

**NCSL STANDING COMMITTEE ON  
HEALTH AND HUMAN SERVICES**

**POLICY DIRECTIVES AND RESOLUTIONS**

**2022 NCSL Policy Week**

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1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: AGING SERVICES (OLDER AMERICANS ACT)**

3 **TYPE: DIRECTIVE**

4 ~~The Administration on Aging and the programs authorized and funded by the Older~~  
5 ~~Americans Act are extremely important to the states, their senior citizens, and their~~  
6 ~~families.~~ The National Conference of State Legislatures (NCSL) strongly supports the  
7 Older Americans Act programs and ~~believes that~~ the services funded through this act,  
8 ~~should be both cost effective and responsive to the special needs of the elderly.~~ NCSL  
9 appreciates the support of Congress and the Administration for the Older Americans Act  
10 (OAA) and the National Family Caregiver Support Program.

11 ~~Recognizing the challenges our country faces in providing services for the increasing~~  
12 ~~number of elderly citizens,~~ NCSL urges Congress to:

- 13 ~~• continue its support for the programs of the OAA by appropriating appropriate~~  
14 ~~sufficient funding for them to~~ meet the growing demands for the OAA programs,  
15 ~~especially the National Family Caregiver Support Program.~~;
- 16 ~~•~~
- 17 ~~• provide states~~ NCSL supports the National Family Caregiver Support program,  
18 ~~which recognizes the need to support both those caring for older individuals and~~  
19 ~~older individuals caring for children.~~ States must be given the flexibility to  
20 establish standards ~~in this program~~ and decide how program funds will be  
21 distributed.;
- 22 ~~•~~
- 23 ~~• NCSL supports increased efforts in the reauthorized Act to ensure that Older~~  
24 ~~Americans Act~~ OAA programs ~~do~~ reach low-income, minority and rural elderly  
25 households;
- 26 ~~• increase effort to~~ and to inform ~~them~~ those eligible about services available to them  
27 under the ~~Older Americans Act~~ OAA and other state and federal programs.;

- 28 • ~~The~~strengthen the authority of state government through designated State Units  
29 on Aging ~~should be strengthened~~ to ensure that service funds under the Act are  
30 used to support independence in older populations and the most vulnerable  
31 members of the population, the very old, the frail, the isolated, and limited  
32 English-speaking individuals, with particular attention to low-income minority  
33 persons; ~~and~~.
- 34 • provide ~~S~~states ~~must have the~~ the authority to distribute ~~these~~ funds based on  
35 their own criteria.

36 NCSL urges Congress to provide states

37 ~~NCSL believes that states should continue to be afforded considerable ff~~flexibility in the  
38 administration of the OAA; and the authority to:

- 39 • ~~NCSL supports permitting states to~~ transfer funds between the nutrition  
40 program and the social services program according to a state's needs; ~~and~~
- 41 • ~~and~~ to transfer funds between congregate and home delivered meals; ~~and~~
- 42 • ~~States should also continue to be able to~~ determine the type and  
43 circumstances under which if Area Agencies on Aging (AAA)'s ~~should can~~  
44 directly provide services ~~and to determine which services AAA's can provide.~~

45 NCSL supports ~~efforts to put~~ additional resources intofor the ombudsman program. ~~In~~  
46 ~~addition, NCSL supports Congressional proposals to fund programs on elder abuse,~~  
47 ~~home care, and programs to provide special assistance to the elderly. Provisions should~~  
48 ~~be developed which strengthen the capacity and expand the resources of State Units on~~  
49 ~~Aging and Area Agencies on Aging. This is critical on a wide range of elder rights~~  
50 ~~issues: quality of long term care, elder abuse, consumer protection, guardianship, age~~  
51 ~~discrimination, and beneficiary rights in entitlement programs. NCSL supports the~~  
52 ~~importance of nutrition education and counseling for seniors, which recognizes the~~  
53 ~~unique needs of the elderly.~~

54 NCSL believes that participants with incomes below 125 percent federally established  
55 level of poverty, should not be subject to cost sharing. Fees collected through this

56 mechanism should provide for expanded services and increased availability of services  
57 to those elderly with the greatest economic and social need. This will also enhance the  
58 coordination and equity between OAA, the Social Services Block Grant, and state-  
59 financed programs that are often funded on a sliding fee scale.

60 **Senior Community Service Employment Program**

61 ~~Finally,~~ NCSL ~~continues to s~~ supports the Senior Community Service Employment  
62 Program ~~(SCSEP)~~. NCSL calls for increased cooperation between the states and the  
63 national contractors. NCSL supports ~~C~~ congressional proposals to provide states and  
64 national contractors more flexibility on administrative costs while keeping these costs to  
65 a minimum.

66

67 **Federal Policies on Aging**

68 NCSL urges ~~that Congress~~ Congress to:

- 69 (1) preserve the financial integrity of the Social Security system;  
70 (2) eliminate all forms of age discrimination against older workers;  
71 (3) provide funds for direct services for the elderly;  
72 (4) fund the development of integrated, coordinated, community-based continued  
73 care systems to help prevent the unnecessary institutionalization of the elderly;  
74 and  
75 (5) provide additional support for gerontological research, education and training;  
76 and  
77 ~~(6) and ensure the flexibility for states to use TANF funds to support programs~~  
78 ~~that serve grandparents raising grandchildren.~~

79

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~~  
5 ~~approaches in to~~ offering high-quality and safe child care. In partnership, ~~the~~ state and  
6 federal governments can address the wide spectrum of needs for child care ~~in the~~  
7 ~~community~~ offered in varied delivery settings while ensuring parent choice, quality and  
8 affordability.

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

10 NCSL ~~strongly~~ supports ~~full funding for~~ the Child Care Development Block Grant Fund  
11 (CCDBG) program, which serves as the main source of federal funding dedicated  
12 primarily to child care subsidies for low-income working families and parents engaged in  
13 job training or other educational opportunities.

14 ~~As child care needs vary in the states, NCSL opposes restrictive CCDF regulations that~~  
15 ~~restrain state autonomy in directing the use of funds, and proposed changes to the~~  
16 ~~CCDBG that include additional mandates.~~

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

- 20 ▪ enabling ~~welfare families receiving public assistance recipients~~ on wait lists to  
21 gain employment,
- 22 ▪ ensuring that former ~~welfare recipients~~ families on public assistance become  
23 economically stable ~~do not return to the welfare rolls~~,
- 24 ▪ meeting the special needs of children with disabilities,
- 25 ▪ providing care for infants and older children in after-school care, and
- 26 ▪ ensuring access to care for children of parents who work ~~off shift and non-~~  
27 traditional hours traditional and non-traditional hours.

28 ~~—~~  
29 ~~NCSL urges Congress and the U.S. Department of Health and Human Services (HHS)~~  
30 ~~to maintain and support state flexibility when they examine and revise the~~  
31 ~~CCDBG. In addition, NCSL opposes earmarking CCDBG increases in funding as they~~  
32 ~~would reduce state flexibility, which is crucial to state innovation. The portion of~~  
33 ~~unobligated CCDBG funds should remain consistent with congressional intent and leave~~  
34 ~~the use of those funds to the discretion of the state for their CCDBG programs. NCSL~~  
35 ~~urges the federal government to not withhold funding from states that choose to operate~~  
36 ~~their programs under stricter standards than the federal standards.~~

37 NCSL supports the following program flexibility options for states:

- 38 ~~O~~ffering differential payment rates for providers of higher quality services or  
39 who serve children with special needs;
- 40 ~~P~~ermitting states discretion to govern the establishment of rules on the  
41 registration of unlicensed providers;
- 42 ~~A~~llowing parental choice of providers within a state regulatory framework;
- 43 ~~P~~ermitting the inclusion of quality supply and system building activities as  
44 acceptable expenditures in addition to reimbursement;
- 45 ~~P~~ermitting states to make child care services accessible to all individuals'  
46 subject to ~~welfare to work programs~~ work requirements with federal funding  
47 support; and
- 48 ~~P~~roviding states the option to extend the age of eligible children beyond age  
49 13, especially children with special needs, to give states more flexibility to use  
50 these funds for out of school time care for older adolescents.
- 51 allowing states to use TANF funds to support programs that serve  
52 grandparents raising grandchildren.

### 53 **Funding**

54 NCSL urges Congress to continue its commitment to support the CCDBG program at  
55 sufficient levels to complement ongoing state efforts to provide high-quality child care  
56 services to ~~welfare recipients and low-~~ and moderate-income working families. ~~Support~~  
57 ~~of the CCDBG program also strengthens state efforts to employ welfare beneficiaries~~

58 ~~under TANF work requirements, which can only be enforced if access to child care is~~  
59 ~~ensured. For these reasons NCSL believes that the preponderance of CCDBG grant~~  
60 ~~funds must remain an entitlement to states.~~

61 NCSL opposes earmarking CCDBG increases in funding as they would reduce state  
62 flexibility, which is crucial to state innovation. The portion of unobligated CCDBG funds  
63 should remain consistent with congressional intent and leave the use of those funds to  
64 the discretion of the state for their CCDBG programs. NCSL urges the federal  
65 government to not withhold funding from states that choose to operate their programs  
66 under stricter standards than the federal standards.

67

68 NCSL supports the portion of the CCDBG that is funded by discretionary dollars and  
69 subject to the congressional appropriations process. -However, any additional funds for  
70 the CCDBG should~~must~~ be an entitlement to the states.

71 Child care is a critical component that enables states to meet increased requirements  
72 for work participation, and imposing a state match may serve as a barrier for some  
73 states in accessing badly needed child care funds. Maintenance of effort (MOE)  
74 requirements also make it difficult for states to take advantage of federal funds when  
75 they face difficult decisions about how to fund all human services programs. NCSL  
76 supports maintenance of effort flexibility.

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

### 83 **TANF and Child Care**

84 NCSL strongly supports child care as an eligible ~~legitimate~~ use of the Federal TANF  
85 block grant and state maintenance of effort (MOE) funds. NCSL supports state options

86 to transfer up to 30%~~percent~~ of their federal TANF block grant allotments to the  
87 CCDBG. We urge the administration and the Congress to eliminate the distinction  
88 between how child care is treated for working families based on funding stream.

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

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

### 101 **Standards**

102 NCSL ~~believes that states~~supports states should retaining regulatory, licensure, and  
103 operational oversight of child care facilities. Any regulatory requirements imposed by the  
104 federal government should serve as a floor and not a ceiling, and not restrict state  
105 flexibility in determining how child care facilities should function ~~in their jurisdictions.~~

106 NCSL urges ~~the~~ federal agencies to support state efforts through guidance and  
107 technical assistance, particularly in regard to building a child care workforce, provider  
108 education, development of models for special needs populations, and the homeless.

### 109 **Taxes and Benefits**

110 NCSL supports options through use of federal and state tax incentives that can  
111 encourage creation of child care programs and help parents better afford child care  
112 services. NCSL supports:



- 113 • Tax credits for employers that establish, operate, supply and/or support child  
114 care programs,
- 115 • Public or private incentives for a child's primary caregiver to have the option to  
116 stay at home during the child's early developing stages;
- 117 • Tax credits for taxpayers with dependents under compulsory school age;
- 118 • Child care benefits as an option in employer-sponsored cafeteria plans, including  
119 pre-tax flexible spending accounts;
- 120 • Retention of the Dependent Care Tax Credit as it exists under current law; and
- 121 • Tax incentives to encourage individuals to establish and/or operate child care  
122 programs;
- 123 • Options that enable states to create or allow the development of public-private  
124 partnerships to strengthen the child care system.

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: FOOD & DRUG ADMINISTRATION'S REGULATION**  
3 **HEALTH PROGRAMS OF THE SAFETY AND QUALITY**  
4 **OF OUR NATION'S DRUG SUPPLY**

5 **TYPE: DIRECTIVE**

6 ~~The Food and Drug Administration Safety and Innovation Act~~

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

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

18  
19 ~~While NCSL supports the adoption of national standards, federal action should not~~  
20 ~~preempt state governments from enacting stricter or stronger measures within their~~  
21 ~~respective jurisdictions. In addition, federal standards should not create an~~  
22 ~~administrative burden on state regulatory agencies. The FDA should prioritize initiatives~~  
23 ~~that ensure the effectiveness and quality of any drugs sold in the United States.~~

24  
25 **Regulation of Internet Pharmacy—**

26 NCSL supports Congressional actions ~~through the Ryan Haight Online Pharmacy~~  
27 ~~Consumer Protection Act to:~~

- 28 ▪ Establish disclosure standards for internet pharmacies,

- 29           ▪ Prohibit dispensing of prescription drugs over the internet to persons who have  
30 not been ~~seen by a physician~~prescribed a drug by a licensed health care  
31 prescriber, and
- 32           ▪ Authorize state attorneys ~~generals~~ to shut down non-complying pharmacy  
33 sites by using the federal court system.

34

35 ~~Unfortunately, NCSL believes the provisions of the Act have not been sufficient to~~  
36 ~~control rogue websites and urges Congress and the Administration~~NCSL urges the  
37 federal government to increase efforts to prosecute organizations in violation of the law

### 38 **Importing Prescription Drugs—**

39 NCSL ~~supports federal efforts to contain costs and expand access to safe and effective~~  
40 ~~pharmaceuticals by exploring the feasibility of importing prescription drugs from other~~  
41 ~~countries.~~ believes that it should be a national priority to expand access to affordable  
42 prescription drugs. ~~NCSL supports efforts to explore the feasibility of importing~~  
43 ~~prescription drugs from other countries to move toward goal of containing costs and~~  
44 ~~improving access to safe, and effective pharmaceuticals.~~

45

### 46 **Personal Use Policy—**

47 Although FDA guidance has been issued, the current federal policy on drug importation  
48 is still unclear. ~~NCSL is opposed to the “criminalization” of drug importation and the~~  
49 ~~effect it may have on individuals with limited options. The current federal policy on drug~~  
50 ~~importation is confusing at best.~~ NCSL urges the FDA to clarify its “personal use” policy  
51 and how the policy is to be enforced. ~~Ultimately if it is determined that drug importation~~  
52 ~~is not the right approach, NCSL urges Congress to make it a priority to explore ways to:~~  
53 ~~(1) increase the number of individuals with health insurance, thereby increasing access~~  
54 ~~to prescription drug coverage; and (2) increase the affordability of prescription drugs.~~

55

56

### 57 **Regulation of Compounding Pharmacy**

58 NCSL urges the FDA to work closely with state legislators, state public health officials,  
59 state boards of pharmacy and other important state and local officials, and providers  
60 and industry representatives to develop procedures and systems that retain state  
61 regulatory authority where appropriate and that will improve the overall safety of the  
62 nation’s pharmaceutical supply chain, and the regulation of compounding pharmacies.

63

### 64 ~~Safety and Quality of the National Drug Supply~~

65 ~~NCSL believes state drug pedigree laws should not be preempted unless, a national~~  
66 ~~standard is adopted that provides at least the same level of protections as the state~~  
67 ~~laws. The FDA should assign a high priority to initiatives to both identify quantities and~~  
68 ~~ensure the quality of any drugs entering the United States that are then remanufactured~~  
69 ~~for retail sale to consumers here. The potential for human error in processing acts of~~  
70 ~~terrorism, and the serious consequences of either call for a vigorous and vigilant~~  
71 ~~response by the federal government.~~

### 72 ~~Access to Affordable Prescription Drugs~~

#### 73 **State Prescription Drug Monitoring Programs**

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

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: NUTRITIONAL PROGRAMS AND ASSISTANCE**

3 **TYPE: DIRECTIVE**

4

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

13

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

15 NCSL urges continued federal funding of the SNAP program at levels sufficient to  
16 provide assistance to all that are eligible or in need due to the rising cost of food. NCSL  
17 also urges the administration and Congress to continue to make SNAP and Temporary  
18 Assistance to Needy Families (TANF) block grants more compatible through the broad-  
19 based categorical eligibility option. This is a policy option for states by which households  
20 may become categorically eligible for SNAP because they qualify for Temporary  
21 Assistance for Needy Families or state maintenance of effort-funded benefits. In times  
22 of economic hardship, SNAP, along with other nutrition assistance programs, offers a  
23 vital safety net for low-income Americans.

24

25 NCSL opposes proposals that would impose costly administrative burdens and un-  
26 funded mandates on state governments, or remove state flexibility that is critical to cost-  
27 effective administration of SNAP.

28

29 NCSL supports U.S. Department of Agriculture (USDA) initiatives to provide  
30 administrative flexibility through the waiver process by allowing states to implement  
31 administrative efficiencies such as telephone interviews, utilize Combined Application  
32 projects, simplified application forms, the creation of mobile-friendly software for SNAP  
33 recipients, and develop partnerships with community stakeholder organizations to  
34 improve quality, efficiencies, and overall nutrition access. NCSL supports the additional  
35 waivers that provided increased administrative flexibility during the Covid-19a public  
36 health emergency.

37

### 38 **SNAP Benefits and Program Design**

39 NCSL recommends that the administration and Congress incorporate the following  
40 issues regarding SNAP benefits and program access into future legislative and  
41 regulatory action:

- 42 • Elimination of the annually indexed caps on excess shelter deductions  
43 to allow families to deduct high shelter costs;
- 44 • ~~Adoption of the formula that each October sets the benefits for food~~  
45 ~~price inflation to reflect the Thrifty Food Plan for the previous June;~~
- 46 • Exclusion of the first \$150 a month by a non-custodial parent paid as  
47 child support from consideration as income in determining the SNAP  
48 allotment;
- 49 • ~~Reevaluation~~ Elimination of the rules concerning the value of a vehicle  
50 that a recipient may own and still receive SNAP benefits;
- 51 • Federal support and technical assistance for state outreach;
- 52 • Enhancement and simplification of application and eligibility  
53 determination procedures through supporting Web-based screening  
54 tools, permitting seniors and the disabled to apply at Social Security  
55 offices, reduced length application forms, and allowing use of joint  
56 applications;
- 57 • Continuation of state options regarding child support cooperation as a  
58 condition of eligibility for SNAP. NCSL supports the elimination of the

59 fee for SNAP recipients' child support collection efforts as a further  
60 incentive toward child support enforcement participation.

61 • ~~CC~~Continuation of state options to disqualify for SNAP eligible  
62 individuals who fail to cooperate with child support enforcement  
63 authorities or who are in arrears on child support obligation. NCSL  
64 supports this option and opposes changes that would mandate these  
65 actions:

66 • permit the promotion and acceptance of SNAP at farmers' markets and  
67 other non-grocery store, produce-oriented venues, for example: from a  
68 small farmer; and-

69 • ~~cC~~Continue to support current state options regarding categorical  
70 eligibility and "heat and eat."

71

72

### 73 **SNAP and Legal Immigrants**

74 NCSL supports SNAP eligibility for legal immigrant children and families. NCSL  
75 commends USDA's outreach efforts to assist eligible legal immigrants, including their  
76 work to translate materials into more than 34 languages. NCSL continues to support  
77 restoring eligibility to the small number of legal immigrants who were not covered under  
78 previous restoration. NCSL urges the administration and Congress to include state  
79 lawmakers in making decisions that would alter the eligibility status for any category of  
80 immigrants legally present in the United States.

81

### 82 **SNAP Employment and Training Program (SNAP E&T)**

83 NCSL supports the objectives of self-sufficiency promoted by the SNAP Employment  
84 and Training program (SNAP E&T), and will work with the federal government toward  
85 that goal. NCSL urges the administration and Congress to allow states flexibility to  
86 create, fund, and integrate SNAP E&T programs with similar state programs, particularly  
87 TANF and the Workforce Innovation and Opportunity Act (WIOA). NCSL also supports  
88 program simplification and coordination between TANF and ~~the~~ SNAP.

89 In addition, NCSL appreciates the USDA's willingness to grant states waivers of the  
90 three-month ~~time limit for non-working able-bodied adults without dependents rule~~ in  
91 areas impacted by high unemployment and USDA's technical assistance to states.

92

### 93 **SNAP Program Quality Control (QC)/Judicial Waiver**

94 NCSL supports the original intent of quality control, which is to provide states with a  
95 management tool to identify problems in public assistance administration and to  
96 facilitate corrective actions. However, many problems in the current system have been  
97 documented, including statistical flaws and the levying of excessive financial penalties  
98 on states. NCSL strongly supports the move away from a system based on error rates  
99 to one that awards bonuses for accuracy. NCSL urges the federal government to  
100 improve systems related to appeals of waiver decisions and reinvestment of claims,  
101 including outcome measures of program goals.

102

103 NCSL supports efforts to focus on program measurement and evaluation through  
104 positive incentives and urges Congress to reexamine funding levels. State legislators  
105 urge the USDA to continue to settle QC claims through state reinvestment in program  
106 improvement.

107

### 108 **Electronic Benefit Transfer and Automated Systems (EBT)**

109 NCSL supports ~~the regulation establishing~~ the current implementation of EBT systems  
110 ~~as a normal administrative option for states~~, and supports ~~the widespread interest and~~  
111 ~~planning for SNAP EBT implementation nationwide and~~ allowing cards to be used for  
112 multiple programs, such as WIC.

113

114 NCSL believes that states should be allowed to negotiate the terms of EBT with food  
115 marketers, farmers' markets, and financial institutions. NCSL opposes preemption of  
116 state laws that govern financial institutions pertaining to a nationwide EBT system. As  
117 additional income support programs are added to EBT systems that are state-only or  
118 state-federally governed, the federal government must not preempt state benefits law.

119



120 ~~NCSL is concerned about the overestimation of savings by EBT systems. Currently, the~~  
121 ~~federal government recoups savings by eliminating the creation, handling, and storage~~  
122 ~~of paper coupons and through fraud reduction. NCSL discourages the federal~~  
123 ~~government from over-promising savings to the states, especially those from fraud~~  
124 ~~reduction, and urges further study of the impact of EBT on states. Many of the current~~  
125 ~~systems are obsolete and barriers remain for states to combine their information~~  
126 ~~systems across programs to increase efficiency of program delivery. This is especially~~  
127 ~~problematic given current state fiscal conditions.~~

128

129 NCSL also encourages the administration and Congress to continue initiatives around  
130 summer feeding and EBT to secure a permanent summer EBT program, including  
131 adding monthly funding to family's EBT cards and including funding for state startup  
132 costs.

133

#### 134 **SNAP Program Flexibility and Waivers**

135 NCSL believes that the federal waiver process should recognize state participation and  
136 need. States need flexibility for further innovation and state legislators prefer to have  
137 options rather than waivers for policy changes that are not in need of further evaluation.  
138 State legislators need to be included in the waiver process prior to a waiver being  
139 granted. Plan approval and the results of demonstration grants should be shared with  
140 state legislators.

141

#### 142 **Emergency Food Assistance and Commodity Distribution**

143 NCSL urges Congress to fully fund The Emergency Food Assistance Program (TEFAP)  
144 at its authorized level. NCSL believes that Congress should provide adequate  
145 administrative funds to facilitate the efficient distribution of food, and should include  
146 sufficient safeguards to prevent program abuse. NCSL urges the USDA to make  
147 additional surplus commodities available to states, upon request, when additional  
148 surplus food becomes available. We also urge the USDA to provide administrative  
149 funding support for sorting, packaging, processing, and transporting donated food.

150 NCSL supports federal programs that deliver commodities through farmers' markets  
151 and the child nutrition commodity programs.

152

### 153 **Child Nutrition**

154 NCSL urges Congress to reauthorize legislation to continue and fully fund child nutrition  
155 programs. NCSL urges the USDA to emphasize the importance of nutritionally-  
156 appropriate foods, and avoiding those high in sugar, fat, and sodium.

157

158 Accurate eligibility determination is important in any federal program, but efforts to  
159 ensure that only eligible children are served must not be a deterrent to program  
160 participation. NCSL supports the USDA's proposal to create a pilot program for school  
161 districts to provide more nutritious alternatives that would allow experimentation without  
162 risk of financial loss to those schools.

163

### 164 **WIC**

165 NCSL supports the objectives of the WIC program to educate and inform participants  
166 with the best sources of nutrition to reduce the incidence of low birth weight, improve  
167 infant nutrition in the first year of life, and to improve the health of participants. NCSL  
168 encourages the administration and Congress to ensure flexibility for the time it takes to  
169 processing and approving applications for WIC applicants ~~to be flexible~~ and ensure  
170 continued financial support to maximize WIC coverage for women, infants, and children  
171 in need.

172

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

177

### 178 **School Breakfast and Lunch Programs**

179 NCSL strongly supports the National School Lunch Program (NSLP) and the School  
180 Breakfast Programs (SBP) as critically important to the well-being, education, and self-

181 sufficiency of young children. State legislators support ~~oppose~~ the ~~elimination of~~ cash  
182 subsidies to schools for moderate- and high-income children under the provisions of the  
183 school lunch and school breakfast programs. Additionally, NCSL encourages more  
184 flexibility for community eligibility provisions (CEP), which help reduce paperwork for  
185 parents and schools with a high percentage of eligible students.

186

187 The provision of federally-funded start-up grants would enable many schools with large  
188 numbers of low-income children to initiate the school breakfast program. NCSL  
189 recommends that a study be conducted that would consider alternative financing  
190 scenarios that would retain program consistency. NCSL urges the USDA to emphasize  
191 nutritionally-appropriate foods.

192

### 193 **Summer Food Service Program for Children (SFSPC)**

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

199

### 200 **Child and Adult Care Food Program (CACFP)**

201 NCSL supports flexibility to allow seniors to transport uneaten food they receive while  
202 participating in the Child and Adult Care Food Program (CACFP). Proposals to  
203 eliminate or reduce this program ignore its valuable contribution to the expansion of  
204 child care and reduction of childhood hunger.

205

206 NCSL strongly supports efforts to expand CACFP to older children in after-school  
207 programs, and to ensure that the program is available in more neighborhoods and rural  
208 areas. Additionally, NCSL supports state options to expand this critical program to  
209 suppers in after-school programs.

210

### 211 **Combating Childhood and Adult Obesity**

212 NCSL supports federal efforts to find solutions for childhood and adult obesity without  
213 imposing mandates. NCSL urges Congress to fully fund these programs and supports a  
214 proposal to fund a pilot program for the states with the greatest incidence of childhood  
215 and adult obesity to develop policies and procedures to reduce obesity.

216

~~217 NCSL encourages Congress to establish a taskforce to study obesity and co-morbidities  
218 of SNAP recipients in high-risk, high-disparity populations. The taskforce should make  
219 recommendations that reduce the incidence of disease triggered by malnutrition,  
220 including policy reforms to SNAP that incentivize recipients to select foods with high  
221 nutritional value.~~

222

### 223 **Nutritional Quality Measures for Older Adults**

224 NCSL supports the quality measures used by the Centers for Medicare and Medicaid  
225 Services (CMS) to quantify health care processes, outcomes, patient perceptions, and  
226 systems that are associated with the ability to provide quality health care and/or that  
227 relate to “quality goals” for health care. ~~These Medicare clinical quality measures are  
228 used to improve facilities’ treatment of patients, yet currently no quality measures have  
229 been adopted to address malnutrition.~~ CMS introduced four electronic clinical quality  
230 measures that would cover screening for malnutrition, assessment of those screened as  
231 at-risk for malnutrition, diagnosis of malnutrition, and creation of a nutrition care plan.  
232 NCSL urges CMS to adopt quality measures on malnutrition to heighten the importance  
233 of identification, evaluation, and treatment of malnutrition in the elderly.

234

235 NCSL also supports establishing malnutrition care as a measure of quality health care.  
236 NCSL urges the administration and Congress to support state efforts to reduce  
237 malnutrition in the elderly and heighten awareness of nutrition in elderly communities.

~~238 In 2016, CMS introduced four electronic clinical quality measures that would cover  
239 screening for malnutrition, assessment of those screened as at-risk for malnutrition,  
240 diagnosis of malnutrition, and creation of a nutrition care plan. NCSL urges CMS to  
241 adopt quality measures on malnutrition to heighten the importance of identification,  
242 evaluation, and treatment of malnutrition in the elderly.—~~

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: SUPPORT FOR SENIORS AND PEOPLE WITH**  
3 **DISABILITIES**

4 **TYPE: DIRECTIVE**

5 The development of a comprehensive approach to ~~provide-deliver~~ support services for  
6 elderly persons and persons with disabilities is critical. Without ~~the development of~~ such  
7 ~~a~~-system, long-term care expenditures will continue to overwhelm state and federal  
8 health care budgets, limiting necessary expenditures for primary and preventive health  
9 care.

10 NCSL supports:

- 11 • ~~States should be given~~ being provided new options for setting financial and  
12 functional criteria to qualify for these services; ~~In addition, NCSL supports~~
- 13 • ~~the development of expanded options for private long-term care insurance,~~  
14 flexible life insurance products, and home equity sharing programs, such as  
15 reverse annuity mortgages;
- 16 • ~~NCSL also supports~~ initiatives to provide incentives for employers to offer and for  
17 individuals to establish health savings accounts and other innovative financing  
18 options to pay for a broad range of supportive services; and
- 19 ~~Finally, much of the care provided to seniors and persons with disabilities today~~  
20 ~~is provided by family members. NCSL supports~~ efforts to assist family members  
21 who are caregivers, including tax incentives and programs that provide support  
22 services, such as respite care. ~~It is critically important to acknowledge the~~  
23 ~~important role of family caregivers as part of the continuum of care in the~~  
24 ~~provision of long-term care services and to provide needed support to maintain~~  
25 ~~this important component of our long-term care infrastructure.~~

26 •           

27 **Increasing Options for Home and Community-Based Care**

28 NCSL continues to support the development of more home and community-based  
29 options under Medicaid to provide and integrate long term care services. NCSL  
30 supports the federal government ~~States should be~~ encouraging states to develop  
31 innovative programs to improve the long-term care system. NCSL urges the  
32 Administration and Congress to work with states to develop assessment tools that will  
33 help states better identify what level of services individual clients need and the most  
34 appropriate settings for the client to receive care and. ~~These~~ assessments should be  
35 made available to all elderly persons and persons with disabilities to help them plan for  
36 their long-term care needs.

### 37 **Long Term Care Insurance**

38 ~~Recognizing consumers can potentially benefit from the purchase of long-term care~~  
39 ~~insurance,~~ NCSL supports strong federal action to protect consumers of long-term care  
40 insurance from predatory pricing or inadequate benefit plans. NCSL ~~also~~ urges the  
41 Administration and Congress to speed the development of long-term care insurance as  
42 a viable alternative or complement to Medicaid support for long-term care services. At  
43 the same time, tax credits, partnership programs, and other incentives should not be  
44 seen as a tool for reduced funding for Medicaid. While the states will continue to take  
45 primary responsibility for the regulation of long-term care insurance, NCSL supports the  
46 development and evaluation of programs and initiatives that would: (1) provide  
47 preferential tax treatment for individuals who purchase qualified long-term care  
48 insurance; (2) provide tax incentives for private employers and a Medicaid bonus  
49 program for state and local government employers to encourage the them to offer long-  
50 term care insurance as a benefit; and (3) encourage and provide incentives to  
51 employers to offer long-term care insurance, as a condition of receiving federal benefits,  
52 such as business tax credits;

### 53 ~~Administration for Community Living~~

54 ~~NCSL applauds the reorganizational effort within the U.S. Department of Health and~~  
55 ~~Human Services (HHS) that provides supportive services to seniors and persons with~~  
56 ~~disabilities into the Administration for Community Living. NCSL looks forward to~~  
57 ~~continuing to work with HHS to improve community living services and supports for all~~

58 ~~who need them.~~

59 ~~The purpose of this consolidation is to: (1) reduce the fragmentation among federal~~  
60 ~~programs that address the community living service and support needs of seniors and~~  
61 ~~persons with disabilities; (2) enhance access to quality health care and long-term~~  
62 ~~services and supports for all individuals; (3) to promote consistency in community living~~  
63 ~~policy across other areas of the federal government; and (4) complement the~~  
64 ~~community infrastructure, as supported by both Medicaid and other federal programs, in~~  
65 ~~an effort to better respond to the full spectrum of needs of seniors and with disabilities.~~  
66 ~~In addition to programs authorized by the Older Americans Act, the new entity includes~~  
67 ~~the State Councils on Developmental Disabilities, the State Protection and Advocacy~~  
68 ~~Systems and the Help American Vote Act program that provides grants to make polling~~  
69 ~~places accessible to voters with disabilities.~~

## 70 **Alzheimer's Disease and Related Disorders**

71 NCSL supports continued federal ~~funding for research that~~ efforts that: (1) lead to the  
72 development of new drug treatments; (2) assist in disease management; and (3)  
73 improve the early diagnosis of these conditions.

74 ~~**National Plan to Address Alzheimer's Disease**—The Plan proposes to: (1) prevent~~  
75 ~~and effectively treat Alzheimer's Disease by 2025; (2) optimize care quality and~~  
76 ~~efficiency; (3) expand supports for persons with Alzheimer's Disease and their families;~~  
77 ~~(4) enhance public awareness and engagement; and (5) track progress and drive~~  
78 ~~improvement. The plan specifically calls for working with state, tribal and local~~  
79 ~~governments to improve coordination and to identify model initiatives to advance~~  
80 ~~Alzheimer's Disease awareness and readiness across all levels of government. The~~  
81 ~~plan directs the U.S. Department of Health and Human Services to convene a meeting~~  
82 ~~of state, tribal and local government leaders to develop a more concrete agenda. NCSL~~  
83 ~~looks forward to assisting in this effort.~~

84

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: GENERAL FUNDING PRINCIPLES: FEDERALISM AND**  
3 **HEALTH, HUMAN SERVICES (HHS), MEDICAID AND**  
4 **CHIP PROGRAMS**

5 **TYPE: RESOLUTION**

6

7 **Guiding Principles:**

8 The underlying goal of the Medicaid program should be to achieve mutually agreed  
9 upon goals, improved outcomes for patients, and flexibility in administration of programs  
10 and savings for states, territories and local governments. NCSL supports accountability  
11 and transparency from their federal partners and welcomes public feedback and  
12 participation in Medicaid oversight and we also understand that flexibility requires  
13 accountability and transparency on their part. We ask the federal government to  
14 consider that not all state legislative sessions are on a year-round basis, and ask them  
15 to be sensitive to state, territories and local governments' legislative schedules and  
16 resources when making changes to Medicaid programs.

17

18 NCSL also urges Congress and the Administration to seek the counsel and expertise of  
19 state and territory legislators as new Medicaid initiatives are being developed. It is  
20 important that federal agencies take the state and territory consultation requirement  
21 seriously when drafting legislation and regulations to implement changes. Federal  
22 partners must give states a fair amount of time to review and ultimately implement any  
23 new changes. We also caution against uniform proposals and changes as they can  
24 compromise the effectiveness of programs by making it difficult for states and territories  
25 to respond to local conditions.

26

27 **Medicaid Landscape:**

28 NCSL sees the following Medicaid issues as most pertinent to states, territories and  
29 local governments:

30



31 **Block Grant and Cost Shifting Proposals:**

32 When Congress and the Administration are exploring block grant programs, flexibility  
33 needs to be a key principle. Any proposals should refrain from establishing unfunded  
34 mandates and any cost shifting requirements for implementing a block grant program in  
35 states and territories.

36

37 **Waivers:**

38 NCSL supports Congress and the Administration in their ongoing efforts to grant  
39 waivers, where appropriate, and in permitting states and territories to develop innovative  
40 programs and service-delivery systems in health, and human services. Successful  
41 waiver programs should be brought to scale and integrated into the underlying program  
42 when appropriate and encourages federal efforts to streamline waiver applications,  
43 reviews and approvals.

44

45 **Emergency Assistance and Countercyclical Assistance:**

46 NCSL urges Congress to study options to include a provision establishing emergency  
47 and countercyclical assistance to states within the Medicaid statute. The provision  
48 would become effective upon some triggering event, such as an economic downturn,  
49 natural disaster, act of terrorism, pandemic or other public health emergency. In these  
50 instances, it would be recommended to add any additional financial assistance to states  
51 and territories through an enhanced federal match or some other mechanism that would  
52 revert to the regular federal-state cost sharing formula when an emergency has been  
53 resolved. This is a complex, but critical component to fiscal security for the Medicaid  
54 program. NCSL looks forward to working with federal partners to identify options and  
55 establish a program.

56

57

58

59 **Medicaid Managed Care:**

60 NCSL urges the Centers for Medicaid and Medicare Services (CMS) to work with states  
61 and territories as stakeholders to continue to provide support in the operation and

62 upholding of quality standards for Medicaid managed care entities contracting with  
63 states and territories.

64

65 NCSL encourages federal partners to recognize and support the work of states and  
66 territories with their Medicaid managed care stakeholders in the following areas:

- 67       ▪ expanding care to those with complex medical needs,
- 68       ▪ improving reach and support for rural health care populations,
- 69       ▪ improving the implementation of patient-centered care and facilities,
- 70       ▪ increased integration of physical and behavioral health care services,
- 71       ▪ continued development of value-based purchasing and payments focusing on  
72 health outcomes over number of services delivered, and
- 73       ▪ the role of community health centers, safety-net hospitals and academic  
74 medical services in providing primary and emergency care for Medicaid  
75 enrollees.

76

77 **Children’s Health Insurance Program (CHIP):**

78 As a partnership between the states and the federal government, CHIP is an essential  
79 program that must be authorized on time as it provides health care coverage to  
80 countless children across the country. NCSL ~~also~~ encourages the federal government to  
81 continue providing flexibility to carry out the program’s operation. ~~Therefore,~~ NCSL  
82 supports Congress’ multi-year authorization of CHIP funds moving forward.

83

84 As CHIP funding winds down from its previously increased Federal Medical Assistance  
85 Percentages (FMAP) rate to participating states and territories, we encourage federal  
86 partners to recognize states may require additional flexibilities for running the CHIP  
87 program as a result. As these FMAP rates come back down to their original rates, and  
88 the CHIP maintenance-of-effort (MOE) runs to ensure a source of health care cover for  
89 children, NCSL recommends the following for the program:

- 90       ▪ support for states to develop and test systems of coverage for low-income  
91 children and explore ways for states to share examples of best practices with  
92 each other,

- 93           ▪ eliminate any burdensome waiting periods for CHIP enrollment to ensure a  
94           reduction in gaps of coverage for children, and
- 95           ▪ continued efforts to streamline and facilitate the CHIP and Medicaid  
96           application process.

97

98   **Principles for Federal Health Insurance Reform**

99   States should regulate health insurance and should continue to set and provide  
100   oversight on insurance matters. NCSL opposes any proposals that would expand the  
101   preemption of state laws and regulations beyond those already established in the  
102   Employee Retirement Income Security Act of 1974 (ERISA), the Patient Protection and  
103   Affordable Care Act (ACA), and that would exempt any insurer or entity from state  
104   health insurance standards and laws. Federal health insurance legislation that  
105   establishes mandated benefits or uniform standards, should have inclusive state  
106   feedback prior to implementation, and work to establish standards that work for all  
107   states.

108

109   **Implementations of Health Reforms at the Federal Level:**

110   Any implementation of health reforms at the federal level should require state action to  
111   comply and must allow a reasonable amount of time for state legislatures to debate and  
112   enact any necessary legislation for their constituents. Where states already have similar  
113   legislation in place, a process for declaring "substantial compliance" should also be  
114   developed. Federal partners should also recognize health insurance programs in the  
115   states and territories are where innovations in health insurance and healthcare delivery  
116   happen and to utilize states models of health insurance and care moving forward.

117

118   **Federal Demonstration Authority for States to Experiment with Innovative Health  
119   Care Reform Initiatives**

120   NCSL supports federal initiatives to provide financial assistance and to authorize states  
121   to experiment with innovative approaches to:

- 122           ▪ increase access to and affordability of health care services, including mental  
123           health, to the uninsured or underinsured,

- 124       ▪ improve the quality and cost-effectiveness of our health care system and the  
125       flexibility to test new models that do so,
- 126       ▪ increase access to the broad range of long-term care services including home  
127       and community-based services (HCBS) that will enable constituents to live in  
128       their own homes or communities that provide personalized and a high-quality  
129       care,
- 130       ▪ support for health insurance plans that work to integrate physical, behavioral  
131       and social determinants of health with the aim of reducing costs and improving  
132       overall health outcomes for individuals, and
- 133       ▪ explore a broad range of approaches and financing mechanisms to improve  
134       our health care system including reinsurance programs.
- 135       ▪ Aallow states to continue their work on addressing issues which include but  
136       are not limited to surprise medical billing, out-of-network and in-network billing  
137       practices and transparency for health care prices and health insurance plans  
138       and/or Certificate of Need regulated by states. This includes programs  
139       providing patients with the information they need to be an active consumer in  
140       healthcare pricing across providers and services. We also encourage federal  
141       partners as they pursue any changes to medical billing practices to not  
142       supersede states ongoing work or authority in state regulated health plans,  
143       and to involve states in a timely way when drafting any potential changes to  
144       medical billing practices and transparency along with adequate time to states  
145       to implement any changes.

146

147 *Expires August 2022*

148

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: NCSL APPLAUDS GLOBAL HEALTH EQUITY WEEK,**  
3 **OCT. ~~25-29, 2021~~24-28, 2022**

4 **TYPE: MEMORIAL RESOLUTION**

5 Global Health Equity Week 202~~21~~24, (GHEW) is an annual event that ~~took~~ will next take  
6 place on October ~~24-28, 2022~~25-29, 2021. GHEW provides key public and private health  
7 and information technology stakeholders an opportunity to convene around the country  
8 in support of the advancement of health equity and to promote the value and potential of  
9 health information and technology to transform the public's overall health and well-  
10 being. Initiated in 2006 by HIMSS as National Health IT Week, Global Health Equity  
11 Week has emerged as the culminating successor given the importance of health equity  
12 to our national health improvement agenda. The week serves as a landmark annual  
13 occasion for bringing together diverse global policymakers to affect change in the  
14 following areas:

- 15 1. Maternal Health —~~2021 Global Health Equity Network Spotlight~~
- 16 2. Pandemic Response
- 17 3. Digital Literacy
- 18 4. Digital Health Equity
- 19 5. Public Health Data Modernization
- 20 6. Telehealth and Broadband Access

21  
22 The National Conference of State Legislatures (NCSL) has worked closely with HIMSS  
23 and other stakeholder organizations to promote understanding among state  
24 policymakers of the contributions of health IT in meeting the quadruple aim for  
25 improving health outcomes, the quality and safety of healthcare delivery, containing  
26 healthcare costs, and improve the work life of health professionals. Moreover, NCSL  
27 applauds HIMSS for elevating the value of health IT in addressing social determinants  
28 of health through the annual Global Health Equity Week events. NCSL and other  
29 stakeholders recognize the importance of health information technology and data to

30 ensure states become more resilient to public health threats like COVID-19, the opioid  
31 crisis, natural disasters, and chronic diseases that greatly affect our most vulnerable  
32 communities. NCSL and HIMSS support state actions to leverage health IT and data  
33 systems to achieve these goals. For instance, broadband access and connected health  
34 often lead to better health outcomes through the adoption of telehealth and digital  
35 decision-making tools essential to empowering people to engage in their own care –  
36 care that is value-based, secure, reliable, and that takes into account the social  
37 determinants that drive improved outcomes and reduced health disparities.

38 NCSL encourages its members to observe Global Health Equity Week 2022 in  
39 appropriate ways in their respective state capitals as well as in the Nation's Capital.  
40 NCSL also encourages its members to advocate for their respective delegations to the  
41 United States Congress to join in recognizing the benefits of health information and  
42 technology as they act to improve healthcare for all citizens during Global Health Equity  
43 Week and beyond.

44

45 *Expires August 2022*

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: SUPPORTING REAUTHORIZATION OF THE CHILD**  
3 **NUTRITION ACT**

4 **TYPE: RESOLUTION**

5 **WHEREAS**, state legislators are committed to improving the health, academic performance  
6 and overall well-being of America's children through the reauthorization of the Child  
7 Nutrition Act; and

8

9 **WHEREAS**, federal child nutrition programs are critical for our nation's health, economy  
10 and national security; and

11

12 **WHEREAS**, regular access to healthy and affordable meals has been proven to be one of  
13 the strongest predictors of improved school performance, improved health and sound  
14 childhood development; and

15

16 **WHEREAS**, research shows that childhood hunger and food insecurity have a range of  
17 negative impacts on the health, academic performance and overall well-being of children;  
18 and

19

20 **WHEREAS**, school nutrition programs offer the opportunity to provide healthy food and  
21 improve dietary quality for students who may otherwise not eat; and

22 **WHEREAS**, school meals can also have a positive impact on grades, absences and  
23 tardiness among students; and

24

25 **WHEREAS**, the COVID-19 pandemic led to a dramatic spike in the rate of children  
26 experiencing hunger and food insecurity, peaking at 18% of families with children reporting  
27 their household did not have enough to eat in December 2020 according to the Center on  
28 Budget and Policy Priorities, and also created challenges to safely accessing child nutrition  
29 programs; and

30

31 **WHEREAS**, the COVID-19 pandemic has caused an ongoing increase in the scope and  
32 scale of children experiencing hunger and food insecurity with the most recent estimates  
33 from Feeding America showing that 13 million may face hunger in 2021 compared with the  
34 11 million who experienced hunger in 2019 according to USDA (an all-time low); and

35  
36 **WHEREAS**, substantial racial and ethnic disparities in food insecurity exist among parents  
37 of school-age children. Approximately 4 in 10 families with parents who are Hispanic/Latino  
38 (39.1%) and parents who are Black (40.8%) reported food insecurity in the prior 30 days,  
39 almost triple the rate of families with white parents (15.1%).

40  
41 **WHEREAS**, the child nutrition programs are the front line of defense against childhood  
42 hunger and food insecurity, promoting healthy eating and providing healthy, nutritious food  
43 for the nation's children through the National School Lunch Program (NSLP), School  
44 Breakfast Program (SBP), Summer EBT for Children (SEBTC), Pandemic-EBT, the  
45 Community Eligibility Provision (CEP), and Special Supplemental Nutrition Program for  
46 Women, Infants, and Children (WIC); and

47  
48 **WHEREAS**, millions of children depend on these programs, including the 21.5 million low-  
49 income children who participated in the school lunch program and the 12.4 million who  
50 participated in the school breakfast program in the 2018-2019 school year, as well as the  
51 6.3 million mothers and children who received food and nutrition education through WIC  
52 and 2.8 million children who ate summer meals in 2019; and

53  
54 **WHEREAS**, the SEBTC Program reaches children who most need additional food support  
55 over summer and school breaks and is proven to reduce food insecurity among children;  
56 and

57  
58 **WHEREAS**, non-congregate meal delivery options were especially critical in distributing  
59 meals to children in rural and hard to reach communities, or where transportation  
60 challenges make it difficult for programs to distribute meals at a localized site; and

61



62

63 **WHEREAS**, the CEP program promotes equity and reduces stigma for families, and has  
64 been proven to reduce hunger and improve student outcomes; and  
65

66 **WHEREAS**, P-EBT, a temporary program providing a grocery benefit to children who have  
67 lost access to free and reduced priced meals at school due to COVID-19, has been highly  
68 effective at reducing food insecurity; and  
69

70 **WHEREAS**, a proven barrier to continued participation in the WIC Program is unavailability  
71 of remote appointments, short certification periods, and lack of flexibility in food  
72 purchasing, ordering, and delivery; and  
73

74 **WHEREAS**, the Healthy, Hunger Free Kids Act of 2010 has improved the nutritional  
75 standards for school nutrition programs and as a result, kids have access to increased  
76 fruits, vegetables and whole grains but less sugars, fats and sodium, and that Congress  
77 has the opportunity to ensure that children continue to have access to nutritious and quality  
78 meals to help prevent childhood hunger and obesity; and  
79

80 **WHEREAS**, Congress has a unique opportunity to improve access and nutrition for millions  
81 of children, particularly low-income children, through the 2021 Child Nutrition  
82 Reauthorization (CNR) bill, by making permanent the COVID-19 waiver flexibilities that help  
83 to better reach children and by including provisions that would increase access and reach  
84 more kids through streamlining, reducing administrative burdens, and providing program  
85 flexibility, giving them the access to quality meals that they have during the school year;  
86 and  
87

88 **WHEREAS**, an adequately funded and evidence-based reauthorization bill can reduce  
89 childhood hunger and food insecurity in America, help reduce childhood obesity, improve  
90 child nutrition and health, and enhance healthy child development and school readiness;  
91 allowing children to reach their full potential; and  
92

93 **NOW, THEREFORE, BE IT RESOLVED**, that the National Conference of State  
94 Legislatures urges Congress to protect, strengthen and improve the child nutrition  
95 programs through a Child Nutrition and WIC Reauthorization Act that builds on the Healthy,  
96 Hunger Free Kids Act of 2010 to ensure that children continue to have access to nutritious  
97 meals throughout the year; and

98  
99 **BE IT FURTHER RESOLVED**, that the National Conference of State Legislatures urges  
100 Congress to permanently authorize the operation of the SEBTC program, make program  
101 funding mandatory and expand the reach of the program to kids eligible for free or reduced-  
102 price school meals in all states, tribal nations and localities in order to close the summer  
103 meals gap; and

104  
105 **BE IT FURTHER RESOLVED**, that the National Conference of State Legislatures urges  
106 Congress to allow for more flexibility around where children are able to access and eat  
107 summer meals, by allowing for non-congregate models in communities where summer  
108 meals sites are not available and lowering the threshold required to operate sites open to  
109 all children; and

110  
111 **BE IT FURTHER RESOLVED**, that the National Conference of State Legislatures urges  
112 Congress to expand the well-documented benefits of CEP, which allows schools to serve  
113 meals at no charge to all students if enough are identified as qualifying for other assistance  
114 programs, by lowering the minimum identified student percentage (ISP), increasing the ISP  
115 multiplier, expanding direct certification with Medicaid data nationwide, and supporting the  
116 improvement of direct certification systems; and

117  
118 **BE IT FURTHER RESOLVED**, that the National Conference of State Legislatures urges  
119 Congress to permanently authorize the P-EBT system beyond the COVID-19 pandemic,  
120 allowing authorities to quickly deliver increased nutritional aid during times of crisis; and

121  
122 **BE IT FURTHER RESOLVED**, that the National Conference of State Legislatures urges  
123 Congress to increase the flexibility of WIC appointments through increased access to

124 remote appointments and extended certification periods as well as to support equitable  
125 access to the WIC food package through modernization efforts that increase access to  
126 online ordering, online purchasing, and delivery; and

127

128 **BE IT FURTHER RESOLVED**, that the National Conference of State Legislatures urges  
129 Congress to invest in the ability and resources of states to provide access to healthy and  
130 affordable meals before, during and after school for all children, all year long; and

131

132 **BE IT FURTHER RESOLVED**, that the National Conference of State Legislatures urges  
133 Congress to protect, strengthen and improve the child nutrition programs through a Child  
134 Nutrition and WIC Reauthorization Act that builds on the Healthy, Hunger Free Kids Act of  
135 2010 to ensure that children continue to have access to nutritious meals throughout the  
136 year; and

137

138 **BE IT FURTHER RESOLVED**, that the National Conference of State Legislatures supports  
139 the enactment of a Child Nutrition and WIC Reauthorization Act that ensures low income  
140 children's improved access to and participation in child nutrition programs, and, that it  
141 includes the policy goals stated above.

142

143 *Expires August 2022*