

HEALTH AND HUMAN SERVICES COMMITTEE

2017 NCSL Legislative Summit Boston, Mass.

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1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: NCSL SUPPORTS NATIONAL HEALTH IT WEEK 2017**

3 **TYPE: MEMORIAL**

4 National Health IT Week will take place October 2-6, 2017. Key public and private
5 healthcare constituents – representing the full spectrum of healthcare interests – will
6 convene in Washington, DC and around the country to address implications for ongoing
7 healthcare reform initiatives and promote understanding. Initiated in 2006 by The
8 Healthcare Information and Management Systems Society (HIMSS), National Health IT
9 Week has emerged as a landmark occasion for bringing together diverse national
10 healthcare stakeholders, who partner in developing neutral, common ground for the
11 advancement of health IT adoption with "One Voice, One Vision." This October, nearly
12 400 public and private sector organizations throughout the nation will participate in the
13 Tenth Annual National Health IT Week. The National Conference of State Legislatures
14 (NCSL) has worked closely with HIMSS and other stakeholder organizations to promote
15 understanding among state policymakers of the contributions of health IT to improving
16 the quality and safety of healthcare delivery and containing healthcare costs. National
17 Health IT Week presents an opportunity for NCSL and other stakeholders to recognize
18 the value of information technology and management systems to transform the United
19 States healthcare system, improving the quality and cost efficiency for all Americans.
20 NCSL encourages its members to observe "National Health IT Week 2017" in appropriate
21 ways in their respective state capitals as well as in the Nation's Capital. NCSL also
22 encourages its members to urge their respective delegations to the United States
23 Congress to join in recognizing the benefits of health information technology as they act
24 to improve health care for all citizens during National Health Information Technology
25 Week.

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: HEALTH INFORMATION TECHNOLOGY**

3 **TYPE: DIRECTIVE**

4 NCSL strongly supports the development of a secure interoperable system of electronic
5 health information for the United States. Such a system has the potential to: (1) facilitate
6 the coordination of health care regardless of patient location; (2) improve both the
7 quality and efficiency of care; (3) provide easy access to health care information to both
8 patients and health care providers, which can contribute to more informed decision-
9 making on the part of patients; and (4) reduce medical errors and some of the fraud and
10 abuse that plagues our health care system.

11 The potential benefits of an interoperable health information system cannot be realized
12 unless: (1) consumers trust the system and want to participate in it; (2) the full range of
13 health care providers trust the system and find it affordable and easy to use; (3)
14 employers support the system and believe that it is cost-efficient and improves quality of
15 care, and (4) states work collaboratively to address jurisdictional issues. ~~such as those~~
16 ~~related to health professional licensure.~~

17 The key to the development of a successful interoperable electronic health information
18 system is the development of a system that is secure and protects patient privacy. The
19 Health Insurance Portability and Accountability Act (HIPAA) set important privacy
20 standards that must be retained in such a system. It is critical that the current HIPAA
21 law and regulations and subsequent laws and regulations enacted to facilitate an
22 interoperable electronic health information system continue to establish a floor, but not a
23 ceiling when it comes to protecting patient privacy and to the permissible use of stored
24 data. Uses of stored health information data should be limited to ~~treatment payment,~~
25 ~~public health and research~~ **those standards under federal law**. Interoperability, not
26 uniformity should be the focus of initiatives to get this important system in place. The
27 security of the data must be a priority. Severe penalties should be established for
28 individuals or entities that compromise information in the system. Every effort must be

29 made to make the system available and affordable to the widest range of providers and
30 consumers.

31 NCSL also supports the establishment of grant, loan and demonstration programs to
32 provide financial and technical support to health care providers, state and local
33 governments, and other entities that will play a key role in the development and
34 successful operation of an interoperable health information system. States should be
35 permitted to supplement federal financial support to physicians and hospitals with state
36 grant or loan programs for up to 100 percent of costs. Finally, it is critical that publicly
37 financed programs such as Medicaid and Medicare become active participants in the
38 system and that creating this capacity be a priority within the federal budget.

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: BUILDING SELF-RELIANCE AND FINANCIAL**
3 **INDEPENDENCE FOR LOW-INCOME FAMILIES**

4 **TYPE: DIRECTIVE**

5 *With the adoption of this policy language, which incorporates the language of three*
6 *existing NCSL Policy Directives, the following Directives will sunset:*

- 7 *▪ The Homeless,*
- 8 *▪ Rewarding Work and Reducing Poverty, and*
- 9 *▪ Welfare Reform.*

10 NCSL believes that the work of designing and sustaining a system of support for low-
11 income families must be a bipartisan partnership ~~between~~ **among** the federal, state, **and**
12 local governments and community stakeholder organizations to reduce poverty of low-
13 income families and alleviate the problem of homelessness. NCSL urges the federal
14 government to continue to provide flexibility to states to innovate with programs and
15 services that move low-income families to financial independence, build self-sufficiency,
16 diminish the long-term effects of poverty, and enable states to find solutions for the
17 problem of homelessness. NCSL also believes that the federal government should
18 encourage and support state efforts to address the underlying causes of poverty and
19 support preventive strategies that improve outcomes for **families and** children living in
20 poverty.

21 **Measures of Poverty and Child Well-being**

22 NCSL believes that the federal, state, and local government partnership should be
23 supported to address the underlying causes of poverty, and to employ prevention
24 strategies to improve outcomes for children and low-income families living in poverty. It
25 is critical that anti-poverty efforts use measures that accurately capture economic
26 needs, resources, and other factors that accurately depict elements which impact or

27 influence the economic health of families. NCSL supports efforts to create new
28 measures alongside the current poverty measure which was created in 1963 by Mollie
29 Orshansky, based on food expenditures. NCSL supports efforts to include the value of
30 non-cash benefits and ~~tax-credits~~ **tax credit**, count costs for health care, transportation,
31 child care, housing and utilities, and geographic cost of living differences.

32 NCSL believes that the current measure alone does not give state policymakers the
33 ability to accurately measure the effectiveness of ongoing and new initiatives to combat
34 poverty. NCSL does not believe new poverty measures should be used to determine
35 eligibility or level of assistance. New measures should emphasize the importance of
36 strategies and actions that address the needs and opportunities of families and
37 individuals rather than causing debate about the “perfect” measure.

38 NCSL supports bipartisan bicameral efforts to provide for a comprehensive child well-
39 being measure that documents the effect of growing up in poverty.

40 **Anti-Poverty Efforts**

41 NCSL believes that any new federal initiative on poverty should identify key goals for
42 state efforts, but allow states flexibility in deciding which goals to emphasize and how to
43 harness state and community efforts to address those goals. Part of this framework
44 should include outcome-based (~~well-being measures based in family and community~~
45 ~~conditions~~) measures (**well-being measures based in family and community conditions**)
46 that federal and state efforts measure and report. Accountability should be focused on
47 these outcome measures, rather than program structure and rules.

48 States need flexibility to restructure their human ~~service~~ **services**, workforce, health care
49 and educational programs to address poverty strategically and in ways adapted to their
50 goals and circumstances.

51 Federal efforts should:

- 52 ▪ be designed to avoid shifting costs to the states,
- 53 ▪ foster and enable state-based initiatives and strategies that reach across the full
54 range and government, business and community based efforts to effectively reduce
55 poverty,

- 56 ▪ alleviate the effects of growing up in poverty, and
- 57 ▪ build states' workforce training and, economic and job development efforts.

58 NCSL opposes charitable choice legislation that preempts state and local laws, is
59 retroactive in its application, undermines existing state-federal grant programs and
60 partnerships by offsetting their funding, creates new rights for states to be sued in
61 federal court, and mandates participation on the states per federal guidelines.

62 **Earned Income Tax Credit (EITC)**

63 NCSL supports the federal EITC as a means of reducing poverty among working poor
64 families, and ensuring that the benefits of work surpass the benefits of public
65 assistance. NCSL believes that increasing public awareness is essential to the success
66 of this program. NCSL strongly urges the federal government to work with states as
67 partners to develop new and creative outreach strategies and information for eligible
68 taxpayers. NCSL supports:

- 69 ▪ federal efforts to increase the value of the credit, adjust the credit for family size, and
70 eliminate the marriage penalty,
- 71 ▪ expanding the EITC to single workers, especially noncustodial parents, to have the
72 same impact on low-skilled ~~fathers~~ workers,
- 73 ▪ continuation of federal practices that allows states to use Temporary Assistance for
74 Needy Families (TANF) and State Maintenance-of-Effort (MOE) funds for the state
75 EITC, and this support should not be counted as "assistance" under the welfare law,
76 nor should federal data reporting for assistance programs apply.

77 NCSL objects to increases to the credit that result in cost shifts to states. NCSL
78 encourages the administration to provide states the maximum flexibility to administer
79 their EITC programs, and believes the federal government should simplify the
80 application for the federal EITC, which will reduce the paperwork burden and reduce
81 errors.

82 **Temporary Assistance for Needy Families (TANF)**

83 NCSL supports the purposes of the TANF block grant, which provides grant funding to
84 the 50 states, the District of Columbia and the territories for a wide range of benefits,
85 services, and activities. It provides states the flexibility to meet specified goals of the
86 program including:

- 87 ▪ Providing assistance to needy families so that children can be cared for in their own
88 homes or in the homes of relatives,
- 89 ▪ Ending dependence of needy parents on government benefits through work, job
90 preparation, and marriage,
- 91 ▪ Reducing the incidence of out-of-wedlock pregnancies, and
- 92 ▪ Promoting the formation and maintenance of two-parent families.

93 NCSL opposes federal regulatory actions that would limit state flexibility, constrain state
94 policy choices or leave states facing financial penalties for not meeting federal work
95 participation rates. States must be able to adopt a variety of goals for their TANF
96 programs within a broad federal structure, including welfare to work and welfare
97 avoidance programs for youth and low-wage workers.

98 NCSL supports:

- 99 ▪ The concept that individuals receiving public assistance should be engaged in efforts
100 toward self-sufficiency. NCSL urges the federal government to support the success
101 that states have had with strategies to get welfare recipients into unsubsidized jobs
102 in the private sector.
- 103 ▪ Regulations that **authorize** ~~would allow~~ states to deem **compliant** individuals with
104 disabilities who **fail to meet the work threshold or activity standards which TANF**
105 **requires** ~~fall short of the hours of work threshold or in activities that fail to meet~~
106 ~~standard TANF requirements.~~
- 107 ▪ Permitting states to determine if individuals applying for Social Security Income (SSI)
108 meet the SSI threshold for an exclusion from the work rate calculation because they
109 are unable to work prior to a Social Security Administration (SSA) determination.

- 110 ▪ Excluding individuals unable to work due to temporary disabilities and ineligible for
111 SSI from the work rate calculation.
- 112 ▪ State options to collaborate and contract with religious organizations for family
113 assistance services, within the boundaries of state and local laws.

114 NCSL urges the federal government to work with states on any changes made to the
115 TANF to ensure the continuance of innovation in state and county programs. NCSL
116 opposes the use of earmarks, preemption of state authority, or mandates on states as
117 they compromise the spirit of the state-federal partnership. In addition, NCSL believes
118 that altering regulatory standards on work requirements without partnering with states in
119 their development could constrain state flexibility. NCSL urges Congress and the U.S.
120 Department of Health and Human Services (HHS) to provide states with sufficient
121 flexibility in making strategic TANF policy decisions to design their own programs in
122 accord with community needs.

123 **Individual Development Account (IDA)**

124 NCSL supports federal efforts to provide incentives for the creation of Individual
125 Development Accounts (IDAs) as a tool to promote financial self-sufficiency that
126 complements state efforts to reform welfare and to support working families' efforts to
127 move out of poverty. NCSL urges the federal government to continue to allow states to
128 have the flexibility to use TANF funds for IDA programs.

129 NCSL supports changes in the federal tax code that would expand opportunities for
130 IDAs including a tax credit for financial institutions that participate with matching funds
131 and for private entities that invest in nonprofits that administer IDAs. NCSL urges HHS
132 to examine and eliminate barriers in the TANF program, including those associated with
133 the Cash Management Improvement Act, to simplify administration of IDAs.

134 **TANF Funding**

135 NCSL **strongly** opposes congressional proposals to reduce the welfare block grant in
136 TANF, the Social Services Block Grant (SSBG), Low Income Home Energy Program
137 (LIHEAP) or any related welfare program. NCSL urges Congress to continue to provide
138 full financial support for the TANF block grant, ~~supplemental grants~~, and the

139 contingency fund, which provides additional financial support for qualifying states during
140 an economic downturn.

141 NCSL believes that MOE requirements should continue to retain flexibility for the use of
142 funds in any manner “reasonably calculated” to achieve TANF’s statutory purpose.

143 NCSL opposes regulatory actions that restrict TANF’s use to a narrow list of programs
144 and eliminates their use to meet work participation rates, or attach federal requirements
145 to separate state programs should be stopped.

146 **Inflationary Adjustment**

147 NCSL urges Congress and the administration to consider an inflationary adjustment to
148 the overall TANF block grant. An inflationary adjustment would enable states to respond
149 to the increased demand for non-cash assistance, economic uncertainty and any
150 emerging expectations of welfare reform. NCSL would oppose any imposition of an
151 MOE requirement as a condition of receipt of funding unless the receipt of the additional
152 funds were optional.

153 **State Legislative Authority ("The Brown Amendment")**

154 A critical component of the 1996 law explicitly gave state legislatures the specific
155 authority to appropriate their state's TANF, child care, and welfare-to-work funds. This
156 authority invests state legislators fully in the TANF program and increases state
157 oversight of TANF funds. NCSL strongly supports maintaining this language.

158 **Rewarding Work and Reducing Poverty**

159 NCSL believes that work is a critical component of welfare reform and federal law
160 should support state efforts to create a continuum of self-sufficiency. Federal policy
161 should facilitate and inform and encourage state-based and/or community and local
162 comprehensive strategies.

163 NCSL supports the current work requirement, that after 24 months, all families should
164 be engaged in work, as defined by the state, but NCSL urges the administration to
165 make the following changes in the work participation rates:

- 166 ▪ Eliminate the work participation standard states must meet that requires a higher
167 work participation standard for the two-parent portion of their assistance
168 caseload, which will help strengthen families by removing a barrier to marriage.
- 169 ▪ Allow states to count all recipient work effort.
- 170 ▪ Provide states greater flexibility to define what activities count as work, especially
171 the combination of activities such as work, job training and preparation,
172 education and treatment for alcohol and other substance abuse, and mental
173 illness, and activities to meet the requirements of a domestic violence plan.
- 174 ▪ Retain the 30-hour work participation rate as the standard.
- 175 ▪ Continue to provide states credit for those who leave welfare. If the current
176 caseload reduction credit is reduced or eliminated, it must be phased out to give
177 states time to adjust to any changes.
- 178 ▪ Provide states the option of including education leading to employment as part of
179 the first 20 hours of work with the purpose of meeting state work participation
180 rates and give states the flexibility to count post-secondary programs that lead
181 directly to good jobs.
- 182 ▪ The time limit on post-secondary education programs should be extended from
183 12 months to 24 months.
- 184 ▪ Retain 20-hour requirement for a parent with a child under six.
- 185 ▪ The focus on work should not come at the exclusion of necessary basic or
186 vocational education that would enhance skills, job retention and earnings. NCSL
187 has always urged the federal government to leave the decision on when and how
188 education should count for each client up to the states, like other TANF benefit
189 and services decisions. The current policy that limits the amount of time and caps
190 the number of clients engaged in vocational education does not consider state
191 decision making. State legislators support efforts to expand the length of time a
192 recipient can be in vocational education, and to lift or increase the cap on a
193 percentage of the caseload that can be counted. NCSL supports giving states
194 more flexibility to define education, and to give credit to those engaged in Adult

195 Basic Education and English as a Second Language and post-secondary
196 education.

- 197 ▪ Continue to support states ability to use TANF funds for subsidized employment
198 programs.
- 199 ▪ Permit states the flexibility to define sanctions for noncompliance with welfare
200 rules including work requirements.

201 NCSL supports:

- 202 ▪ The adoption of credits to reward state success in moving families to employment.
203 Such credits would benefit states that focus their efforts to get recipients into jobs
204 that promote long-term self-sufficiency.
- 205 ▪ Continued state flexibility to address issues of drug use among TANF recipients, and
206 opposes new federal mandates in this area.

207 **Time Limits**

208 NCSL believes that federal policy should always encourage work, **educational or career**
209 **training goals**. When a parent is working, and receiving benefits, states should have an
210 option to extend or exempt these workers and their families from the federal time limits.

211 NCSL believes the current policy should continue to:

- 212 ▪ Provide states flexibility to determine their own time limits.
- 213 ▪ Allow states to decide to maintain separate state programs under MOE or segregate
214 their MOE spending in an existing program, to use the funds with greater flexibility.
- 215 ▪ Maintain the ability of states to exempt 20 percent of their caseload, as defined by
216 the state, from federal time limits.

217 NCSL supports efforts that would distinguish cash support from non-cash support.
218 Currently housing, food and cash count as "assistance" and NCSL urges Congress to
219 separate housing from other forms of assistance.

220 NCSL urges Congress and the administration to carefully examine how the SSI and
221 SSDI programs can be better coordinated with the TANF program and state efforts to
222 help everyone achieve the maximum level of self-sufficiency possible.

223 **Data Collection and Reporting Requirements**

224 NCSL opposes the establishment of a national error rate for TANF and Child Care and
225 Development Block Grant (CCDBG) programs under the Improper Payments Act.

226 **Welfare Waivers**

227 NCSL strongly believes that states need flexibility for further innovation, and ~~state that~~
228 ~~states~~ should be given options ~~rather than waivers~~ for policy changes; ~~rather than~~
229 ~~waivers for policy changes~~ which require further evaluation. NCSL strongly believes that
230 states must be able to continue current federal waivers as well as receive new federal
231 waivers for welfare reform. The elimination of current state waivers will substantially
232 undermine current state programs.

233 **Other Work Supports**

234 NCSL believes that work associated expenses such as uniforms, tools and texts are an
235 additional barrier to employment. NCSL urges the federal government to provide
236 adequate funds and eligibility disallowance for work expenses. NCSL encourages the
237 federal government to link programs that assist low-income families with housing needs
238 and self-sufficiency efforts so that those who return to employment are not in danger of
239 losing their housing assistance and can earn their way out of poverty.

240 **Financing Welfare Reform**

241 NCSL strongly opposes federal efforts to finance welfare reform through cost-shifting to
242 the states through:

- 243 ▪ unfunded mandates,
- 244 ▪ transfer of support for needy populations to state government through elimination of
245 programs for legal immigrants, ~~substance abusers~~ **persons misusing substances**,
246 homeless families and families in crisis, and benefit funding by the federal
247 government and transferring the burden to state-funded, nonprofit programs, and
248 public hospitals,
- 249 ▪ capping current open-ended entitlements, and

- 250 ▪ unrealistic assumptions about savings from recipients leaving welfare or receipt of
251 child support enforcement.

252 **State-Federal Partnership for Anti-Poverty Efforts**

253 NCSL believes that federal policy should facilitate and inform state efforts, and urges
254 the federal government to consider the impact of any new welfare strategies on other
255 state and federal systems that serve children and their families. There must be
256 coordination with the myriad employment and training, and retraining programs, and
257 community revitalization programs.

258 NCSL urges that the federal government to include funds for technical assistance to
259 states as part of any national reform efforts. NCSL believes adequate implementation
260 time is necessary, especially if states must make changes in state law to comply with
261 new federal requirements. Regulations must be issued in a timely fashion and continue
262 to promote state flexibility.

263 **Alleviating Homelessness** (updated and pulled from the Homeless Directive)

264 NCSL believes a collaborative strategy among all levels of government is the most
265 effective strategy to address homelessness, and the federal government, in cooperation
266 with state efforts, must assume a leading role. NCSL urges Congress to continue
267 funding for programs that were originally authorized in the McKinney-Vento Homeless
268 Assistance Act including:

- 269 ▪ Projects for Assistance in Transition from Homelessness (PATH),
270 ▪ Grants for the Benefit of Homeless Individuals,
271 ▪ Runaway and Homeless Youth Program,
272 ▪ The Basic Center Program, which provides short-term shelter and services to youth
273 under age 18,
274 ▪ The Transitional Living Program, and
275 ▪ The Street Outreach Program, which provides supports to runaways and homeless
276 youth.

277 In addition, NCSL believes that McKinney-Vento Homeless Assistance Act funds should
278 be used to augment existing state programs and to address individual state needs. To
279 operate these programs in the most cost-effective and efficient manner states must be
280 given flexibility with funding and program administration. NCSL encourages Congress
281 and federal agencies to work with states to support their efforts by:

- 282 ▪ Providing a consistent program funding stream,
- 283 ▪ Disseminating information on available McKinney funding,
- 284 ▪ Providing technical assistance, operational guidance and training, and
285 administrative support, and
- 286 ▪ Actively making available to states, localities and non-profit agencies, under-
287 utilized or vacant federal properties as potential sites for shelter or other
288 services.

289 NCSL supports the efforts of the U.S. Interagency Council on Homelessness that leads
290 the national effort to prevent and end homelessness in America. The Council drives
291 action among 19 federal member agencies, and fosters partnerships at every level of
292 government and with the private sector to achieve the goals of the federal strategic plan
293 to prevent and homelessness.

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: CHILD CARE**

3 **TYPE: DIRECTIVE**

4 NCSL urges Congress to continue its support of state initiatives and creative approaches
5 in offering high quality and safe child care. In partnership, the state and federal
6 governments can address the wide spectrum of needs for child care in the community
7 offered in varied delivery settings ensuring parent choice quality and affordability.

8 **Child Care Development Block Grant (CCDBG)**

9 NCSL strongly supports full funding for the Child Care Development Block Grant Fund
10 (CCDBG) program, which serves as the main source of federal funding dedicated
11 primarily to child care subsidies for low-income working families. As child care needs
12 vary in the states, NCSL opposes restrictive CCDF regulations that restrain state
13 autonomy in directing the use of funds, and proposed changes to the CCDBG that include
14 additional mandates.

15 In a varied child care marketplace, state legislators are faced with the demands of
16 directing CCDBG funding where it is most needed to ensure the availability of high quality
17 and affordable child care:

- 18 ▪ enabling welfare recipients on wait lists to gain employment,
- 19 ▪ ensuring that former welfare recipients do not return to the welfare rolls,
- 20 ▪ meeting the special needs of children with disabilities,
- 21 ▪ providing care for infants and older children in after school care, and
- 22 ▪ ensuring access to care for children of parents who work off shift and non-traditional
23 hours.

24 NCSL urges Congress and the U.S. Department of Health and Human Services (HHS) to
25 maintain and support state flexibility as they examine and revise the CCDBG. In addition,
26 NCSL opposes earmarking CCDBG increases in funding as they would reduce state
27 flexibility, which is crucial to state innovation. The portion of unobligated CCDBG funds
28 should remain consistent with congressional intent and leave the use of those funds to
29 the discretion of the state for their CCDBG programs. NCSL urges the federal

30 government to not withhold funding from states that choose to operate their programs
31 under stricter standards than the federal standards.

32 **NCSL supports the following program flexibility options for states:**

- 33 ▪ Offering differential payment rates for providers of higher quality services or who serve
34 children with special needs;
- 35 ▪ Permitting states discretion to govern the establishment of rules on the registration of
36 unlicensed providers;
- 37 ▪ Allowing parental choice of providers within a state regulatory framework;
- 38 ▪ Permitting the inclusion of quality supply and system building activities as acceptable
39 expenditures in addition to reimbursement;
- 40 ▪ Permitting states to make child care services accessible to all individuals' subject to
41 welfare-to-work programs with federal funding support; and
- 42 ▪ Providing states the option to extend the age of eligible children beyond age 13,
43 especially children with special needs, to give states more flexibility to use these funds
44 for out of school time care for older adolescents.

45 **Funding**

46 NCSL urges Congress to continue its commitment to support the CCDBG program at
47 sufficient levels to complement ongoing state efforts to provide high quality child care
48 services to welfare recipients and low and moderate income working families. Support
49 of the CCDBG program also strengthens state efforts to employ welfare beneficiaries
50 under TANF work requirements, which can only be enforced if access to child care is
51 ensured. For these reasons NCSL believes that the preponderance of CCDBG grant
52 funds must remain an entitlement to states.

53 NCSL supports the portion of the CCDBG that is funded by discretionary dollars and
54 subject to the congressional appropriations process. However, any additional funds for
55 the CCDBG must be an entitlement to the states.

56 Child care is a critical component that enables states to meet increased requirements for
57 work participation, and imposing a state match may serve as a barrier for some states in
58 accessing badly needed child care funds. Maintenance of effort (MOE) requirements also

59 make it difficult for states to take advantage of federal funds when they face difficult
60 decisions about how to fund all human services programs.

61 If an administrative cap is imposed, it should be limited to a strict definition of
62 administrative funds. Services such as inspections, licensing, automation, eligibility
63 determination, resource and referral, case management, training, and rate setting are
64 required and critical to the provision of quality services and should be defined as services.
65 NCSL urges the federal government to provide technical assistance to states to improve
66 the coordination and financing of child care programs.

67 **TANF and Child Care**

68 NCSL strongly supports child care as a legitimate use of the Federal TANF block grant
69 and state MOE funds. NCSL supports state options to transfer up to 30 percent of their
70 federal TANF block grant allotments to the CCDBG. We urge the administration and the
71 Congress to eliminate the distinction between how child care is treated for working
72 families based on funding stream.

73 NCSL appreciates that HHS signaled the importance of child care for working families by
74 not considering it assistance, thus allowing families to have this vital service without
75 having it count against their time-limited assistance. NCSL urges the federal government
76 to reconsider the distinction in TANF regulations that counts child care and other work
77 supports for the unemployed as assistance. This will be particularly important for families
78 who receive Unemployment Insurance benefits.

79 NCSL supports these families having a reliable source of child care support while they
80 look for another job rather than offering an incentive for them to return to cash assistance.
81 Having this child care support count toward the time limits also raises equity issues and
82 confusion since different rules apply to different funding sources. Additionally, research
83 suggests that having a consistent child care provider is important to children's early
84 development.

85 **Standards**

86 **NCSL believes that states should retain regulatory, licensure, and operational oversight**
87 **of child care facilities. Any regulatory requirements imposed by the federal government**

88 should serve as a floor and not a ceiling, and not restrict state flexibility in determining
89 how child care facilities should function in their jurisdictions. NCSL urges the federal
90 agencies to support state efforts through guidance and technical assistance, particularly
91 in regard to building a child care workforce, provider education, development of models
92 for special needs populations, and the homeless.

93 **Taxes and Benefits**

94 **NCSL supports options through use of federal and state tax incentives that** Tax incentives
95 can encourage creation of child care programs and help parents better afford child care
96 services. NCSL supports:

- 97 ▪ Tax credits for employers that establish, operate, **supply** and/or support child care
98 programs,
- 99 ▪ Public or private incentives for a child's primary caregiver to have the option to stay at
100 home during the child's early developing stages;
- 101 ▪ Tax credits for taxpayers with dependents under compulsory school-age;
- 102 ▪ Child care benefits as an option in employer-sponsored cafeteria plans, including pre-
103 tax flexible spending accounts;
- 104 ▪ Retention of the Dependent Care Tax Credit as it exists under current law; and
- 105 ▪ Tax incentives to encourage individuals to establish and/or operate child care
106 programs;
- 107 ▪ **Options that enable states to create or allow the development of public private**
108 **partnerships to strengthen the child care system.**

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: CHILD WELFARE AND FAMILY SERVICES**

3 **TYPE: DIRECTIVE**

4 NCSL supports federal efforts to protect and promote the welfare of all children; prevent
5 child abuse, neglect, or exploitation; establish a system of family support services;
6 permit children to remain in their own homes or return to them whenever it is safe and
7 appropriate, or promotes kinship and guardianship placements when it is not; promotes
8 safety, permanency, and well-being for children in a range of foster care alternatives or
9 with adoptive families; strives to ensure educational stability for foster care children; and
10 provides training to ensure a well-qualified child welfare workforce.

11 NCSL believes the primary goal of child welfare services should be to **ensure the safety**
12 **of children, to** support the integrity of the family unit ~~ensuring the safety of children~~, and
13 ~~lessening the need for long-term intervention~~. Supportive services to families is critical
14 in reducing the number of children in the foster care system and NCSL urges Congress
15 to continue federal support of:

- 16 ■ programs that preserve the family unit, or reunify families after child welfare service
17 intervention is required, and
- 18 ■ state initiatives and creative approaches in developing cost effective alternatives to
19 foster care.

20 States must be able to rely on clear federal guidance, technical assistance, and support
21 for training to successfully and efficiently implement this comprehensive system of child
22 welfare services. However, states should be afforded flexibility to better administer and
23 coordinate service delivery of these programs coupled with their various supporting
24 systems including children's mental health services, the juvenile justice system, and other
25 programs offering Temporary Assistance for Needy Families (TANF), housing
26 assistance, educational services, and health care delivery.

27 NCSL also supports federal efforts to improve and encourage judicial processes in child
28 welfare cases to support state efforts to sustain the integrity and efficiency of these

29 programs through interagency training, budgeting, planning and conflict resolution as
30 well as integrated data systems.

31 NCSL opposes any efforts to earmark or restrict the use of federal funding and urges
32 the Department of Health and Human Services (HHS) to permit states to determine the
33 use of funding within their communities. In addition, any caps on administrative funds
34 should not categorize the vital work done by caseworkers as an administrative cost.

35 **Foster Care**

36 NCSL urges the federal government to support the Foster Care program as an open-
37 ended entitlement program under the Title IV-E of the Social Security Act. These funds
38 support out-of-home care, administrative costs, training for state agency staff, and foster
39 care advocates, and adoptive and foster care parents. NCSL opposes any proposals to
40 cap Title IV-E expenditures. In addition, technical assistance efforts are needed to help
41 states understand the complicated reporting system, find effective ways to maximize
42 federal dollars, and enhance revenues for innovative service techniques.

43 Specifically, NCSL urges the federal government to:

- 44 ▪ Promptly pay state claims,
- 45 ▪ Refrain from imposing stringent time limitations on the submission of state claims,
- 46 ▪ Monitor and review state performance fairly while giving states tools for
47 improvement,
- 48 ▪ Continue to emphasize services and other programs designed to help children at
49 risk of foster care placement remain with their families,
- 50 ▪ Define and support the separation of states' reporting foster care administration
51 activities from child placement activity amounts,
- 52 ▪ Entrust states to determine when and if a congregate care setting is appropriate for
53 foster care placement,
- 54 ▪ Support the concept of giving priority to custody and placement with family members
55 over placement in a foster home with non-relatives, unless determined by the court
56 that placement in the foster care system is in the best interest of the child. Federal

57 funds should also be made available to support services for caretaker relatives.

58 NCSL opposes federal actions that would eliminate federal reimbursement for
59 relative foster care that is non-licensed or limits state flexibility in allowing a relative
60 to care for these children,

61 ▪ Support states in assisting youth 18-21 who are transitioning from foster care to self-
62 sufficiency, and offer flexibility to expand services to different ages for foster care
63 adoption and relative guardianship. Congress should support programs like the John
64 H. Chafee Foster Care Independence Program, that funds education and training
65 vouchers for youth aging out of foster care,

66 ▪ Increase the recruitment of and training for foster care and special needs adoption
67 providers, and supportive services inclusive of respite care as appropriate.

68 ▪ Provide the necessary coordination of services to high risk children and families
69 under the scrutiny of the child welfare system including:

70 1. Health and mental health care,

71 2. Drug and alcohol abuse treatment and services,

72 3. Education and job training services, and

73 ▪ Promote policies that keep children in their own communities and schools, and

74 ▪ Not restrict state authority to determine the criteria for termination of parental rights if
75 it should be necessary to do so,

76 ▪ Support states in addressing the challenges they face in meeting the needs of
77 Native American children within the federal and tribal government requirements.

78 **Child Welfare Workforce**

79 NCSL is concerned about the supply and quality of the child welfare workforce, and
80 supports federal efforts to develop that workforce including funding for training, student
81 loan forgiveness, and funding to states to improve staff training and reduce caseloads.

82 **Information Services**

83 NCSL supports HHS efforts to develop a national information system to track data on
84 families in the child welfare system to solicit critical child welfare data particularly with
85 respect to outcomes for children and the impact of problems such as substance abuse
86 and the effectiveness of treatment options.

87 **Adoption Assistance and Services**

88 Under Title IV-E of the Social Security Act, states, territories, or tribes with an approved
89 Title IV-E plan are required to enter-into-an adoption assistance agreement with the
90 adoptive parents of any child who is determined by the Title IV-E agency to have
91 “special needs.” NCSL believes adoption incentive funds enable states to implement a
92 range of programs including support for foster and adoptive parent, and other child
93 welfare services. NCSL supports incentive criteria that considers the population of
94 special needs children without defining them in terms of age alone. NCSL also supports
95 assistance with post-legal adoptive and respite services that is critically needed for
96 families adopting these children, many of whom may have health and mental health
97 problems as they mature.

98 A state with a Title IV-E plan approved by HHS may seek federal reimbursement for a
99 part of the cost of making payments agreed to under Title IV-E adoption assistance
100 agreements and for related program administration costs, including training. NCSL
101 urges HHS to reimburse states for program expenditures in a timely manner for claims
102 owed to the state for adoption assistance. NCSL requests that Congress and the
103 administration consider potential unintended consequences resulting from changes in
104 the funding structure that might fundamentally alter the capabilities of the program.

105 The Interstate Compact on Adoption and Medical Assistance, **which** has been adopted
106 by 49 states and the District of Columbia and governs procedures by which Medicaid
107 coverage and other supportive services of adopted children may be transferred between
108 states. For adoption subsidies to be effective, adoptive parents must be assured that
109 coverage will be provided, regardless of their state of residence. In some cases,
110 interstate adoption may present the only opportunity to place a child. Differences in
111 state law and policy create special concerns with respect to the apportionment of legal
112 and financial responsibilities. NCSL urges HHS to support these efforts and work with

113 states in providing continuity of services for adoptive families when they relocate to
114 another state.

115 **Flexible Funding for Children's Services**

116 NCSL urges the federal government to provide states the flexibility they need to reform
117 children's services systems and to meet locally determined community needs, and
118 remove federal regulatory barriers that often impede state efforts. States should also be
119 given options to use a portion of their funding for foster care maintenance payments for
120 child welfare and family services, especially when utilization of foster care funds is
121 reduced.

122 NCSL opposes a reduction or limitation of funding that caps Title IV-E for these
123 programs as a condition of children's services proposals. NCSL urges Congress to
124 consider delinking foster care eligibility from AFDC eligibility for all states and move
125 towards reimbursement for all children in care, as the states determine.

126 **Child Abuse and Neglect**

127 NCSL supports early identification, intervention and treatment of **children who are**
128 **victims of or at risk for child abuse, and neglect or trafficking**, and believes in the
129 importance of efforts to reduce the incidence of abuse, whether it be physical, sexual,
130 emotional, or any neglect relative to a child's health and welfare.

131 NCSL strongly supports the federal Child Abuse Prevention and Treatment Act and
132 urges that it be fully funded at the levels authorized by Congress to assist states to
133 respond to increased incidents of abuse and neglect.

134 NCSL encourages the federal government to support states in training mandatory
135 reporters, and opposes federal preemption in defining who is a mandatory reporter.

136 **Families with Addiction Treatment Needs**

137 NCSL urges the federal government to support the addiction treatment needs of families
138 who come under the scrutiny of the child welfare system. State legislators are
139 concerned that many women with substance use disorders are pregnant and current
140 treatment programs are ill-equipped to provide services to this population.

141 NCSL supports:

- 142 ▪ Rehabilitation programs that include appropriate child care for children and addicted
143 mothers, and federally-funded programs that do not deny access to drug and alcohol
144 programs on-the-basis of pregnancy,
- 145 ▪ Federal incentives for partnerships between substance abuse and child welfare
146 agencies to conduct cross system training of staff, improve screening and
147 assessment procedures, provide comprehensive treatment and prevention
148 programs, after care services, and improve data collection,
- 149 ▪ Federally-funded programs that recognize that public policy utilizing criminal
150 penalties vs. rehabilitation and collaborative efforts can be a disincentive to women
151 in seeking prenatal care, and these interventions must be properly funded and
152 implemented to prevent substance use disorder before women become pregnant,
153 and
- 154 ▪ The use of employee assistance professionals at the worksite to help impaired
155 employees become more productive in the workforce and in society.

156 **Family Violence**

157 NCSL supports the federal efforts designed to assist states in their efforts to prevent
158 family violence, provide immediate shelter and related services to victims, and offer
159 **trauma informed training and strategies** training and technical assistance to state and
160 local agencies on program administration.

161 Federal incentives for coordination between child welfare systems, domestic violence
162 agencies, and juvenile courts, and services to at-risk households, such as emergency
163 crisis services, in-home services, and parent and family counseling should be
164 continued.

165 Demonstration grants to support state efforts to increase the number of supervised
166 visitation centers as a neutral location for protective temporary transfers of custody and
167 on-site supervised visits of children should be continued.

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: FOOD & DRUG ADMINISTRATION (FDA)**

3 **REGULATION HEALTH PROGRAMS**

4 **TYPE: DIRECTIVE**

5 **THE FOOD AND DRUG ADMINISTRATION SAFETY AND INNOVATION ACT**

6 The National Conference of State Legislatures (NCSL) supports efforts to improve the
7 safety and quality of our drug supply ~~included in~~ including the FDA Safety and
8 Innovation Act including which:

- 9 ▪ Enhances the safety of the drug supply chain,
- 10 ▪ Provides incentives to drug manufacturers to develop new antibiotics effective
11 pharmacotherapies,
- 12 ▪ Permanently authorizes the Best Pharmaceuticals for Children Act (BPCA) and
13 the Pediatric Research Equity Act (PREA),
- 14 ▪ Takes initial steps to address drug shortages; and
- 15 ▪ Provides for expedited development and review of drugs for the treatment of
16 serious or life-threatening conditions.

17 ~~Key provisions of the law include:~~

- 18 ~~▪ Reauthorizes user fees paid by medical device companies and prescription drug~~
19 ~~manufacturers and establishes new user fee programs for generic drugs and~~
20 ~~biosimilar (or follow-on biologic) drugs to augment funds provided to the FDA by~~
21 ~~Congressional appropriations;~~
- 22 ~~▪ Enhances the safety of the drug supply chain;~~
- 23 ~~▪ Provides incentives to drug manufacturers to develop new antibiotics by providing an~~
24 ~~additional five years of market exclusivity;~~
- 25 ~~▪ Permanently authorizes the Best Pharmaceuticals for Children Act (BPCA) and the~~
26 ~~Pediatric Research Equity Act (PREA);~~

- 27 *—Takes initial steps to address drug shortages; and
- 28 *—Provides for expedited development and review of drugs for the treatment of serious
- 29 or life-threatening conditions.

- 30 *—In addition, some of the provisions are of particular interest to states.

31 **State Prescription Drug Monitoring Programs**—Authorizes the U.S. Department of
32 Health and Human Services (HHS) Secretary, in consultation with the U.S. Attorney
33 General, to facilitate the development of recommendations on interoperability standards
34 for state prescription drug monitoring programs, to inform and facilitate the exchange of
35 prescription drug information across state lines. The law requires the Secretary to
36 consider the following in the development of recommendations:

- 37 *—Open standards that are freely available, without cost and without restriction, in
38 order to promote broad implementation;
- 39 *—The use of exchange intermediaries, or hubs, as necessary to facilitate interstate
40 interoperability by accommodating state-to-hub, hub-to-hub, and direct state-to-state
41 communication;
- 42 *—The support of transmissions that are fully secured, using industry standard methods
43 of encryption, to ensure that protected health information and personally identifiable
44 information are not compromised at any point during transmission;
- 45 *—Access control methodologies to share protected information solely in accordance
46 with state laws and regulations; and
- 47 *—Model interoperability standards developed by the Alliance of States with
48 Prescription Drug Monitoring Programs.

49 **Regulation of Internet Pharmacy** – NCSL supports Congressional actions through the
50 Ryan Haight Online Pharmacy Consumer Protection Act to:

- 51 ■ Establish disclosure standards for internet pharmacies,
- 52 ■ Prohibit dispensing of prescription drugs over the internet to persons who have not
53 been seen by a physician, and

- 54 ▪ **Authorize state attorney generals to ~~shutdown~~ shut down non-complying sites by**
55 **using the federal court system.**

56 ~~The Ryan Haight Online Pharmacy Consumer Protection Act, enacted in 2008, (1)~~
57 ~~established disclosure standards for internet pharmacies; (2) prohibited the dispensing~~
58 ~~of prescription drugs over the internet to individuals who have not be seen by a~~
59 ~~physician, but have merely filled out an on-line questionnaire; and (3) authorized state~~
60 ~~attorneys general to shutdown non-complying sites across the country by using the~~
61 ~~federal court system.~~

62 Unfortunately, **NCSL believes** the provisions of the Act have not been sufficient to
63 control rogue websites **and urges Congress and the Administration to increase efforts to**
64 ~~pursue these~~ **prosecute organizations in violation of the law.** The law directs the U.S.
65 ~~Government Accountability Office (GAO) to identify problems posed by internet~~
66 ~~pharmacy websites that violate state or federal law and to identify potential actions that~~
67 ~~may improve compliance.~~

68 **Treatment of Synthetic Marijuana, “Bath Salts” and 2c Substances**—The law
69 ~~permanently classifies synthetic marijuana, “bath salts”, and 2C substances as~~
70 ~~Schedule 1 Controlled Substances, making it a federal crime to prescribe, administer or~~
71 ~~dispense them. Schedule 1 Controlled Substances are substances considered to have~~
72 ~~a high potential for abuse and are not accepted for use in medical treatment.~~

73 **Safety and Quality of the National Drug Supply**

74 ~~Finally, the Congress discussed, but did not agree on a federal law to establish a~~
75 ~~national drug pedigree system and stronger standards for pharmaceutical wholesale~~
76 ~~distributors. **NCSL believes** S-state **drug** pedigree laws should not be preempted unless~~
77 ~~a workable, a national standard is adopted that provides at least the same level of~~
78 ~~protections as the state laws. The **FDA** should assign a high priority to initiatives to both~~
79 ~~identify quantities and assure **ensure** the quality of raw drugs entering the United States~~
80 ~~that are then remanufactured for retail sale to consumers here. The potential for human~~
81 ~~error in processing or acts of terrorism, and the serious consequences that may result~~
82 ~~from~~-of either call for a vigorous and vigilant response by the federal government.

83 **ACCESS TO AFFORDABLE PRESCRIPTION DRUGS**

84 **Importing Prescription Drugs** - The NCSL believes that it should be a national priority
85 to expand access to affordable prescription drugs. NCSL supports efforts to explore
86 ~~More and more people have become interested in exploring~~ the feasibility of importing
87 prescription drugs from other countries to move toward ~~the~~ **this goal of containing costs**
88 **and improving access to safe, and effective pharmaceuticals.**

89 **Personal Use Policy** - NCSL is opposed to the “criminalization” of drug importation and
90 the effect it may have on individuals with limited options. The current federal policy on
91 drug importation is confusing at best. NCSL urges the FDA to clarify its “personal use”
92 policy and how the policy is to be enforced. Ultimately if it is determined that drug
93 importation is not the right approach, NCSL urges Congress ~~will~~ **to** make it a priority to
94 explore ways to: (1) increase the number of individuals with health insurance, thereby
95 increasing access to prescription drug coverage; and (2) increase the affordability of
96 prescription drugs.

97 **The following language is already included in the NCSL Policy Directive entitled Federal**
98 **Regulation of Interstate and Internet Tobacco Sales.**

99 ~~**FDA Regulation of Tobacco and Tobacco Products**~~

100 ~~The Family Smoking Prevention and Tobacco Control Act of 2009 establishes the FDA~~
101 ~~as the agency responsible for the regulation of the manufacturing, marketing and sale of~~
102 ~~tobacco products. In summary, the law: (1) Restricts the sale and marketing of tobacco~~
103 ~~products to young people;(2) Authorizes the FDA to restrict tobacco marketing;(3)~~
104 ~~Requires tobacco manufacturers to disclose information about the ingredients of their~~
105 ~~products and any changes they make to the ingredients; (4) Authorizes FDA to require~~
106 ~~changes to tobacco products to protect the public health; (5) Authorizes the FDA to~~
107 ~~regulate “reduced harm” claims;(6) Requires more prominent health warnings; and (7)~~
108 ~~Funds FDA regulation of tobacco products through a user fee imposed on tobacco~~
109 ~~manufacturers. The law does not permit states to regulate the content of tobacco~~
110 ~~products, tobacco labeling or advertisements. The law does preserve some important~~
111 ~~state and local government regulatory authority. Specifically, states may adopt laws or~~
112 ~~regulations related to the sale, distribution, possession or exposure to tobacco products~~

113 ~~and may restrict the time, place and manner of tobacco product advertising. The law~~
114 ~~does not preempt most state-based civil claims. The preservation of state authority~~
115 ~~permits states to actively support and enhance FDA initiatives.~~

116 The following language has been moved from the NCSL Resolution entitled Health,
117 Human Services and Food and Nutrition Programs, Legislative, Regulatory, and
118 Administrative Initiatives (2016-2017).

119 **Regulation of Compounding Pharmacy**

120 NCSL urges the FDA to work closely with state legislators, state public health officials,
121 state boards of pharmacy and other important state and local officials, and providers
122 and industry representatives to develop procedures and systems that retain state
123 regulatory authority where appropriate and that will improve the overall safety of the
124 nation's pharmaceutical supply chain, and the regulation of compounding pharmacies
125 with a particular emphasis on the "non-traditional pharmacy compounding" that which
126 has become important to our overall health care system.

127 **State Prescription Drug Monitoring Programs**

128 NCSL supports the five-year reauthorization of the National All Schedules Prescription
129 Electronic Reporting Act (NASPER) adopted in the Comprehensive Addiction and
130 Recovery Act (CARA). NCSL is particularly interested in continued discussions to
131 increase the effectiveness and interoperability of State Prescription Drug Monitoring
132 Programs (PDMPs) and looks forward to working with federal partners to expand and
133 improve the programs.

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: GENERAL GUIDING PRINCIPLES: FEDERALISM AND**
3 **HEALTH, HUMAN SERVICE (HHS), MEDICAID AND**
4 **CHIP and Food and Nutrition Programs**

5 **TYPE: DIRECTIVE**

6 The partnership between the states and the federal government on health, **and** human
7 services ~~and food and nutrition programs~~ is critically important. The underlying goal
8 should be to achieve mutually agreed upon goals that produce improved outcomes and
9 achieve program efficiencies and savings for federal, state and local governments. It is
10 equally important that the basic tenets of federalism carry throughout the partnership.

11 **State Sovereignty**

12 When federal law requires a declaration be made on the part of the state, the law
13 should simply require “the state” to take the action and allow the state to determine the
14 appropriate state entity to fulfill the requirement. Alternatively, when a federal agency
15 implements the law, the agency should also let the state determine the appropriate
16 entity or individual instead of making its own determination. Federal laws authorizing
17 grants to states should include legislative language stating that grant funding should be
18 expended “according to state law”. NCSL supports accountability and transparency and
19 welcomes public feedback and participation. NCSL supports a strong role for state
20 legislatures in program oversight and urges the federal government to give states ~~the~~
21 flexibility with regard to public notice and the solicitation of public input related to
22 program proposals, program design and benefits, administration and implementation

23 **Consultation with States**

24 NCSL also urges ~~the~~ Congress and the Administration to seek the counsel and
25 expertise of state legislators as key health, **and** human services, ~~and food and nutrition~~
26 programs and initiatives are being developed. It is particularly important that federal
27 agencies take the state consultation requirement seriously when drafting legislation and
28 developing regulations to implement programs. It is especially important that the

29 agencies consider and detail the impact of federal regulations on state governments.
30 Finally, we NCSL strongly urges the Congress, when drafting legislation, and the
31 Administration, when implementing laws, to respect the state budget and legislative
32 process and provide adequate time for states to comply with federal requirements,
33 which often requires the passage of state legislation and the appropriation of funds.

34 **State Flexibility**

35 States should be afforded maximum flexibility when implementing federal programs. We
36 understand that this flexibility must be accompanied by accountability and transparency
37 on the part of states. Unnecessary uniformity compromises the effectiveness of
38 programs by making it impossible for states to respond to local conditions.

39 **Reporting and Data Collection Requirements**

40 Reporting requirements are important, but should be limited to requirements where
41 there is a reasonable expectation that the data will be used to further program goals. In
42 addition, efforts must be made to impose data collection and reporting requirements in
43 the least burdensome way possible.

44 **Program Funding**

45 **Cost-Shifting** - NCSL opposes federal initiatives that would shift costs to states by: (1)
46 imposing unfunded mandates on states; or (2) requiring states to adhere to existing
47 requirements while reducing the level of federal assistance.

48 The following language can be found in the NCSL Budgets and Revenue Committee
49 Policy.

50 ~~**Current Federal Law and Practice**—The Congressional Budget Office does not~~
51 ~~recognize unfunded mandates in federal entitlement programs. NCSL believes all~~
52 ~~unfunded mandates should count, be scored and subject to additional scrutiny during~~
53 ~~the legislative process.~~

54 ~~**Restrictions on State Taxing Authority**—NCSL opposes federal legislation that~~
55 ~~restricts state taxing authority and other means of generating revenue.~~

56 **Block Grant Restrictions** - When individual programs and their funding are
57 consolidated into a block grant, we urge the Congress and the federal administration to
58 refrain from establishing set-asides and funding mandates that severely reduce the
59 flexibility that states expect from a block grant.

60 **Treatment of “Legacy States”** - Every effort should be made to fund programs in a
61 way that is equitable across the states, while also recognizing and addressing the
62 different circumstances among the states and the varying needs of their constituents.
63 Too often, legacy states, innovative states that take the first step on a new approach,
64 are disadvantaged when federal programs mirroring their own are enacted. These
65 states should receive special consideration and not be penalized for being innovative.

66 **Waivers** - NCSL urges the Congress to authorize waivers and the Administration to
67 grant waivers, where appropriate, to permit states to develop innovative programs and
68 service-delivery systems in health, ~~and human services and food and nutrition~~
69 programs. Successful waiver programs should be brought to scale and integrated into
70 the underlying program when and where **appropriate**, instead of requiring every state to
71 apply for the waiver.

72 **Technical Assistance** – NCSL ~~appreciates~~ **supports** technical assistance provided by
73 our federal partners. This is an important component of the state-federal partnership
74 and is critically important in facilitating strong relationships between federal and state
75 program administrators and state elected officials.

76 ~~The following text in red was transferred from the Health, Human Services and Food~~
77 ~~and Nutrition Programs, Legislative, Regulatory, and Administrative Initiatives (2016-~~
78 ~~2017) (Resolution).~~

79 **MEDICAID**

80 ~~The Medicaid program represents a significant portion of states' economies and any~~
81 ~~changes should avoid further *damaging already weakened economies.*~~

82 **NCSL believes that the Medicaid program represents the state federal partnership to**
83 **improve the health of those vulnerable children and adults with healthcare needs in our**
84 **communities.**

85 **Funding** – Proposals to cap the Medicaid program fundamentally change the
86 relationship between the states and the federal government by inappropriately
87 transforming a full partnership into a limited partnership, and shifting both costs and
88 responsibility to state governments without adequate authority to manage costs. If
89 federal funds are capped, states must be authorized to reduce or limit services,
90 eligibility and/or payments to beneficiaries and service providers.

91 **Provider Tax Limitations**

92 **NCSL opposes further restrictions beyond those imposed in the Medicaid Voluntary
93 Contributions and Provider-Specific Tax amendments of 1991 on states' ability to
94 impose provider-related taxes.**

95 **Waivers** - NCSL urges the Administration to continue and to expand state flexibility in
96 the Medicaid program through demonstration programs, Section 1115 waivers, and
97 Section 1332 waivers. NCSL urges the Administration to permit bold, innovative
98 programs to be tested and to provide technical support to states as needed. Successful
99 demonstration and waiver programs should be replicated.

100 **Emergency Assistance and Countercyclical Assistance** - NCSL urges the Congress
101 to study options to include a provision establishing emergency and countercyclical
102 assistance to states within the Medicaid statute. The provision would become effective
103 upon some triggering event, such as an economic downturn, natural disaster, act of
104 terrorism, pandemic or other public health emergency, **and** provide additional financial
105 assistance to states through an enhanced federal match or some other mechanism that
106 would revert back to the regular federal-state cost sharing formula when the triggering
107 event has been resolved. **This is a complex, but critical component to fiscal security for
108 the Medicaid program. NCSL looks forward to working with Congress and the
109 Administration to identify options and to establish and implement a program.**

110 **Judicial Reforms** - ~~State Medicaid dollars are increasingly tied up in costly federal~~
111 ~~litigation.~~ NCSL urges the Administration and the Congress to work with state officials
112 on developing strategies to reduce the volume of litigation by clarifying and simplifying
113 Medicaid statutory provisions that are too vague or too prescriptive for states to properly
114 administer. NCSL also urges the **HHS** ~~U.S. Department of Health and Human Services~~

115 to provide technical assistance to states regarding Medicaid services/issues that are the
116 subject of litigation in several states so that states may find ways to successfully provide
117 the services in question without litigation. Under current law, it is extremely difficult for
118 states to vacate or modify the terms of ~~these~~ consent decrees, which means
119 policymakers are hobbled in their ability to govern responsibly. NCSL supports federal
120 legislation that allows for periodic reexamination of consent decrees to which ~~the~~^a state
121 is a party, other than consent decrees addressing school desegregation or other actions
122 brought under Titles VI or VII of the Civil Rights Act of 1964, upon motion of the state
123 ~~and which.~~ **This** would make it easier for states to vacate or modify consent decrees as
124 current state circumstances may require.

125 **Medicaid Expansion Options**

126 ~~NCSL urges the Secretary of the HHS Secretary to support and to explore a broad~~
127 ~~range of alternative approaches to provide affordable coverage for low-income people~~
128 ~~through the Medicaid program, in addition to the provisions in those established by the~~
129 ~~Patient Protection and Affordable Care Act (ACA), to provide affordable coverage for~~
130 ~~low-income people through the Medicaid program.~~

131 **Program Integrity Initiatives**

132 ~~NCSL is pleased that the Administration has proposed to coordinate and consolidate~~
133 ~~some of the existing program integrity programs enacted over the years to address~~
134 ~~duplication of effort and conflicting elements of the programs. NCSL urges the Congress~~
135 ~~and the Administration to make the necessary legislative and regulatory changes to~~
136 ~~improve the cost effectiveness of the federal program integrity initiatives, to lessen the~~
137 ~~administrative burdens associated with them, and ultimately to improve our collective~~
138 ~~effort to eliminate fraud, waste and abuse in the Medicaid program.~~

139 **Data Collection Requirements**

140 ~~Data is important and necessary to assure ensure program integrity and to improve~~
141 ~~program quality. NCSL urges the Congress and HHS to carefully consider data~~
142 ~~collection requirements imposed on state and local governments. The costs, both~~

143 financially and in staff time, must be commensurate with the contribution the collected
144 data will make to the overall effort to improve access and quality.

145 **Dual-Eligibles**

146 **Federal Coordinated Health Care Office (Medicare-Medicaid Coordination Office)**

147 –NCSL supports the establishment of the Federal Coordinated Health Care Office within
148 the Centers for Medicare and Medicaid Services (CMS) office and looks forward to
149 working closely with its staff to improve access, care and services to this important
150 group of Medicaid and Medicare beneficiaries.

151 **State Demonstrations to Integrate Care for Dual Eligible Individuals - NCSL**

152 supports the new State Demonstrations to Integrate Care for Dual Eligible Individuals.
153 These projects will help states design and implement new approaches to better
154 coordinate care for dual eligible individuals.

155 NCSL urges CMS to continue to provide funding and technical assistance to develop
156 person-centered approaches to coordinate care with providers across the health care
157 system for dual eligible individuals. NCSL is in support of these demonstration projects,
158 and believes they provide maximum flexibility to states to explore options that may
159 improve the quality of life and health outcomes for dual eligible individuals.

160 **Effective Management in the Medicaid Program Costs**

161 NCSL urges Congress and the Administration to give states flexibility to effectively
162 manage their Medicaid programs through innovative utilization and care management,
163 service delivery, and contracting models. ~~costs by modifying certain sections of the~~
164 ~~Social Security Act, such as: Section 1927 of the Social Security Act that , which~~
165 ~~prevents states from using drug formularies to constrain the cost of prescription drugs.~~
166 ~~The Specifically section should be modified to remove the requirement that states cover~~
167 ~~every drug for which a manufacturer signs a rebate agreement should be removed.~~

168 **Medicaid Managed Care**

169 NCSL urges the CMS to: (1) work with states as partners and stakeholders in
170 establishing minimum operational and quality standards for managed care entities
171 ~~contracted~~ contracting with states for the delivery of services and benefits to Medicaid

172 and or CHIP beneficiaries; (2) to develop a process for technical assistance and
173 guidance to avert the imposition of punitive actions and sanctions that may impact a
174 state's federal matching funds, as the state begins implementing new requirements; (3)
175 offer states flexibility in administering their managed Medicaid and CHIP programs
176 ~~which meet~~ so that each program meets the unique characteristics and needs of ~~their~~
177 ~~states and populations~~ the state and its citizens; and (4) support state innovation.

178 **CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)**

179 NCSL continues to support CHIP and urges the Congress to ensure continued funding
180 and state flexibility in the operation of the program.

1 **COMMITTEE: HEALTH AND HUMAN SERVICES COMMITTEE**
2 **POLICY: IN SUPPORT OF STATES DETERMINING THEIR OWN**
3 **MEDICAL CANNABIS POLICIES TO COMBAT THE**
4 **OPIOID CRISES**
5 **TYPE: RESOLUTION**

6 NCSL is concerned that the United States is the largest consumer of opioids in the
7 world and leads the world in number of deaths per day from opioid related causes at an
8 average of 91 deaths per day. NCSL is also concerned that the Medicare and Medicaid
9 programs pay a significantly larger share of expenses for opioid pain relievers, and that
10 a high percentage of all money spent on prescription opioid drugs comes from these
11 programs.

12 NCSL believes that there is ample evidence that states that have medical cannabis
13 programs have accomplished a significant reduction in the number of opioid related
14 deaths with resulting fewer hospitalizations related to opioid related deaths in states that
15 have passed medical cannabis programs.

16 NCSL is encouraged that medical cannabis research has demonstrated effective
17 management of chronic pain resulting from injury, cancer, HIV/AIDS, multiple sclerosis,
18 nerve damage, and other ailments.

19 NCSL urges the federal government to make medical cannabis policy a national priority
20 to expand access to affordable medicine. NCSL believes that medical cannabis can be
21 an effective tool in combating the national opioid crisis and urges the federal
22 government to grant states the authority to create their own medical cannabis polices.

23 NCSL asks the Department of Health and Human Services, the Office of National Drug
24 Control Policy, and Drug Enforcement Administration, the Food and Drug Administration
25 and other relevant federal agencies to work closely with state and local officials,
26 healthcare providers and industry representatives in developing programs that use
27 medical cannabis to combat the opioid crisis and reduce preventable deaths.

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: NUTRITION PROGRAMS AND ASSISTANCE**

3 **TYPE: DIRECTIVE**

4 The National Conference of State Legislatures (NCSL) supports the state-federal
5 partnership to provide nutrition assistance to those in need. State legislators are
6 concerned about the vast numbers of hungry persons, and particularly the severity of
7 hunger among childhood and aging populations. The Supplemental Nutrition Assistance
8 Program (SNAP) Emergency Food Assistance, the Special Supplemental Nutrition
9 Program for Women, Infants, and Children (WIC) and Child Nutrition programs alleviate
10 and prevent hunger and enable families to improve their health and be more productive
11 at school and at work.

12 **SNAP: Supplemental Nutrition Assistance Program/Food Stamps**

13 NCSL urges continued federal financing of the SNAP program at levels sufficient to
14 provide assistance to all that are eligible, in need due to the rising cost of food. NCSL
15 also urges Congress and the Administration to continue to work toward making SNAP
16 and Temporary Assistance to Needy Families (TANF) block grants more compatible.
17 Especially in times of economic hardship, this program, along with other nutrition
18 assistance programs, offers a vital safety net for low-income Americans.

19 NCSL opposes proposals that would impose costly administrative burdens and
20 mandates on state governments, as such measures remove state flexibility that is
21 critical to cost-effective administration of SNAP.

22 NCSL supports U.S. Department of Agriculture (USDA) initiatives that provide
23 administrative flexibility through the waiver process allowing states to implement
24 administrative efficiencies such as telephone interviews, and Combined Application
25 projects, and to develop partnerships with community stakeholder organizations to
26 improve quality, efficiencies and overall nutrition access.

27 NCSL supports making successful processes that were developed under waivers states
28 options and encourages benefits to be adjusted to reflect increased food costs and
29 other necessities.

30 **SNAP Benefits and Program Design**

31 NCSL recommends that Congress and the Administration incorporate the following
32 issues regarding SNAP benefits and program access into future action:

- 33 ▪ eliminate annually indexed caps on excess shelter deductions to allow families to
34 deduct high shelter costs;
- 35 ▪ adopt the formula that each October sets the benefits for food price inflation annually
36 to reflect the Thrifty Food Plan for the previous June;
- 37 ▪ exclude the first \$150 a month by a non-custodial parent paid as child support from
38 consideration as income in determining the SNAP allotment;
- 39 ▪ expand state flexibilities with employment and training (E&T) programs to help
40 recipients become employed or train while still meeting SNAP employment policy
41 and; promote program simplification and coordination between TANF and the SNAP
42 programs;
- 43 ▪ periodically reevaluate the rules concerning the value of a vehicle that a recipient
44 may own and still receive SNAP benefits;
- 45 ▪ continue to provide federal support and technical assistance for outreach;
- 46 ▪ enhance and simplify application and eligibility determination procedures through
47 supporting Web-based screening tools, permitting seniors and the disabled to apply
48 at Social Security offices, and allow use of joint applications;
- 49 ▪ maintain state options regarding child support cooperation as a condition of eligibility
50 for SNAP. NCSL supports the elimination of the fee for SNAP recipients' child
51 support collection efforts as a further incentive toward child support enforcement
52 participation.
- 53 ▪ maintain state options to disqualify for SNAP eligible individuals that fail to cooperate
54 with child support enforcement authorities or are in arrears on child support

55 obligation. NCSL supports this option and opposes changes that would mandate
56 these actions permit the promotion and acceptance of SNAP at farmer's markets
57 and other non-grocery store, produce oriented venues, for example: from a small
58 farmer; and

- 59 ■ continue to support current state options regarding categorical eligibility and "heat
60 and eat."

61 **SNAP and Legal Immigrants**

62 NCSL supports SNAP eligibility for legal immigrant children and families.

63 NCSL commends USDA's outreach efforts to assist eligible legal immigrants including
64 their work to translate materials into more than 34 languages. NCSL continues to
65 support restoring eligibility to the small number of legal immigrants who were not
66 covered under previous restoration. NCSL urges Congress and the Administration to
67 include state lawmakers in making decisions that would alter the eligibility status for any
68 category of immigrants legally present in the United States.

69 **SNAP Employment and Training Program (SNAP E&T)**

70 NCSL supports the objectives of self-sufficiency promoted by the SNAP Employment
71 and Training program (SNAP E&T), and will work with the federal government toward
72 that goal. NCSL urges Congress and the Administration to allow states flexibility to
73 create, fund and integrate SNAP E&T programs with similar state programs particularly
74 TANF and the Workforce Innovation and Opportunity Act (WIOA).

75 In addition, NCSL appreciates the USDA's willingness to grant states waivers of the
76 three-month rule in areas impacted by high unemployment, and USDA's technical
77 assistance to states.

78 **SNAP Program Quality Control (QC)/Judicial Waiver**

79 NCSL supports the original intent of quality control -- to provide states with a
80 management tool to identify problems in public assistance administration, and to
81 facilitate corrective actions. However, many problems in the current system have been
82 documented including statistical flaws and the levying of excessive financial penalties
83 on states. NCSL strongly supports the move away from a system based on error rates

84 to one that awards bonuses for accuracy. NCSL urges the federal government to
85 improve systems related to appeals of waiver decisions, reinvestment of claims,
86 including outcome measures of program goals.

87 NCSL also urges improvements in the ability to appeal waiver decisions, the placement
88 of statute of a state's right to reinvest claims and the broadening of quality control's
89 scope to include outcome measures of other program goals.

90 NCSL supports efforts to focus on program measurement and evaluation through
91 positive incentives and urge Congress to reexamine funding levels. State legislators
92 urge USDA to continue the sound practice of settling QC claims through state
93 reinvestment in program improvement.

94 **Electronic Benefit Transfer and Automated Systems (EBT)**

95 NCSL supports the regulation that established the implementation of the EBT systems
96 as a normal administrative option for states, and supports the widespread interest and
97 planning for SNAP EBT implementation nationwide, and allowing cards to be used for
98 multiple programs.

99 NCSL believes that states should be allowed to negotiate the terms of EBT with both
100 food marketers, farmers' markets and financial institutions. NCSL opposes preemption
101 of state laws that govern financial institutions in their goal of a nationwide EBT system.
102 As additional income support programs are added to EBT systems that are state-only or
103 state-federally governed, the federal government must not preempt state benefits law.
104 NCSL is concerned about the overestimation of savings by EBT systems. Currently, the
105 federal government recoups savings by eliminating the creation, handling and storage
106 of paper coupons and by fraud reduction. NCSL urges the federal government from
107 over-promising savings to the states, especially those from fraud reduction, and urges
108 further study of the impact of EBT on states. Many of the current systems are obsolete
109 and barriers remain for states to combine their information systems across programs to
110 increase efficiency of program delivery. This is especially problematic given current
111 state fiscal conditions. NCSL also encourages Congress and the Administration to
112 continue initiatives around summer feeding and EBT with the aim to secure a

113 permanent summer EBT program, including adding monthly funding to family's EBT
114 cards and include funding for state startup costs.

115 **SNAP Program Flexibility and Waivers**

116 NCSL believes that the federal waiver process should recognize participation and need.
117 States need flexibility for further innovation and state legislators would prefer to have
118 options, rather than waivers for policy changes that are not in need of further evaluation.
119 State legislators need to be included in the waiver process prior to the waiver being
120 granted. Plan approvals and the results of demonstrations should be shared with state
121 legislators.

122 **Emergency Food Assistance and Commodity Distribution**

123 NCSL urges Congress to fully fund The Emergency Food Assistance Program (TEFAP)
124 at its authorized level. NCSL believes that Congress should provide for adequate
125 administrative funds to facilitate the efficient distribution of food, and should include
126 sufficient safeguards to prevent program abuse. NCSL urges the USDA to make
127 additional surplus commodities available to states, upon request, when additional
128 surplus food becomes available. We also urge the USDA to provide administrative
129 funding support for sorting, packaging, processing and transporting donated food. NCSL
130 supports current federal programs that deliver commodities through farmers' markets
131 and the child nutrition commodity programs.

132 **Child Nutrition**

133 Congress has enacted the following additional child nutrition programs: School
134 Breakfast, Special Milk, Summer Food Service (SFP), Child and Adult Care Food,
135 Nutrition Education and Training Program (NET) and the Special Supplemental Feeding
136 Program for Women, Infants and Children (WIC). NCSL believes that substantive
137 federal support of these programs is essential and urges Congress to reauthorize
138 legislation to continue and fully fund these programs. NCSL urges the USDA to
139 emphasize the importance of nutritionally-appropriate foods, and avoiding those high in
140 sugar, fat and sodium.

141 NCSL notes that accurate eligibility determination is important in any federal program,
142 but efforts to ensure that only eligible children are served must not serve as a deterrent
143 on program participation. NCSL supports the USDA proposal to create a pilot program
144 for school districts to enable them to provide more nutritious alternatives that would
145 allow such experimentation without risk of financial loss to those schools.

146 **WIC**

147 NCSL urges Congress to fully fund the WIC program at the levels authorized by
148 Congress. NCSL supports the objectives of the WIC program to educate and inform
149 participants with the best sources of nutrition to reduce the incidence of low birth weight,
150 improve infant nutrition in the first year of life, and to improve the health of participants.
151 NCSL encourages Congress and the Administration to ensure time processing and
152 approving applications for WIC applicants to be flexible and ensure continued financial
153 support to maximize WIC coverage for women, infants and children in need.

154 NCSL supports congressional efforts to improve program administration by authorizing
155 limited borrowing between fiscal years for the WIC program, and by requiring the timely
156 apportionment of WIC funds to the states. NCSL supports funding to allow technological
157 improvements to WIC and to allow the implementation of WIC EBT.

158 **School Breakfast and Lunch Programs**

159 NCSL strongly supports the National School Lunch Program (NSLP) and the School
160 Breakfast Programs (SBP) as critically important to the well-being, education and
161 ultimate future self-sufficiency of young children. State legislators oppose the
162 elimination of cash subsidies to schools for moderate and high income children under
163 the provisions of the school lunch and school breakfast programs. Additionally, NCSL
164 encourages more flexibility for community eligibility provisions (CEP), which help reduce
165 paperwork for parents and schools with a high percentage of eligible students.

166 The provision of federally-funded start-up grants would enable many schools with large
167 numbers of low-income children to initiate the school breakfast program. NCSL believes
168 that these programs are important and that schools should be encouraged to continue
169 providing these nutritional meals. NCSL recommends that a study be conducted that

170 would consider alternative financing scenarios that would retain program universality.
171 NCSL urges the USDA to pay attention to nutritionally-appropriate foods. School
172 breakfast programs are also an important part of ensuring that children have proper
173 nutrition and are ready to learn, and NCSL supports federal initiatives in this area.
174 NCSL supports the USDA proposal to create a pilot program for school districts to
175 enable them to provide more nutritious alternatives and would allow such
176 experimentation without risk of financial loss to those schools.

177 **Summer Food Service Program for Children (SFSPC)**

178 Children who qualify receive a third to one half of their total early nutrient intake from the
179 school lunch program, yet only one in five of those children who receive lunch at school
180 could receive a summer lunch. NCSL believes that there is value for these children to
181 receive nutritious meals throughout the year. The Summer Food Service Program for
182 Children (SFSPC) is especially valuable as more mothers leave welfare to return to
183 work full-time. SFSPC serves as an additional resource for summer programs to ensure
184 that children are not left unattended and hungry.

185 NCSL supports SFSPC and the restoration of meal reimbursement rates that will make
186 it possible for low-income children to receive a nutritious lunch in the summer. NCSL
187 supports policies that will make it easier for non-profit community groups and public
188 entities to sponsor the program, and will allow the program to be available in more
189 neighborhoods and rural areas.

190 **Child and Adult Care Food Program (CACFP)**

191 The Child and Adult Care Food Program (CACFP) provides assistance to child and
192 adult day care providers so that nutritional meals are provided to children and seniors.
193 These feeding programs are the major federal support of child care, and are critical
194 support to low-income children. Upon feedback from senior participants NCSL also
195 supports flexibility allowing seniors to transport uneaten food they receive while
196 participating in this program. Proposals to eliminate or reduce this program ignore its
197 valuable contribution to the expansion of child care and reduction of childhood hunger.

198 NCSL strongly supports efforts to expand CACFP to older children in after-school
199 programs, and to ensure that the program is available in more neighborhood and rural
200 areas. Additionally, NCSL supports state options to expand this critical program to
201 suppers in after-school programs.

202 **Combating Childhood and Adult Obesity**

203 NCSL believes that nutrition is a critical component of health. NCSL supports federal
204 efforts to find solutions in combating childhood and adult obesity without imposing
205 mandates. NCSL urges Congress to fully fund these programs and supports a proposal
206 to fund a pilot program for the states with the greatest incidence of childhood and adult
207 obesity to develop policies and procedures to reduce obesity.

208 NCSL encourages Congress to establish a taskforce to study obesity and co-morbidities
209 of SNAP recipients in high-risk, high-disparity populations, and make recommendations
210 that reduce the incidences of disease triggered by malnutrition, including policy reforms
211 to SNAP that incentivize recipients to select foods with high nutritional value.

212 **Combating Malnutrition in Older Adults**

213 NCSL believes the existence and risk of malnutrition in older adults is an under-
214 recognized and growing health crisis. Malnutrition adds to the risk of complications of
215 chronic conditions and illness, hospitalization, and healthcare-acquired conditions
216 resulting in the \$15.5 billion per year in direct medical expenditures in the U.S. for the
217 treatment of disease-associated malnutrition.

218 NCSL believes malnutrition is a preventable condition that is inexpensive to treat if
219 addressed early with supportive malnutrition care. NCSL also believes that addressing
220 malnutrition in older adults requires engagement at all levels including the individual,
221 their families and caregivers, health providers, the public health system, and
222 policymakers, who can all work together to support healthy aging by helping establish
223 malnutrition care as a measure of quality health care.

224 NCSL urges Congress to support state efforts to abate malnutrition in the elderly, and
225 heighten awareness of the condition in their communities.

226 **Nutritional Quality Measures for Older Adults**

227 NCSL supports the quality measures used by the Centers for Medicare and Medicaid
228 Services (CMS) to quantify healthcare processes, outcomes, patient perceptions, and
229 systems that are associated with the ability to provide quality health care and/or that
230 relate to “quality goals” for health care. These Medicare clinical quality measures are
231 used to improve facilities’ treatment of patients, yet currently no quality measures have
232 been adopted to address malnutrition.

233 In 2016, CMS introduced four electronic clinical quality measures that would cover
234 screening for malnutrition, assessment of those screened as at-risk for malnutrition,
235 diagnosis of malnutrition, and creation of a nutrition care plan. NCSL urges CMS to
236 adopt quality measures on malnutrition to heighten the importance of identification,
237 evaluation, and treatment of malnutrition in the elderly.

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: PUBLIC HEALTH**

3 **TYPE: DIRECTIVE**

4 The U.S. Department of Health and Human Services (HHS), particularly through the
5 Centers for Disease Control and Prevention (CDC) and the National Institutes of Health
6 (NIH), plays an important role in supporting the state and local public health
7 infrastructure. HHS provides national surveillance of infectious disease, applied
8 research to develop new or improved diagnoses, prevention and control strategies, and
9 helps strengthen ~~state's~~ **states'** capacity to respond to outbreaks of new or reemerging
10 disease. The CDC provides a global health perspective and assists states in detecting
11 new and emerging diseases. Federal support through grants and cooperative
12 agreements, research and technical assistance is key to the stabilization and effective
13 operation of the nation's public health system and provides critical support for the state
14 and local public health infrastructure.

15 NCSL urges Congress to continue to support: (1) grants and cooperative agreements to
16 state and local governments for a broad range of public health activities; and (2)
17 research and technical assistance, which assists states in the development and
18 implementation of effective programs. In addition, NCSL ~~wishes~~ **supports efforts** to
19 foster the development of public and private sector partnerships to increase community
20 accessibility to public health information and public health programs.

21 **HEALTH DISPARITIES**

22 The U.S. Department of Health and Human Services and its offices, institutes and
23 centers including the Office of Minority Health, ~~CDC,~~ **the Centers for Disease Control**
24 **and Prevention,** ~~the-~~ National Institute of Mental Health, **and the** Substance Abuse and
25 Mental Health Services Administration, should work with NCSL and state policymakers
26 to reduce/ **and** eliminate health disparities by: (1) identifying the social determinants of
27 health which lead to disparities; (2) adopting the National Standards for Culturally and
28 Linguistically Appropriate Services in Health Care (CLAS Standards); and (3)

29 developing standards for the collection and reporting by federally funded health and
30 health care programs of data on race, ethnicity, sex, primary language, disability status,
31 those living in rural and frontier areas and other characteristics identified by the
32 Secretary of **HHS Health and Human Services** in order to analyze and monitor health
33 disparity trends and develop promising practices and programs to eliminate ~~them~~
34 **disparities**, based on the data collected.

35 **Reporting Requirements** - NCSL believes reporting requirements are important, but
36 should be limited to requirements where there is a reasonable expectation that the data
37 will be used to: (1) analyze trends; (2) improve patient outcomes; (3) improve programs;
38 and (4) eliminate health disparities. In addition, efforts must be made to impose data
39 collection and reporting requirements in the least burdensome way possible.

40 **Funding** - NCSL urges the President and Congress to provide increased funding to ~~the~~
41 ~~Department of Health and Human Services~~ **HHS** and relevant agencies, including the
42 ~~Centers for Disease Control~~ (**CDC**); Office of Minority Health, ~~the National Institutes of~~
43 ~~Health~~ and **NIH** to: (1) implement the HHS Office of Minority Health's National
44 Partnership for Action to End Health Disparities (NPA) efforts to mobilize a nationwide,
45 comprehensive, community-driven, and sustained approach to combating health
46 disparities, and to move the nation toward achieving health equity; (2) expand funding
47 and other resources to support the Regional Blueprints for Action ~~that~~, **which** will align
48 with the National Stakeholder Strategy to help guide action at the local, state, and
49 regional levels; (3) augment outreach and other efforts targeting populations, including
50 racial and ethnic minorities, at higher risk of chronic diseases and illnesses; (4) provide
51 quality care and efficiencies; (5) improve health outcomes; (6) increase cost-
52 effectiveness; (7) meet legislative, organizational; and accreditation standards; and (8)
53 develop additional evidence-based prevention and interventions targeting ethnic and
54 racial minorities.

55 **Clinical Trials and Research** - NCSL urges the federal government to make every
56 effort to include more women and minorities in clinical trials and other research
57 initiatives to improve health care strategies and programs and to eliminate disparities.

58 **HEALTH PROMOTION AND DISEASE PREVENTION**

59 ~~An informed public is an important component of a healthy society.~~ NCSL urges the
60 Congress to continue to support public health education initiatives that are culturally
61 sensitive, age appropriate and written at the appropriate educational level for the
62 audience. It is imperative that these public health education initiatives integrate healthy
63 lifestyle choices and disease prevention messages and strategies targeted for children,
64 young adults, men, women, **and** the elderly, as well as other specifically identified
65 populations within the community who have special healthcare concerns, needs and
66 risks.

67 **Healthy and Responsible Lifestyle Choices** - NCSL supports programs that promote
68 healthy lifestyle choices, reducing high-risk behaviors through education, counseling
69 and treatment. NCSL urges the federal government to provide adequate funding for
70 these programs.

71 **Preventive Health and Health Services Block Grant** - The Preventive Health and
72 Health Services Block Grant provides funds to states for preventive health and health
73 promotion activities and is the primary federal source of funding to states for health
74 education and risk reduction activities; **including** cholesterol, hypertension, and cancer
75 screenings. States are given maximum flexibility to design and implement programs that
76 meet the needs of their citizens. NCSL urges Congress to continue to support this
77 program.

78 **Preventive Health Screenings and Check-Ups** - NCSL urges Congress to increase
79 support for initiatives to promote regularized preventive health screenings and check-
80 ups. NCSL is particularly supportive of efforts that provide information about and
81 promote screening for; cardiovascular disease, dental disease; **obesity**, asthma,
82 diabetes, and cancer. We also support efforts to ensure that children receive age
83 appropriate check-ups and screenings that include recommended childhood
84 immunizations; ~~and~~ dental, vision and hearing screenings; and recommended follow-up
85 treatment.

86 **Chronic Disease Management** - NCSL urges Congress to continue to support
87 initiatives that promote the management of chronic conditions such as obesity,
88 cardiovascular disease, dental disease, diabetes, asthma, kidney disease, mental

89 health disorders and a wide range of autoimmune diseases. Management of these
90 conditions improves the quality of life of the individuals and their families and is more
91 cost efficient for the health care system. NCSL is particularly supportive of initiatives
92 that provide case management services to children with one or more chronic conditions.
93 Early diagnosis, treatment and management is key to helping children with chronic
94 conditions such as asthma and diabetes to stay on grade level at school and to become
95 healthier adults.

96 **Oral Health** - NCSL supports federal initiatives to promote oral health by encouraging
97 individuals to have regular check-ups and to practice good oral hygiene. These
98 initiatives should include educational activities that emphasize the importance of good
99 dental hygiene and care to overall good health. While some of the best dental care in
100 the world is available in the United States of America, many people are unable to
101 access dental care because they lack dental coverage and the means to afford the out-
102 of-pocket cost of care. In addition, many areas both urban and rural have concerns
103 about the distribution of dental professionals. NCSL supports efforts to increase access
104 to quality, affordable dental care, including initiatives to improve public and private
105 sector coverage of dental services, improve oral health literacy within the public, and
106 provide states flexibility to develop innovative Medicaid dental programs to increase
107 access to and the utilization of oral health care services.

108 **Health Education for Health Care Professionals** - Health care professionals need to
109 become better informed on health care promotion and disease prevention strategies so
110 that they can better inform the people they serve. NCSL supports efforts to encourage
111 institutions that train health professionals to include in their curriculum a greater
112 emphasis on culturally competent health promotion and disease prevention information.

113 **Access to Health Screenings and Disease Treatment** - NCSL supports efforts to
114 encourage insurers and other third-party payers, including Medicare and Medicaid, to
115 cover cancer-screening tests. NCSL supports federal initiatives to improve coverage of
116 cancer screenings, tests, and treatments that have been shown on the basis of
117 evidence-based evaluation to be beneficial for the population served.

118 **Technical Assistance to States to Improve the Quality, Capacity, and Access**
119 **Provision of Mental Health Services to Children** - NCSL urges HHS to provide
120 technical assistance to states to monitor and improve the provision of mental health
121 services to adults and children. ~~and to improve the oversight of the prescribing of~~
122 ~~psychotropic medications to children.~~

123 NCSL also urges the department to work with the medical community to develop
124 guidance regarding behavior therapies that may replace or be used in concert with
125 medications to reduce the dependence of on psychotropic medications as the primary
126 or sole treatment.

127 **Mental Health Treatment of Children**

128 NCSL believes that the treatment of mental health conditions in children, especially
129 children in foster care, should receive treatment based on the best and most current
130 medical evidence as prescribed by qualified pediatric practitioners. NCSL urges the
131 federal government to support efforts to:

- 132 ▪ develop treatment protocols to be used before advancing to pharmacotherapies,
- 133 ▪ offer guidance to the primary care community on the alternatives to
134 pharmacotherapies for mental illness in children, and
- 135 ▪ increases the pediatric mental health workforce.

136 **VACCINES AND IMMUNIZATIONS**

137 **Childhood Immunizations** - NCSL supports initiatives designed to increase the overall
138 number of children immunized. We are particularly supportive of efforts to increase
139 federal funding for the Section 317 program to more closely match the increasing costs
140 and number of recommended childhood vaccines. NCSL also supports initiatives that
141 would use alternative sites such as schools, community health centers or other
142 community settings to deliver vaccines to children when appropriate, cost effective and
143 convenient. NCSL urges the federal government to continue and to increase public
144 education initiatives designed to provide parents with the most up-to-date information
145 regarding recommended immunizations for children. NCSL also supports continued
146 research to improve the safety and efficacy of childhood immunizations. NCSL urges

147 the Congress and the Administration to work with states to make certain that every child
148 receives the recommended childhood immunizations and to improve immunization
149 funding and policies to help meet that goal. Finally, NCSL urges Congress to continue
150 to allow states to set child vaccine coverage policy.

151 **Adult Immunizations** - NCSL urges the Congress to continue efforts to increase the
152 number of adults who receive recommended immunizations. NCSL supports and
153 encourages continued special efforts to encourage adults, particularly high-risk adults,
154 young adults and older adults to receive all recommended immunizations.

155 **Vaccine Supply** - NCSL urges the Congress to appropriate sufficient funds to maintain
156 a reasonable stockpile of pediatric immunizations and vaccine, seasonal influenza
157 vaccine and vaccines that may be used during a flu pandemic so that everyone who
158 needs an immunization can be served.

159 **WORKPLACE SAFETY AND HEALTH CARE WORKERS**

160 **Occupational Hazards/Workplace Safety** - NCSL urges the federal government to
161 support efforts to increase awareness of occupational hazards and ways to avoid
162 accidents in the workplace. Information must be provided to employers and employees
163 and should be included in the national effort to emphasize health promotion and disease
164 prevention.

165 **Health Care Workers** - NCSL supports the decision by the Centers for Disease Control
166 and Prevention (CDC) to continue to permit state and local health officials to establish
167 guidelines regarding procedures that health care workers infected with HIV or Hepatitis
168 B should be permitted to perform. NCSL also supports the Blood-Borne Pathogen
169 Standard rule promulgated by the Occupational Safety and Health Administration
170 (OSHA) and the Needlestick Safety and Prevention Act. ~~The Blood-Borne Pathogen~~
171 ~~Standard rule mandates the use of universal precautions in infection control and~~
172 ~~requires employers to provide workers with training, engineered safety devices,~~
173 ~~protective clothing, and puncture-proof containers for contaminated needles and~~
174 ~~medical waste, and vaccination against the Hepatitis B virus. The Needlestick Safety~~
175 ~~and Prevention Act requires employers to solicit input from employees responsible for~~

176 ~~direct patient care in the identification, evaluation, and selection of engineering and~~
177 ~~work practice controls.~~

178 **Pandemic and All-Hazards Preparedness**

179 State and local governments are the first line of defense against acts of bioterrorism and
180 other public health emergencies. State legislators are committed to enhancing ~~their~~
181 ~~states'~~ **the ability of their states** to prepare for and respond to these events. A strong
182 partnership between and among ~~the~~ states, the federal government, and other public
183 and private non-profit entities is the best way to accomplish this goal. NCSL urges the
184 federal government to:

- 185 ▪ provide states, territories, and the District of Columbia with direct, sufficient and
186 stable funding to enable them to continue to build and maintain an infrastructure to
187 support ~~on-~~**ongoing** efforts to respond to bioterrorism and other public health
188 emergencies;
- 189 ▪ pass federal funds through the states for distribution to local governments, hospitals
190 and other entities, permitting state officials to take the lead in planning on a regional
191 and statewide basis, ~~and-~~**utilizing** federal funds in the most efficient and effective
192 way;
- 193 ▪ require grantees that receive direct funding from the federal government to
194 collaborate with ~~the state~~ **their respective states** and ~~to~~ coordinate all of their
195 activities with the state plan;
- 196 ▪ afford states the flexibility necessary to meet their diverse needs and priorities;
- 197 ▪ build upon existing national and state efforts;
- 198 ▪ ensure that regulations and requirements imposed on states are accompanied by
199 sufficient funding to support implementation, both immediately and in the long term;
200 and
- 201 ▪ authorize the appropriate federal official to temporarily waive or modify the
202 application of federal laws that may impede implementation of state plans during a
203 bioterrorist attack or other public health emergency.

204 **PUBLIC HEALTH AND THE ENVIRONMENT**

- 205 ▪ **Lead Poisoning** - NCSL supports federal efforts to prevent and detect lead
206 poisoning in children. NCSL urges the federal government to continue to assist state
207 and local health officials in addressing this serious health care problem.
- 208 ▪ **Vector-Borne Illness** - NCSL supports the efforts of the Centers for Disease
209 Control and Prevention (CDC) to abate vector-borne illness, including-Chikungunya,
210 Eastern equine encephalitis virus (EEEV), Lyme-Disease, Malaria, Rocky Mountain
211 spotted fever, and West Nile Virus, and Zika virus—by providing training and
212 assistance to front-line disease surveillance and response staff, offering clinical
213 education programs, collaborating with state and local health departments, and
214 **providing** funding to states to support epidemiology and response activities
215 addressing vector-borne disease.

216 **Maternal and Child Health**

- 217 ▪ **Maternal and Child Health (MCH) Block Grant** - The MCH block grant provides
218 funds to states to meet a broad range of health services for mothers and children. In
219 addition to formula grants to states, the set aside for special projects of regional and
220 national significance (SPRANS) continues to help states to identify and address
221 special needs. NCSL supports the MCH block grant and urges Congress to continue
222 to provide adequate funding. NCSL opposes efforts to transfer program
223 responsibilities to the MCH block grant without the funding to accompany it, thereby
224 reducing the funding available to functions currently funded through the block grant.
- 225 ▪ **The Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)** –
226 The MIECHV program facilitates collaboration and partnership at the federal, state,
227 and community levels to improve the health of at-risk children through evidenced-
228 based home visiting programs. NCSL supports community-based, state-federal
229 partnerships and initiatives that working with parents and caregivers provides a
230 supportive environment to: (1) improve maternal and child health, (2) promote
231 healthy child development and school readiness; (3) improve parenting skills; and
232 (4) prevent child abuse and neglect. NCSL urges Congress to continue financial
233 support for the MIECHV program and to continue to provide state flexibility in the

234 administration of the program based on needs assessments that identify community
235 and family vulnerabilities.

236 ▪ **Universal Newborn Hearing** - The Universal Newborn Hearing Screening program
237 provides competitive grants to states for the implementation of a national program of
238 universal newborn hearing screening that consists of: (1) physiologic testing prior to
239 hospital discharge; (2) audiologic evaluation by three months of age; and (3) entry
240 into a program of early intervention by six months of age. NCSL supports this
241 program and urges Congress to continue to provide adequate fund.

242 ▪ **Teen Pregnancy Prevention** - The federal government offers a range of programs
243 and supports to state governments to help reduce teen pregnancies recognizing that
244 state, tribal and local governments are best situated to determine the best programs
245 for their constituents. NCSL supports the full range of programs available to state,
246 tribal and local governments and researchers, to help prevent unplanned teen
247 pregnancies. NCSL supports continued funding for these critically important
248 programs. ~~Currently, the programs include the:~~

249 ~~— **State Personal Responsibility Education Program (PREP)** that awards~~
250 ~~grants to state agencies to educate young people on both abstinence and~~
251 ~~contraception. The program specifically targets youth who are homeless, in~~
252 ~~foster care, living in rural areas or areas with high teen birth rates; and from~~
253 ~~minority groups, including sexual minorities; and pregnant youth and mothers~~
254 ~~under age 21.~~

255 ~~— **Tribal Personal Responsibility Education Program (PREP)** promotes~~
256 ~~proven and culturally appropriate methods for reducing adolescent~~
257 ~~pregnancy, delaying sexual activity among youths and increasing condom~~
258 ~~use and other contraceptives among sexually active youth in native~~
259 ~~communities. Programs follow design guidelines similar to those of the~~
260 ~~**State PREP**, but are specially designed to honor tribal needs, traditions~~
261 ~~and cultures. Discretionary grants are available to tribes to combat the~~
262 ~~disproportionately high rates of teen pregnancy and birth.~~

263 ~~=Personal Responsibility Education Program (PREP) Competitive Grants~~
264 ~~under the Affordable Care Act, awards grants to local organizations and~~
265 ~~entities to educate young people on both abstinence and contraception.~~
266 ~~With efforts toward preventing pregnancy and sexually transmitted~~
267 ~~infections. Focuses on the same types of youth as the state program~~
268 ~~targets.~~

269 ~~=The Title V State Abstinence Education Grant Program (AEGP) provides~~
270 ~~funding to states and territories for abstinence education, mentoring,~~
271 ~~counseling and adult supervision. AEGP promotes abstinence to prevent~~
272 ~~teen pregnancy in youth aged 10-19, especially for those from minority~~
273 ~~groups, in foster care or who are homeless. Support services help young~~
274 ~~people by: (1) strengthening their beliefs supporting abstinence; (2)~~
275 ~~increasing their skills to negotiate abstinence and resist peer pressure; and~~
276 ~~(3) educating youths about sexually transmitted infections, such as~~
277 ~~HIV/AIDS.~~

278 ~~=grant program provides funding for projects that aim to build our knowledge of~~
279 ~~effective and promising approaches to reducing teen pregnancy and~~
280 ~~sexually transmitted infections. Projects must be designed to provide~~
281 ~~medically accurate abstinence education as defined by the Social Security~~
282 ~~Act.~~

283 ~~=The Personal Responsibility Education Innovative Strategies (PREIS)~~
284 ~~program seeks to develop, implement, and test innovative adolescent~~
285 ~~pregnancy prevention strategies for high-risk, vulnerable, and culturally~~
286 ~~underrepresented youth populations, to include: (1) youth residing in areas~~
287 ~~=with high teen birth rates; (2) youth in foster care; (3) runaway and homeless~~
288 ~~youth; (4) youth with HIV/AIDS; (5) pregnant and parenting youth who are~~
289 ~~under 21 years of age and their partners; (6) rural youth; and (7) youth who~~
290 ~~have been trafficked.~~