Dear NASHIA Member,

Welcome to Capitol News, Issue 5, which you receive as a NASHIA member. This issue features the House Appropriations Committee’s recommendations for fiscal year 2021 for Labor-HHS-Education and Related Agencies, as well as efforts to move legislation addressing the coronavirus (COVID-19) pandemic. Read further to learn more.

Meanwhile, in August the NASHIA Public Policy Committee will solicit your recommendations for the next Congressional session. NASHIA adopts its public policy priorities every two years to coincide with the Congressional session. Watch for the communication and the opportunity to help NASHIA set its course for next year.

As always, do not hesitate to contact Susan Vaughn, Director of Public Policy, should you have any questions at svaughn@nashia.org and/or visit the public policy pages on the NASHIA website.

Legislation Signed into Law

President Signs the Paycheck Protection Flexibility Act
On June 4, 2020, President Trump signed the Paycheck Protection Program Flexibility Act (the PPP Flexibility Act), which created changes to the Small Business Administration’s Paycheck Protection Program (PPP), created in the March stimulus package, known as the CARES Act. The legislation extended the ending date from June 30, 2020, to December 31, 2020, and gives businesses and nonprofits more time to pay back loans beyond the initial two-year term. Also, the Act eases restrictions on the utilization of PPP funding for purposes of debt forgiveness.

FY 2021 Appropriations

House Appropriations Committee Advances Spending Bills
The House Appropriations Committee is advancing spending bills for fiscal year 2021,
which begins October 1. Last Monday, the House Appropriations Committee marked up the Labor, Health and Human Services, Education and Related Agencies (Labor-HHS-Ed) appropriations bill for fiscal year 2021, which begins Oct. 1. The committee recommended level funding for the U.S. Department of Health and Human Services’ (HHS) Administration for Community Living (ACL) Traumatic Brain Injury (TBI) program; National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR); and the Centers for Disease Control and Prevention (CDC) TBI program. The committee is recommending $12.5 million increase each to the National Institutes for Health and CDC for firearm & mortality research.

Over all, the Committee recommended increased discretionary funding by $2.4 billion above the FY 2020 level for education, health care, medical research and job training programs. Some of these recommendations are noted below.

Department of Health and Human Services (HHS) – The bill provides a total of $96.4 billion for HHS, an increase of $1.5 billion above the FY 2020 enacted level and $11.1 billion above the President’s budget request. Other recommendations include:

Administration for Community Living (ACL) – The bill funds ACL at $2.3 billion, an increase of $56 million above the FY 2020 enacted level and $171 million above the President’s budget request. This amount includes:

- $957 million for Senior Nutrition programs, an increase of $20 million above the FY 2020 enacted level;
- $400 million for Home and Community-based Supportive Services, an increase of $10 million above the FY 2020 enacted level; and
- $206 million for Family and Native American Caregivers Services, an increase of $10 million above the FY 2020 enacted level.

The Committee recommended $10 million for the Lifespan Respite Care Program, the amount recommended by the National Respite Coalition and 52 of its national partners in a recent letter, which NASHIA also signed. This is an increase of $3.9 million over the FY 2020 enacted level. The Committee also recommended $193.9 million for the National Family Caregiver Support program (NFCSP), which is $8 million above the fiscal year 2020 enacted level. The CARES Act (P.L. 116-136) included $100 million to provide supplemental caregiver support during the pandemic.

Centers for Disease Control and Prevention (CDC) – The bill includes a total of $8 billion for CDC, an increase of $232 million above the FY 2020 enacted level, not including a one-time transfer in 2020 from the Nonrecurring Expenses Fund, and $925 million above the President’s budget request. This includes $856 million in transfers from the Prevention and Public Health Fund. In addition, the bill includes $9 billion in emergency supplemental appropriations for CDC to improve the nation’s preparedness for public health emergencies. Other items of interest to the brain injury community:

- The bill includes $25 million, an increase of $12.5 million above the FY 2020 enacted level, to specifically support firearm injury and mortality prevention research.
- $1 million increase for a total of $34.7 million for domestic violence and sexual violence prevention programs.
- $2 million increase for domestic violence community projects for a total of $7.5 million.
- An increase of $500,000 for prevention of elderly falls for a total of $2.05 million.
National Institutes of Health (NIH) – The bill increases funding for each Institute and Center by no less than 7 percent to support a wide range of critical research on diseases and conditions that affect individuals and families all over the world. The Committee also recommended:

- $25 million for firearm injury and mortality prevention research, an increase of $12.5 million above the FY 2020 enacted level;
- Continued robust investments in initiatives such as the Cancer Moonshot, All of Us Precision Medicine Initiative, BRAIN Initiative, Opioids research, combating antibiotic-resistant bacteria, and Clinical and Translational Science Awards.

The Committee included language and direction to the NIH’s National Institute of Neurological Disorders and Stroke (NINDS) to work with all relevant Institutes and Centers, including National Institute Aging (NIA), to support a robust and coordinated portfolio of TBI research that explores all promising avenues to facilitate functional repair of damaged circuitry in TBI. The Committee directs NINDS to provide an update regarding these specific areas of TBI research in the fiscal year 2022 Congressional Justification.

Agency for Healthcare Research and Quality (AHRQ) – The bill provides $343 million for AHRQ, an increase of $5 million above the FY 2020 enacted level.

Department of Education (ED) – The bill provides a total of $73.5 billion in discretionary appropriations for ED, an increase of $716 million above the FY 2020 enacted level and $6.9 billion above the President’s budget request. Of this amount, the bill includes:

- $16.6 billion for Title I Grants to Local Educational Agencies, an increase of $254 million above the FY 2020 enacted level. The President’s budget proposes to eliminate this program.
- $14.1 billion for Special Education, an increase of $208 million above the FY 2020 enacted level and $108 million above the President’s budget request. The amount includes:
  - $13 billion for Part B Grants to States, an increase of $194 million above the FY 2020 enacted level and $94 million above the President’s budget request.

Department of Labor (DOL) – The bill provides a total of $12.7 billion in discretionary appropriations for DOL, an increase of $254 million above the FY 2020 enacted level and $1.6 billion above the President’s budget request. Of this amount, the bill includes:

- $2.9 billion for Workforce Innovation and Opportunity Act State Grants, an increase of $50 million above the FY 2020 enacted level and President’s budget request.
- $58 million for the Homeless Veterans Reintegration Program, an increase of $3 million above the FY 2020 enacted level and the President’s budget request.

Other Legislation

House Passes the Heroes Act; Senate Begins Considerations of Relief Package

On May 15th, the U.S. House of Representatives passed H.R.6800, the “Health and Economic Recovery Omnibus Emergency Solutions Act or the HEROES Act,” a $3 trillion relief package following a $2.2 trillion relief package signed into law in March. The bill calls for $1 trillion to State and local governments facing revenue shortfalls, and would also establish a $200 billion fund to give essential frontline workers hazard pay. The bill
includes a new round of direct payments to Americans. In addition, the legislation calls for:

- $10-15 billion in additional funding for Home and Community Based Services (HCBS).
- Allows direct support professionals that provide day-to-day supports to individuals with disabilities to have access to personal protective equipment, qualify for hazard pay and other extra benefits.
- $10 billion in additional funding for nutrition services and increased flexibility to support greater access for people with disabilities.
- Requires the Centers for Disease Control and Prevention (CDC) to conduct Field Study Pertaining to Health Inequities.

The Senate is expected to begin consideration of its fourth coronavirus relief legislation this week. NASHIA joins other national and State disability, children's and aging advocates to urge the Senate to include important provisions to support individuals with disabilities as contained in the House bill.

**House Passes the ACA Booster Bill**

On June 29, 2020, the U.S. House of Representatives passed the H.R. 1425, the Patient Protection and Affordable Care Enhancement Act (ACA), to make more Americans eligible for health insurance subsidies and to provide a carrot to those States which have yet to expand Medicaid to do so. This bill was expedited in part due to President Trump’s announcement that the Administration is joining the State Republican Attorney Generals’ lawsuit to nullify the entire ACA. The lawsuit is currently before the U.S. Supreme Court (SCOTUS). The House bill would expand financial help for individual health insurance premiums, let Medicare negotiate drug prices, and incentivize the remaining States which have yet to expand to cover low-income uninsured adults.

**House Energy and Commerce Committee Advances Health Related Bills**

Last Wednesday, the House Energy and Commerce Committee, chaired by Rep. Frank Pallone, Jr. (D-NJ), reported 17 bills relating to health care to the full House of Representatives. These bills include:

- **H.R. 2477**, the “Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act of 2019,” introduced by Reps. Raul Ruiz (D-CA), Jackie Walorski (R-Ind.), Brad Schneider (D-IL) and Gus Bilirakis (R-FL), to improve beneficiary outreach and education, reduce gaps in coverage, and simplify the Medicare Part B enrollment process. NASHIA supports this bill.
- **H.R. 3935**, the “Protecting Patients Transportation to Care Act,” introduced by Reps. Buddy Carter (R-GA), Tony Cárdenas (D-CA), Tom Graves (R-GA) and Sanford Bishop of (D-GA), which would amend the Medicaid statute to include non-emergency medical transportation (NEMT) in the list of mandatory Medicaid benefits by codifying current Medicaid NEMT regulations. The bill would also require State Medicaid programs to have in place a utilization management process for the benefit.
- **H.R. 5201**, the “Telemental Health Expansion Act of 2019,” introduced by Reps. Doris Matsui (D-CA) and Bill Johnson (R-OH), which would permanently include a patient’s home as an eligible originating site for mental health services delivered via telehealth and remove Medicare’s geographic restrictions for such services, enabling providers to be reimbursed by Medicare for mental health services delivered via telehealth in urban and rural areas and in the patient’s home.
- **H.R. 1646**, the “Helping Emergency Responders Overcome Act of 2019” or the “HERO Act of 2019,” introduced by Rep. Ami Bera (D-CA), which would create a
data system at the Centers for Disease Control and Prevention (CDC) to capture public safety officer suicide incidences and study successful interventions, authorize grants for peer support behavioral health and wellness programs within fire departments and emergency medical service agencies, and require the development of best practices for addressing post-traumatic stress disorder (PTSD) in public safety officers and educational materials.

- H.R. 4564, the “Suicide Prevention Lifeline Improvement Act of 2019,” introduced by Reps. John Katko (R-NY), Don Beyer (D-VA) and Grace Napolitano (D-CA), which would increase the authorization funding level of the National Suicide Prevention Lifeline program to $50 million each year, from Fiscal Year (FY) 2020 through FY 2022. The bill also directs the U.S. Department of Health and Human Services (HHS) to establish a plan for maintaining the program and includes a pilot program to research, analyze, and employ various innovative technologies and platforms for suicide prevention.

**Senators Introduce the Nursing Home COVID-19 Protection and Prevention Act**

U.S. Senators Bob Casey, Jr. (D-PA) and Sheldon Whitehouse (D-RI), along with several co-sponsors have introduced S.3768, the “Nursing Home COVID-19 Protection and Prevention Act,” to protect older adults and people with disabilities living in nursing homes, intermediate care facilities, and psychiatric hospitals from COVID–19. The bill would:

- Provide $20 billion in emergency funding to States, territories and Indian Tribes to support nursing homes, intermediate care facilities and psychiatric hospitals with cohorting based on COVID-19 status, namely to support costs related to staffing, testing, PPE and other essential needs. States would provide nursing homes with technical assistance on implementing infection control protocols, minimizing transfers, facilitating discharges to home and community-based settings and adequate staffing, among other topics;

- Require HHS to develop guidance to permit cohorting based on a facility’s history of compliance. HHS would also be required to issue guidance on strategies to effectively cohort based on COVID-19 status, such as on the utilization of non-traditional settings, like hotels and dormitories, and on consumer protections related to discharges and transfers, resident rights and family notification; and

- Require HHS to collect COVID-19 data and require disclosure on COVID-19 related cases and deaths in nursing homes, intermediate care facilities and psychiatric hospitals and to issue a report analyzing the characteristics of facilities with COVID-19 outbreaks and deaths. The bill also establishes essential and ongoing oversight, including monthly briefings for Congress and an Office of the Inspector General (OIG) report on the Administration’s response to the spread of COVID-19 in nursing homes, intermediate care facilities and psychiatric hospitals nationwide.

**Senator Booker to Introduce Bill to Increase Access to Courses for Marginalized Students**

Senator Corey A. Booker (D-NJ) has announced plans to introduce the “Advanced Coursework Equity Act” to increase access to advanced courses for marginalized students. The bill would establish an $800 million competitive grant program for States and school districts to increase the enrollment and performance of underrepresented students in advanced courses and programs.
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.