapies Fund as a special, non-lapsing fund created from money appropriated in the State budget and any other money from any source accepted for the benefit of the fund. The purpose is to support free access to psychedelics, including psilocybin, MDMA and ketamine, to veterans with PTSD and TBI; and to support the study of the effectiveness of and improving access to alternative therapies for PTSD and TBI in veterans.

The legislation asks that the governor include a \$1 million request in an annual budget for the fund for the 2024 fiscal year. The Maryland Department of Health is in charge of administering that money and with consulting various government agencies and medical institutions on the effectiveness of the drug therapies; how to improve patient access; and how to best spend money from the fund.

Violent Victim Brain Injury Task Force . . .

Colorado Governor Jared Polis signed **S.B. 57** (Chapt. No. 275) relating to violent crime victim brain injury screening programs on May 31, 2022. The legislation creates the victims of a violent crime brain injury task force to develop a plan for the creation and implementation of a pilot program that would identify and screen victims of violent crimes for symptoms of possible brain injury. The legislation describes the necessary elements of the plan, the membership for the task force, and reporting requirements. The task force sunsets June 30, 2026.

homes, adult care homes, and traumatic brain injury residential homes.

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On June 29, **New Jersey Legislature** sent to the Governor for his signature **A. 3110** which would increase reimbursement rates for Medicaid brain injury providers. The State's Medicaid program provides brain injury services under the Managed Long-Term Supports and Services program, with the goal of providing community alternatives for individuals with brain injuries residing in nursing facilities or who are in the community and at risk for placement in nursing facilities.

The bill states, "Unlike other Medicaid community-based services, reimbursement rates for brain injury services have remained static in recent years despite growing costs, which threatens the ability of providers to meet the complex health needs of individuals with brain injuries and provide services within a safe and fulfilling community environment. Despite the similar model of care, reimbursement rates for services provided to Medicaid beneficiaries with intellectual and developmental disabilities have not only increased, but have been restructured to account for adequate consideration for acuity, increased minimum wage requirements, and other inflationary trends that assert pressure on providers' cost structures."

The act, should be the bill be signed, would take effect 30 days after enactment and shall apply to services provided on or after the effective date of this act and to any Medicaid managed care contract executed or renewed on or after the effective date of this act.

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Editor's Note: Please feel free to share any legislative or funding accomplishments with NASHIA by sending to publicpolicy@nashia.org.

State Medicaid Updates

North Carolina to Expand TBI Waiver Pilot

The North Carolina Division of Health Benefits (DHB), the State Medicaid agency, is planning to submit an amendment to the NC TBI Waiver to the Centers for Medicare and Medicaid Services (CMS) to expand the NC TBI Waiver pilot to add two additional counties for a total of six counties. There was no additional funding

HHS Announces New Colorado Healthcare Option

On June 23, 2022, the U.S. Department of Health and Human Services (HHS) announced approval of Colorado's Section 1332 State Innovation Waiver amendment request to create the "Colorado Option," State-specific health coverage plan that increases health coverage enrollment and lowers health care

or slots with the expansion request. DHB had previously submitted a renewal application that was approved to:

- Add Supported Living Service;
- Lower age of onset of injury from age 22 to age 18;
- Increase the federal poverty Level from 100% to 300% with regard to financial eligibility; and
- Add Remote Supports Pilot Service (in process of operationalizing).

The approved changes were effective April 1. The NC TBI waiver is designed to provide an array of community-based services and community alternatives for individuals with TBI who are currently in nursing facilities or specialty rehabilitation hospitals or who are in the community and at risk for placement in nursing facilities or specialized rehabilitation hospitals. DHB contracts with local management entities (LME) operating as prepaid inpatient health plans (PIHP) for the delivery of all Medicaid MH/IDD/SA services, including NC TBI waiver services.

Services include: Adult Day Health; Day Supports; Personal Care; Residential Supports; Respite; Supported Employment; Occupational Therapy; Physical Therapy; Speech and Language Therapy; Assistive Technology; Cognitive Rehabilitation (CR); Community Networking; Community Transition; Crisis Supports; Home Modifications; In-Home Intensive Support; Life Skills Training; Natural Supports Education; Resource Facilitation; Specialized Consultation; Supported Living; and Vehicle Modification.

costs for nearly 10,000 Coloradans starting in 2023. It is designed to reduce racial and ethnic health disparities by providing new coverage options for Coloradans.

The Colorado Option will cover all essential health benefits required by the Affordable Care Act (ACA), which includes habilitation and rehabilitation services. It will combine standard health benefit plans, required premium reductions, and increased State subsidies for those currently eligible and those not currently eligible for federal subsidies under the ACA to make coverage more affordable.

The Colorado Option will operate in tandem with Colorado's existing section 1332 waiver, a State-based reinsurance program, which is authorized to continue under the amended waiver.

Section 1332 of the ACA allows States to apply for State Innovation Waivers to pursue innovative strategies for providing residents with access to high-quality, affordable coverage. Colorado is the first in the nation to adopt this waiver to introduce a new and more affordable State-based health insurance option, and leverage federal savings to support State subsidies to improve affordability and coverage initiatives.

Colorado projects that approximately 32,000 Coloradans will gain health insurance under the amended waiver by 2027, which would be an increase of approximately 15% in the individual market. Find more information about the Colorado Option [here](#).

ACL Awards ARP Public Health Workforce Funding to TBI State Grantees

In November, 2021, the Administration for Community Living (ACL) received \$150 million from the American Rescue Plan Act (ARP) of 2021 to increase the public health workforce's disability and aging expertise and strengthen the collaboration with public health systems to support the health and safety of people with disabilities and older adults who are disproportionately affected during emergencies and disasters, such as the COVID-19 pandemic. The ARP funding is to directly support wages and benefits for public health professionals within the disability and aging networks. The funding is to be available until September 30, 2024, and is intended to help cover the costs of staff to conduct crucial public health activities and to alleviate some of the strain of ACL networks have experienced during the pandemic. Funding can be used to cover wages and benefits, as well as the costs of associated equipment, training, and supplies for these professionals.

The ACL networks and organizations that were eligible to receive public health workforce funding include:

- Independent Living Centers
- Independent Living Designated State Entities
- No Wrong Door Systems/Aging and Disability Resource Centers
- Paralysis and Limb Loss Resource Centers
- Protection & Advocacy Systems
- State Assistive Technology Programs
- State Councils on Developmental Disabilities
- State Health Insurance Assistance Programs
- State Units on Aging/Area Agencies on Aging
- Traumatic Brain Injury State Partnership Programs
- Tribes and tribal organizations, and
- University Centers for Excellence in Developmental Disabilities

About \$2.2 million was earmarked by ACL for the TBI State Partnership Program (TBISPP). In January 2022, ACL produced a handout (FAQ) for each network available on its [website](#). The FAQ for the ACL TBISPP can be accessed [here](#).

ACL TBISPP grantees receiving these additional funds are: AK, AL, AR, CA, CO, GA, IA, ID, IN, KY, MA, ME, MO, NC, NE, ND, NJ, OH, OR, PA, RI, TN, UT, VA, and WV.

The National Association of State Head Injury Administrators assists State government in promoting partnerships and building systems to meet the needs of individuals with brain injuries and their families.



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